

**PUBLIC HEALTH AGENCY OF CANADA 2022-23  
DEPARTMENTAL RESULTS REPORT  
SUPPLEMENTARY INFORMATION TABLES**

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## REPORTING ON GREEN PROCUREMENT

This supplementary information table supports reporting on green procurement activities in accordance with the [Policy on Green Procurement](#).<sup>i</sup>

### Context

The *Policy on Green Procurement* supports the Government of Canada's effort to promote environmental stewardship. In keeping with the objectives of the policy, The Public Health Agency of Canada (PHAC) supports sustainable development by integrating environmental performance considerations into the procurement decision-making process through the actions described in the 2019 to 2022 Federal Sustainable Development Strategy's (FSDS) "Greening Government" goal.

PHAC is bound by the [Federal Sustainable Development Act](#)<sup>ii</sup> but did not develop an optional 2022 to 2023 Departmental Sustainable Development Strategy (DSDS) Report. Instead, to comply with the reporting requirements under the [Policy on Green Procurement](#)<sup>iii</sup> for 2022 to 2023, the Reporting on Green Procurement supplementary information table was prepared and listed in the 2022 to 2023 Departmental Results Report.

## Commitments

**Greening government:** The Government of Canada will transition to low-carbon, climate-resilient, and green operations

FSDS target	FSDS contributing action(s)	Corresponding departmental action(s)	Starting point(s), performance indicator(s), target(s)	Results achieved	Contribution by each departmental result to the FSDS goal and target
Actions supporting the Greening Government goal and the <i>Policy on Green Procurement</i> .	Departments will use environmental criteria to reduce the environmental impact and ensure best value in government procurement decisions.	Promote environmental sustainability by integrating environmental performance considerations into departmental procurement process, including planning, acquisition, use and disposal, and ensuring there is the necessary training and awareness to support green procurement.	<p><b>Starting Point:</b> In 2020–21, 100% of procurement related documents, guides, and tools posted on PHAC’s internal Procurement Materiel and Assets Management website were reviewed and updated to reflect green procurement objectives.</p> <p><b>Indicator:</b> % of procurement related documents, guides, and tools posted on PHAC’s Materiel and Assets Management intranet site reviewed and updated to reflect green procurement objectives, where applicable.</p> <p><b>Target:</b> 100% (annual).</p>	In 2022–23, 100% of procurement related documents, guides and tools posted on PHAC’s internal Procurement, Materiel and Assets Management website were reviewed. New content (Low Dollar Value Contracting Guide and Checklist) published on the intranet reflected green procurement objectives and considerations related to the Government of Canada’s Greening Government Strategy.	<p><b>FSDS:</b> Green procurement incorporates environmental considerations into purchasing and is expected to motivate suppliers to reduce the environmental impact of the goods and services they deliver, and their supply chains.</p> <p><b>SDG 12:</b> Responsible Consumption and Production.</p> <p><b>Target 12.7:</b> Promote public procurement practices that are sustainable, in accordance with national policies and priorities.</p>
			<p><b>Starting Point:</b> 100% in 2019–20.</p>	In 2022–23, 88% of in-scope office supplies included	

			<p><b>Indicator:</b> % of office supply purchases that include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the supplies (excluding purchases made on acquisition cards).</p> <p><b>Target:</b> 90% (annual).</p>	<p>considerations of environmental impacts associated with the production, acquisition, use and/or disposal of the supplies. For example, recycled content and environmental attributes of the supplier (such as efficient manufacturing processes, “green” offices, or recycling programs).</p>	
			<p><b>Starting Point:</b> 100% in 2019–20.</p> <p><b>Indicator:</b> % of information technology (IT) hardware purchases that include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the equipment (excluding laboratory and field equipment as well as purchases made on acquisition cards).</p> <p>Note: This is done in conjunction with Shared Services Canada and/or Public Services and Procurement</p>	<p>In 2022–23, 100% of in-scope IT hardware purchases (e.g., laptops) included criteria to reduce the environmental impact associated with the production, acquisition, use, and/or disposal of the equipment.</p> <p>With regards to disposal, PHAC used the services of Government of Canada Surplus as well as the Computers for Schools Program, which helps to extend the useful life of</p>	

			<p>Canada as the IT procurement authority.</p> <p><b>Target:</b> 95% (annual).</p>	<p>electronic equipment and reduce the environmental impact of electronic waste.</p>	
<p>Departments will adopt and deploy clean technologies and implement procedures to manage building operations and take advantage of programs to improve the environmental performance of their buildings.</p>	<p>Identify opportunities to facilitate awareness about energy use and technologies that improve environmental performance in order to improve the environmental performance of departmental-owned buildings.</p>	<p><b>Starting Point:</b> In 2020–21, PHAC began using RETScreen, a Clean Energy Management Software system for energy efficiency, renewable energy and cogeneration project feasibility analysis as well as ongoing energy performance analysis.</p> <p><b>Indicator:</b> % of building fit-ups, refits, major investments and new construction projects that use RETScreen to inform decisions.</p> <p><b>Target:</b> 100% (annual).</p>	<p>In 2022–23, building fit-ups, refits, major investments, and new construction projects did not meet the criteria for using RETScreen for ongoing energy performance analysis. PHAC is using RETScreen to provide a 100% aggregate energy reduction performance analysis to inform ongoing decisions to improve environmental performance.</p> <p>RETScreen software has been deployed amongst several users, and PHAC has used RETScreen for Greenhouse Gas (GHG) reporting to the Treasury Board Secretariat for 2022–23. One year ahead of mandated start.</p>	<p><b>FSDS:</b> Understanding the range of applications for clean technology in building operations, raising awareness about energy use, and promoting initiatives to improve energy efficiency will help PHAC to ultimately reduce GHG emissions and support more efficient production and consumption.</p> <p><b>SDG 9:</b> Industry Innovation and Infrastructure.</p> <p><b>Target 9.4:</b> By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in</p>	



			<p><b>Indicator:</b> # of energy performance feasibility analyses completed in partnership with Natural Resources Canada.</p> <p><b>Target:</b> 2 analyses completed by March 31, 2022.</p>	<p>In 2022–23, Natural Resources Canada (NRCan) was engaged on an energy performance feasibility assessment related to reviewing results from a previous fiscal year’s study to evaluate on-going annual energy performance improvements resulting in a 546 t CO<sub>2</sub>e reduction per year. In addition, NRCan audited and generated the report for PHAC’s 2022–23 GHG Reporting.</p>	<p>accordance with their respective capabilities.</p>
			<p><b>Indicator:</b> % of custodial facilities with building-level water meters.</p> <p><b>Target:</b> 100% by 2022.</p>	<p>In 2022–23, 100% of PHAC’s custodial facilities had building-level water meters.</p>	
	<p>Support for green procurement will be strengthened, including guidance, tools and training for</p>	<p>Ensure material management and specialists in procurement have the necessary training and awareness to support green procurement.</p>	<p><b>Starting Point:</b> 100% in 2019–20.</p> <p><b>Indicator:</b> % of specialists in procurement and materiel management who have completed training on green</p>	<p>In 2022–23, 100% of specialists in procurement and materiel management completed the Canada School of Public Service’s green</p>	<p><b>FSDS:</b> Green procurement incorporates environmental considerations into purchasing and is expected to motivate suppliers to green their goods,</p>

	public service employees.		procurement or have included it in their learning plan for completion within a year. <b>Target: 100%</b>	procurement course or have included it in their learning plan for completion within a year.	services and supply chain. <b>SDG 12:</b> Responsible Consumption and Production. <b>Target 12.7:</b> Promote public procurement practices that are sustainable, in accordance with national policies and priorities.
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More information on PHAC's commitment to sustainable development and contributions to the FSDS can be found on [PHAC's Sustainable development webpage](#).<sup>iv</sup>

## Report on integrating sustainable development

PHAC will continue to ensure that its decision-making process includes consideration of FSDS goals and targets through its Strategic Environmental Assessment (SEA) process. An SEA for a policy, plan or program proposal includes an analysis of the impacts of the proposal on the environment, including on relevant FSDS goals and targets.

As per the Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals, SEAs involve a multi-step process at PHAC, which includes, but is not limited to, the following steps:

1. Determination of whether the proposal is excluded based on the criteria outlined in PHAC's SEA Preliminary Scan Form.
2. If the proposal is not exempt, completion of the Preliminary Scan to conduct an analysis on the environmental effects and to determine if a more detailed SEA is required.
3. If a more rigorous examination of environmental effects is needed, then a detailed SEA analysis is conducted, including a Public Statement that demonstrates how environmental factors are incorporated into the decision-making process and how these factors will be mitigated.

PHAC applied the Cabinet Directive to 28 applicable PHAC-led proposals. This included seven Treasury Board Submissions, nine Memorandums to Cabinet, and 12 other strategic proposals. During the 2022–23 reporting cycle, PHAC had no proposals that required a SEA, and no public statements were produced.

Led by the Agency's Sustainable Development Champion and the Sustainable Development Office, PHAC launched an online, self-paced SEA training course for employees to learn more about the value and purpose of SEAs in the development of proposals, including the roles and responsibilities of key participants and linkages with the FSDS. Encouraging an environmentally conscious practices, PHAC maintained a dedicated intranet space for sustainable development and undertook outreach activities in support of building increased awareness and capacity around the application of sustainable development in planning, policy, and program development.

## **DETAILS ON TRANSFER PAYMENT PROGRAMS (TPPs)**

### **Transfer payment programs of \$5 million or more**

#### **Aboriginal Head Start in Urban and Northern Communities**

**Start date:** 1995–96

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

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

**Results achieved:**

- 4,248 Indigenous children and their families participated in activities at Aboriginal Head Start in Urban and Northern Communities (AHSUNC) sites;
- 81% of AHSUNC sites have partner organizations, with an average of 17 partners per site. Organizations from various sectors collaborate with AHSUNC sites to support the needs of AHSUNC participants; and
- 100% of children enrolled in AHSUNC experienced developmental benefits in a context that celebrates Indigenous cultures and language.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

**Findings of evaluations completed in 2022–23:**

Completed: Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program.

Summary of Findings: The evaluation found that the program supports the development and well-being of participating Indigenous children and families by addressing education and health inequities in the communities, and by promoting the central role of the family. Relationships between AHSUNC site staff and PHAC have been evolving in a way that increasingly supports community self-determination and principles of Truth and Reconciliation. However, inflation and rising operational costs have reduced the capacity of sites to recruit and retain qualified staff, which has posed challenges to expanding site enrolment or offering more support for children with special needs, as well as creating new sites in communities that need them.

Planned: The next evaluation is planned for 2027–28.

### Engagement of applicants and recipients in 2022–23:

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

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

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	32,106,970	30,885,125	32,134,000	33,205,989	30,573,932	-1,560,068
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>32,106,970</b>	<b>30,885,125</b>	<b>32,134,000</b>	<b>33,205,989</b>	<b>30,573,932</b>	<b>-1,560,068</b>

**Explanation of variances**

Actual spending was lower than planned due to the redirection of strategic fund towards an Indigenous-led approach to support governance and strategic planning for the National Aboriginal Head Start Council (NAHSC) and regional tables. The full amount was not needed in the first transition year.

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

**Start date:** 2021–22

**End date:** 2023–24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

Through Budget 2021, the Government of Canada provided \$50 million over two years starting in 2021–22 to support projects to deliver, evaluate and build evidence regarding effective interventions to address Posttraumatic Stress Disorder (PTSD) and trauma in health care workers, frontline and essential workers, and others affected by the COVID-19 pandemic. This investment also supports scaling-up effective interventions for broader reach, and/or adapting and piloting them with new groups of people or different means of delivery, such as virtual modalities.

Objectives include:

- Promoting mental health and preventing mental illness in those affected by or at risk of PTSD and trauma related to the COVID-19 pandemic;
- Building evidence about effective interventions to address trauma and PTSD in the pandemic and recovery context; and
- Enhancing capacity of individuals, service providers and organizations to address trauma and PTSD.

**Results achieved:**

In 2022–23, PHAC continued to support nine projects that began in 2021–22 as they implement and test promising approaches and adaptations for those at risk of experiencing PTSD and trauma, including initiatives that help reduce stigma, enhance trauma-informed practice, remove barriers to care, and improve help-seeking and system navigation. Four additional contribution agreements were put into place and funded through PHAC's PTSD and Trauma in Those Most Affected by COVID-19 investment. In total, these 13 projects have trained and reached over 80,000 teachers, long-term care workers, paramedics, firefighters, nurses, physicians, public

safety personnel, among others at over 150 sites. Examples of initiatives funded through this investment include:

- a resilience-building intervention for public safety personnel;
- a peer support app for health care workers; and
- and a trauma-informed training initiative for harm reduction workers.

Progress continues to be made towards addressing PTSD and trauma among health care workers, frontline, and essential workers. 88% of project participants reported increased knowledge and/or skills on preventing PTSD and trauma and 77% of project participants reported positive change in behaviour.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The next evaluation is planned for 2025–26.

#### **Engagement of applicants and recipients in 2022–23:**

PHAC officials engaged with experts, service providers, and other stakeholders to understand the impacts of the pandemic on mental health and understand community needs, organizational capacity and promising interventions. Applicants for funding were reached through directed solicitations aimed at umbrella organizations, associations, networks and coalitions. Officials supported applicants through information sessions and correspondence. PHAC officials have also continued to provide support and guidance to recipients through the implementation, monitoring and evaluation of their projects, including connecting them through a Community of Practice that has provided capacity building and developed measurement strategies and tools. Recipients have been continuously engaged through a variety of knowledge exchange products and events, including conferences and stakeholder meetings.



**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	2,231,074	0	32,476,667	22,702,946	22,702,946
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>2,231,074</b>	<b>0</b>	<b>32,476,667</b>	<b>22,702,946</b>	<b>22,702,946</b>

**Explanation of variances**

Actual spending was higher than planned due to the reclassification of \$32.4 million from Supporting the Mental Health of those Most Affected by COVID-19 to address PTSD and trauma in those most affected by COVID-19.

## Canada Prenatal Nutrition Program

**Start date:** 1994–95

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2017–18

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

The [Canada Prenatal Nutrition Program \(CPNP\)](#)<sup>v</sup> is intended to improve the health of pregnant people and their infants who face risks. Funded community-level projects are aimed at increasing healthy birth weights, promoting and supporting healthy nutrition during pregnancy and postpartum, promoting and supporting breastfeeding, and supporting positive health behaviours and well-being. This program also promotes the creation of partnerships within communities and strengthens community capacity to increase support for pregnant people and new parents facing conditions of risk.

**Results achieved:**

In 2019–20, the CPNP provided programming to approximately 45,000 participants, including pregnant and postpartum people, and other parents/caregivers.

Survey data collected in 2018 found that CPNP participants gained knowledge and skills to support maternal, child and family health. For example, as a result of coming to the program:

- 83% of respondents reported having a better understanding of the effects of drinking alcohol during pregnancy on their baby;
- 81% of respondents reported being better able to cope with stress;
- 82% of respondents reported making healthier food choices;
- 88% of respondents reported knowing more about the importance of breastfeeding; and
- 93% of respondents reported initiating breastfeeding. This is of particular significance as CPNP participants are likely to experience risk factors that are known to decrease the rate of breastfeeding.

In addition, the CPNP was shown to leverage partnerships and additional funding sources, as demonstrated through the following results:

- 86% of projects worked with more than three different types of partners in 2019–20; and
- 46% of projects were able to leverage funds from other sources such as provincial, territorial, regional, or municipal governments in 2019–20.

In 2019–20, CPNP projects partnered most frequently with health organizations, family resource/early childhood/daycare centres and community organizations.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The next evaluation is planned for 2025–26.

**Engagement of applicants and recipients in 2022–23:**

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for pregnant people, postpartum people, their infants and families across Canada facing challenges that put their health at risk.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	25,929,802	26,243,033	27,189,000	26,380,366	26,221,118	-967,882
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>25,929,802</b>	<b>26,243,033</b>	<b>27,189,000</b>	<b>26,380,366</b>	<b>26,221,118</b>	<b>-967,882</b>

**Explanation of variances**

Not applicable.

## Community Action Program for Children

**Start date:** 1994–95

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2017–18

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

The [Community Action Program for Children \(CAPC\)](#)<sup>vi</sup> aims to promote the health and development of children aged 0-6 years, who face challenges that put their health at risk. Funded community-level projects aim to develop and deliver a range of comprehensive and culturally appropriate early intervention and prevention activities aimed at improving health behaviours and overall health and well-being. This program also promotes the creation of partnerships within communities and strengthening community capacity to increase support for children living in situations of vulnerability and their families.

**Results achieved:**

In 2019–20, CAPC provided services to approximately 225,000 participants.

Data collected in 2018 showed that a significant proportion of CAPC participants experience challenges that may affect their health and well-being. CAPC has also been successful in helping to mitigate health inequalities for the program participants. For example, the CAPC program contributed to building the knowledge and skills of parents and caregivers, which supports maternal, child, and family health. A 2018 survey of participants revealed that, as a result of participating in CAPC:

- 85% reported that their parenting skills had improved;
- 85% reported knowing more about how to keep their child healthy; and
- 80% reported that their child is better able to express him/herself.

Additional evidence showed that 90% of respondents reported that their child's health and well-being improved; 86% of respondents reported having a better relationship with their child; and 89% reported having more people to talk to when they need support as a result of coming to the CAPC program.

CAPC has also been successful in leveraging partnerships and additional funding sources. For example:

- 73% of CAPC projects worked with more than three different types of partners in 2019–20;
- 53% of projects were able to leverage funds from other sources such as provincial, territorial, regional, or municipal governments in 2019–20; and
- In 2019–20, CAPC projects partnered most frequently with health organizations, community organizations, and educational institutions.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The next evaluation is planned for 2025–26.

**Engagement of applicants and recipients in 2022–23:**

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for at-risk children 0–6 years and families across Canada facing challenges that put their health at risk.<sup>1</sup>

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<sup>1</sup> Families participating in CAPC often experience multiple and compounding risk conditions. These conditions include: low socioeconomic status (e.g., low-income, low education, insecure employment, insecure housing, and food insecurity); teenage pregnancy or parenthood; social or geographic isolation with poor access to services; recent arrival to Canada; alcohol or substance abuse/addiction; and/or situations of violence or neglect. Special emphasis is placed on the inclusion of Indigenous families living in urban and rural communities.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	53,831,101	54,118,556	53,400,000	54,250,048	54,135,004	735,004
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>53,831,101</b>	<b>54,118,556</b>	<b>53,400,000</b>	<b>54,250,048</b>	<b>54,135,004</b>	<b>735,004</b>

**Explanation of variances**

Not applicable.

## Contribution Funding for the Centre for Aging and Brain Health Innovation

**Start date:** 2022–23

**End date:** 2024–25

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2022–23

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

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

**Results achieved:**

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

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

### Findings of evaluations completed in 2022–23:

Completed: No evaluation was completed in 2022–23.

Planned: The timing for the evaluation will be determined during the development of a future Departmental Evaluation Plan.

### Engagement of applicants and recipients in 2022–23:

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

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	8,000,000	8,000,000	8,000,000
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,000,000</b>	<b>8,000,000</b>	<b>8,000,000</b>

### Explanation of variances

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates to help accelerate innovation in aging and brain health in Canada.



## COVID-19 Proof of Vaccination Fund for Provinces and Territories

**Start Date:** 2022–23

**End Date:** Ongoing

**Type of transfer payment:** Statutory

**Type of appropriation:** Not applicable

**Fiscal year for terms and conditions:** Not applicable

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Vaccination

**Purpose and objectives of transfer payment program:**

PHAC developed a Canadian COVID-19 Proof of Vaccination Credential specification that is issued by provinces and territories. This initiative required extensive federal, provincial, territorial and Indigenous engagement.

Building on this work, PHAC also established the \$300 million COVID-19 Proof of Vaccination Fund to support provinces and territories for costs incurred to implement Proof of Vaccination Credential (PVC) programs. An exchange of ministerial letters is required to access the Fund.

**Results achieved:**

Six provinces and territories (B.C., Alta., Que., N.S, N.W.T, and Y.T.) have accessed the Fund, representing nearly \$146 million in transfers.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: No planned Audits.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The timing for the evaluation will be determined during the development of a future Departmental Evaluation Plan.

### Engagement of applicants and recipients in 2022–23:

PHAC has engaged at the working level with provincial and territorial officials to share information about the Fund and assess their response letters. Once reviewed, provincial and territorial allotments have been released and the exchange of ministerial letters has been posted on the [COVID-19 Proof of Vaccination Fund webpage](#).<sup>viii</sup>

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	145,976,410	145,976,410	145,976,410
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>145,976,410</b>	<b>145,976,410</b>	<b>145,976,410</b>

### Explanation of variances

Arising from the Economic and Fiscal Update Implementation Act of 2021, the COVID-19 Proof of Vaccination Fund represents a new statutory funding envelope that was initially unplanned for 2022-23. Accessed at the discretion of provinces and territories, the Fund compensates for the costs associated with the implementation of the COVID-19 proof of vaccination credential programs.

## Dementia Strategic Fund and Enhanced Dementia Surveillance Program

**Start date:** 2019–20

**End date:** 2023–24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018

### **Link to departmental results:**

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

### **Link to the department's program inventory:**

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

### **Purpose and objectives of transfer payment program:**

These transfer payment programs support the implementation of Canada's [National Dementia Strategy](#).<sup>ix</sup>

It is estimated that almost 474,000 Canadians were living with diagnosed dementia in 2019–20. About two-thirds of them are women. As Canada's population ages, it is expected that the total number of Canadians living with dementia will continue to rise despite the decreasing trend in the rate of new cases. This program supports the vision of a Canada in which all people living with dementia and their caregivers are valued and supported, that their quality of life is optimized, and that dementia is well understood, treated effectively and prevented for future generations.

The Dementia Strategic Fund supports the development and implementation of awareness activities, including:

- A national public education campaign;
- The development and dissemination of dementia guidance, includes guidelines, best practices, and enhanced online dementia resources.

The [Enhanced Dementia Surveillance Program](#)<sup>x</sup> supports the enhancement and expansion of data to inform dementia-related public health actions.

### **Results achieved:**

PHAC completed two solicitations under the Dementia Strategic Fund in 2022–23. 11 new projects were funded through the Guidelines and Best Practices Initiative and ten new projects

were funded through the second phase of Awareness Raising Initiatives. To date, a total of 36 projects have been funded through the Dementia Strategic Fund, 24 of which are currently in progress.

In 2022–23, there were six active projects including one new amendment funded by the Enhanced Dementia Surveillance Program, for a total of nine projects since its launch. Surveillance projects are in the closing-phase of work. Recipients have developed evidence and information products including project websites and publications. Findings are being shared publicly as they become available and referenced on the Enhanced Dementia Surveillance Initiative Program webpage. Notable results include the following:

- In partnership with the Anishinabek Nation and Za-Geh-Do-Win Information Clearing House, a team of community partners and university researchers piloted a training platform to increase uptake of the [Canadian Indigenous Cognitive Assessment](#),<sup>xi</sup> with 30 health care providers serving First Nations health organizations in Northern Ontario trained to date. The results of this work may improve the identification of individuals who present an increased risk of dementia and support the development of a risk profile in these communities.
- The Alzheimer Society of Canada, in collaboration with the Alzheimer Society Federation, secured the participation of 10 provinces and territories to collect data to produce anonymized dementia caregiver profiles, leveraging the [First Link® program](#).<sup>xii</sup>
- A study titled “[Examining the immediate and ongoing impact of the COVID-19 pandemic on population-based estimates of dementia: a population-based time series analysis in Ontario, Canada](#)”<sup>xiii</sup> was published.

Final project reports from the first round of funding under the Dementia Strategic Fund Awareness Raising Initiatives were received in Spring 2023. Performance information from these projects will be available for inclusion in PHAC’s 2023–24 Departmental Results Report.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The next evaluation is planned for 2023–24.

#### **Engagement of applicants and recipients in 2022–23:**

Under the Dementia Strategic Fund, recipients were engaged through a mix of open, targeted and/or directed solicitations. Funding recipients of the Awareness Raising Initiative are expected to deliver culturally appropriate and culturally safe information, resources, tools, and/or events to raise Canadians’ awareness of dementia. Funding recipients of the Dementia Guidelines and Best Practices Initiative are expected to support access to and use of high-quality dementia guidance, including tailored resources for specific populations.

Under the Enhanced Dementia Surveillance Initiative, recipients are expected to generate evidence that may be used by decision-makers as well as public health and care planners at the federal, provincial/territorial, and regional levels to inform their programming and service delivery to better meet the needs of people living with dementia and caregivers. Regular meetings were held between PHAC and the recipients throughout the year to exchange information and facilitate communications and synergies with stakeholders. Under the terms of the contribution agreements, recipients are required to submit progress reports for funded projects on a semi-annual basis up until their close.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	592,943	5,604,552	13,632,120	13,535,108	8,008,958	-5,623,162
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>592,943</b>	<b>5,604,552</b>	<b>13,632,120</b>	<b>13,535,108</b>	<b>8,008,958</b>	<b>-5,623,162</b>

### Explanation of variances

Actual spending was lower than planned due to a delay in two solicitation processes as a result of the COVID-19 pandemic. Portions of the unused funding will be available in 2023-24.

## Distress Line Investment

**Start date:** 2020–21

**End date:** 2023–24

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

The purpose of this program is to bolster the capacity of distress centres in addressing pressures and service demands related to the COVID-19 pandemic.

**Results achieved:**

In early 2022, PHAC entered into grant funding agreements with an additional 14 distress centres, supporting centres that provide crisis support for specific populations including older adults, Indigenous communities, 2SLGBTQIA+ populations, and racially and linguistically diverse communities.

In addition, PHAC continued to support the Centre for Addiction and Mental Health (CAMH) as it continues to curate and develop resources to assist distress centres in meeting the needs of priority populations.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2025–26

### Engagement of applicants and recipients in 2022–23:

In early 2023, funding recipients began to submit final reports reporting on outcomes from this investment.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	6,900,000	4,150,000	0	150,000	150,000	150,000
Total contributions	0	1,350,612	0	6,202,250	5,801,117	5,801,117
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>6,900,000</b>	<b>5,500,612</b>	<b>0</b>	<b>6,352,250</b>	<b>5,951,117</b>	<b>5,951,117</b>

### Explanation of variances

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates and internal re-allocation of funds for program enhancements to support tailored resources and a broader reach of vulnerable populations.

## Healthy Canadians and Communities Fund

**Start date:** 2005–06

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2013–14

**Link to departmental result:**

- Result 1.3: Chronic diseases are prevented

**Link to the department's program inventory:**

- Chronic Disease Prevention

**Purpose and objectives of transfer payment program:**

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

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

**Results achieved:**

In 2022–23, The Healthy Canadians and Communities Fund (HCCF) funded 50 projects:

- 25 ongoing implementation projects;
- 20 projects aimed at designing interventions; and
- 5 projects that ended in 2022–23.

Funding increased participation by over 500,000, for a total of over 4.5 million people in Canada engaged by HCCF activities since 2014.

20 funded projects are currently in the process of initial intervention design, through direct engagement with their priority population. These include:

- **Project exploring universal school lunch program models and practices:** This project is led by the University of Saskatchewan and aims to design culturally appropriate and comprehensive school food programs that are integrated into school



curriculums, to improve healthy eating among Indigenous children and their families in Saskatchewan. The project engaged 844 participants in 2022–23. The co-design model has greatly contributed to the success of this project by placing the needs of the community at the forefront. This model includes involving school administrators and staff, students, and their families, and attending school and community events to build and strengthen relationships.

- **Avoid Frailty project:** This project is led by Technology Evaluation in the Elderly Network and aims to engage low-income older adults in eastern Ontario to identify the barriers and enablers of healthy behaviours. It also aims to implement solutions to unhealthy eating and physical inactivity.

In 2022–23, the Technology Evaluation in the Elderly Network conducted monthly Community Advisory Group Meetings with older adults to review project materials, discuss results of consultations, and work on program design. The Network has already engaged with almost 350 older adults through surveys, focus groups, townhall meetings, and design workshops. Project participants have the knowledge, skills, or ability to support ongoing healthy behaviours.

The following are examples of projects that supported participants in increasing their capacity for healthy behaviours and in improving their health behaviour as well as health in 2022–23:

- **The University of Toronto’s Expand project:** This project aims to address tobacco use among young adults in 2SLGBTQIA+ communities using a social marketing approach. A highlight from 2022–23 includes the new media campaign called “Conversations with Yourself”, which strongly resonated with individuals in the queer and trans community. Of the 187 project participants who responded to an online survey, 39% reported increased awareness of higher rates of smoking among 2SLGBTQIA+ young adults, and almost 28% reported increased awareness regarding the benefits of quitting smoking.

The project also launched two Quit Contests in 2022–23, with 430 participants. One contest winner indicated the following: “The challenge was the perfect incentive to give up smoking once and for all. It was something I had been meaning to do for a while and it feels like a massive personal accomplishment to be able to know I can now resist the urge to smoke. I feel like smoking in the 2SLGBTQIA+ community is romanticized and I’m really happy to see that efforts are being made to end this.”

- **The Cowichan Green Community Society Transforming Tea and Toast:** This project is led by the Cowichan Green Community Society and aims to increase social connection and healthy eating behaviours among isolated seniors through food hubs and local activities in British Columbia. Of the 74 participants who completed follow-up surveys, 90.8% reported participating in a good food box program, and others had participated in programs such as community gardens or cooking classes. After at least 12 weeks of participating in one or more programs, 69% of participants reported improved food literacy.

Results also indicate that 63% of participants reported improved fruit and vegetable consumption after participating in the program. Overall, participants felt that the good

food box provided access to healthier foods at a reduced cost and alleviated their financial stress

- **The Community Food Centres Canada Market Greens project:** This project aims to increase access to and consumption of healthy foods among low-income community members across Canada through low-cost produce markets and subsidies. Results from the first cohort showed that 90% of participants reported eating more fresh fruits and vegetables. Results also indicate that 54% of project participants showed an improvement in their physical health rating, and 90% of participants who completed the post-program survey reported that the program was helping them better manage long-term health conditions.
- **The Canadian Cancer Society's Build Smoke-Free project:** The project ended in March 2023, and worked to address tobacco use in the construction industry. Over 1,100 tobacco users participated in the project's "attempt to quit" efforts, and 30% of survey respondents reported an increase in their self-reported health status.

Some projects also delivered training activities to individuals in support of the adoption of healthy behaviours. For example:

- **Better Women:** This project is led by the Canadian Cancer Society and has trained 52 peer health coaches to encourage health behaviour change for chronic disease prevention among program participants in Ontario. In addition to the core training, the coaches received anti-oppression training to advance knowledge and cultural safety when interacting with South Asian patients. Preliminary analyses of surveys done before and after the training indicate knowledge on anti-oppression concepts relevant to the South Asian population significantly increased due to the training, and that the training was a critical foundation to enhance South Asian health equity.

Several HCCF funded projects contributed to creating physical and social environments that are supportive of healthy living, for example:

- **The University of Alberta Housing for Health project:** This project aims to improve active living, healthy eating, and social connections by integrating active living design elements in three housing developments for older adults in the metropolitan Edmonton region. All projects pilot sites have modified the built environment to support evidence-based healthy living features such as improved stairwells, exercise amenities and gardening boxes. One of the sites added post-construction amenities and programs such as stair-prompt signage, artwork in stairwells and programs to supplement fitness facilities.

This project released the "Healthier Food and Beverage Guidelines for Public Events" in partnership with Alberta Health Services and the Communities [Choosewell program](#)<sup>xv</sup>, to improve the healthiness of food and beverage items served or sold at public events.

- **The Yukon Northern Wellness Project:** This project is led by the Government of Yukon, and the aim is to improve access to spaces and places for physical activity. As such, a total of 11 leaders from various communities received training on how to creatively use community spaces and places and connect people to nature and the

outdoors. Two municipalities received the necessary training to operate their community pools over the summer. The project also implemented a Winter Active for Life Library, geared toward rural and First Nations communities, rural schools and under-served populations. The purpose of the Winter Active for Life Library was to provide access to an inventory of cross-country skis, snowshoes, and kick sled equipment. Equipment was loaned to more than 1,000 people living in the Yukon during winter 2023.

- **ParticiPARKS:** This project is led by [ParticipACTION](#)<sup>xvi</sup> and aims to engage communities in low-income neighbourhoods in the design of free and accessible designated physical activity areas to encourage physical activity in nature. In 2022–23, four municipalities in Manitoba, New Brunswick, Ontario, and Saskatchewan committed to participating in the project through consultations to inform the design of a ParticiPARK. The project also put in place an agreement with a company that has experience in designing and building outdoor natural parks and consulting with populations groups that experience health inequities.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2025–26

#### **Engagement of applicants and recipients in 2022–23:**

Open solicitations posted on PHAC’s website and targeted solicitations were utilized to attract potential applicants. Stakeholders were engaged to inform program and solicitation priorities. A variety of forums were used to share learnings from funded projects (e.g., key learnings and evaluation results).

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	3,382,179	386,022	386,022	-2,996,157
Total contributions	21,424,030	20,042,147	19,788,752	22,018,823	21,208,919	1,420,167
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>21,424,030</b>	<b>20,042,147</b>	<b>23,170,931</b>	<b>22,404,845</b>	<b>21,594,941</b>	<b>-1,575,990</b>

**Explanation of variances**

Not applicable.

## HIV and Hepatitis C Community Action Fund

**Start date:** 2005–07

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Communicable Disease and Infection Control

**Purpose and objectives of transfer payment program:**

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

Guided by the [Pan-Canadian Framework for Action on STBBI](#)<sup>xvii</sup> and the [Government of Canada Five Year Action Plan on STBBI](#),<sup>xviii</sup> Community Action Fund (CAF) seeks to ensure that:

- Community-based efforts are in place to reach key populations, including those unaware of their Hepatitis C status, and link them to testing, prevention, treatment and care;
- Communities design and implement evidence-based frontline projects to prevent new and reoccurring infections;
- High-impact interventions are brought to scale so that more people benefit from them; and
- Community-based efforts are implemented to reduce stigma toward populations disproportionately affected by STBBI, including people living with HIV or hepatitis C.

Community-based organizations play a critical role in delivering sexual health education and prevention activities, developing culturally adapted resources, and conducting community capacity-building activities across the country as they are best positioned to identify and implement solutions appropriate to their context and cultures. Through the CAF, PHAC funds projects and initiatives that focus on the following groups:

- Gay, bisexual men and other men who have sex with men;
- People who use drugs;
- First Nations, Inuit and Métis Peoples;
- Racialized people and migrants, particularly from regions with high HIV or hepatitis C prevalence;
- Sex workers and their clients;
- People living in or recently released from correctional facilities;

- Transgender and non-binary people;
- People living with HIV or hepatitis C;
- Women among these groups, as appropriate; and
- Youth among these groups, as appropriate.

### **Results achieved:**

In 2022–23, PHAC allocated \$26.4 million in funding to support 94 new community-based projects under the HIV and Hepatitis C CAF. Having started in 2022–23, CAF projects are currently reporting on their performance for the first time in the spring of 2023. In view of the program’s reporting cycle, we will report on these performance indicators using data from the previous fiscal year. Final reports submitted by funded organizations during the previous CAF cycle (2017–22) are currently being analyzed to demonstrate its impact; findings will be published at a future date.

To bolster the program impact, PHAC secured \$8 million to launch a feasibility study of HIV self-test (HIVST) kits by purchasing and distributing them through community-based organizations as a means of increasing the number of people in Canada who can access testing. By the end of March 2023, PHAC provided 70,535 HIVST kits to community organizations, who distributed 10,343 kits to individuals across Canada. The approach built on the capacity of community-based organizations’ ability to reach key groups experiencing significant barriers to testing and treatment. Since the launch of the HIVST Initiative on September 26, 2022, participating organizations reported a high-level of satisfaction with the program. The initiative demonstrated the value of offering low-barrier access to testing which helped reach those who were previously undiagnosed. It was reported that 46% of respondents indicated that they had never been tested previously.

### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2023–24

### **Engagement of applicants and recipients in 2022–23:**

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

PHAC engaged with CAF recipients, and other key stakeholders, via a survey and other engagement methods to solicit their input to support the renewal of the Government of Canada’s STBBI Action Plan, of which community investment is an integral component.

From March 8 to May 15, PHAC received 378 anonymous survey responses and heard from over 400 individuals across 39 engagement activities (25 regional, thematic and key population roundtables, and 14 key informant interviews). These consultations provide insight into the priorities, challenges, and successes of the Agency's STBBI partners across Canada.

#### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	512,703	1,145,933	10,009,000	2,370,976	2,370,926	-7,638,074
Total contributions	26,701,405	26,456,135	18,765,000	33,979,820	30,836,918	12,071,918
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>27,214,108</b>	<b>27,602,068</b>	<b>28,774,000</b>	<b>36,350,796</b>	<b>33,207,844</b>	<b>4,433,844</b>

#### Explanation of variances

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates and internal re-allocation of funds to reduce the incidence and health impacts of sexually transmitted and blood-borne infections (STBBI) in Canada.

## Immunization Partnership Fund

**Start date:** 2016–17

**End date:** 2025–26

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2022–23

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Vaccination

**Purpose and objectives of transfer payment program:**

In the context of the COVID-19 pandemic, the purpose of the Immunization Partnership Fund (IPF) is supporting uptake and confidence in COVID-19 vaccines by focusing on three areas: building capacity for healthcare providers; community-based COVID-19 education, promotion, and outreach; and capacity building for evidence-based vaccination communication.

The objective of this program is to improve vaccination coverage and vaccine preventable disease rates in Canada.

**Results achieved:**

In 2022–23, PHAC allocated \$3 million in additional funding through the IPF to fund new projects and enhance existing IPF projects reaching additional population groups, to promote the uptake of COVID-19 booster vaccines. This was in addition to the \$45.5 million in COVID-19-focused funding from 2020–23 directed towards vulnerable populations and others disproportionately impacted by COVID-19. IPF initiatives were launched in communities across Canada to support the vaccine roll-out in groups with lower vaccine uptake by enabling informed vaccination choices and decreasing barriers to access.

In the 2022–23 fiscal year, IPF funded 104 projects that delivered evidence-informed, equity-based, and culturally safe COVID-19 projects for the audiences they served. This included 1,180 vaccination clinics in partnership with local health authorities, resulting in 333,400 vaccinations, predominantly within marginalized and underserved communities. IPF projects delivered community-centered activities that built trust-based relationships to support vaccine confidence. By using innovative strategies tailored to meet the needs of the groups, the IPF projects were able to expand and deepen their reach and impact. Intersectoral networks and partnerships built during the pandemic between IPF recipients and groups such as local public health authorities, non-governmental organizations, non-traditional groups in public health, universities, and others helped to maximize impact and are expected to have lasting influence.



### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2024–25

### **Engagement of applicants and recipients in 2022–23:**

Starting in January 2021, national, regional, and local organizations, as well as provinces and territories, were invited to submit proposals aligning with the IPF's three streams of activities, which included:

- Building capacity for healthcare providers to provide tools, training, and evidence-based information to share with the public about the importance of receiving COVID-19 and other vaccines;
- Community-based COVID-19 education, promotion, and outreach interventions to help people in Canada to understand the importance of vaccination, feel confident in receiving vaccines, and know where/how to access them; and
- Building capacity for evidence-based vaccination communication by supporting organizations to develop communications and public engagement strategies to foster evidence-based dialogue around vaccines.

In 2022–23, IPF continued to monitor the implementation of community projects supported through \$45.5 million in time-limited COVID-19-focused funding (2020–23). Projects targeted for investment were selected through an open solicitation as well as directed funding mechanisms. An additional \$3 million in IPF funding was used to enhance existing IPF projects, specifically promoting the uptake of COVID-19 booster vaccines in support of the Agency's broader fall/winter 2022–23 vaccination campaign. The additional funding was directed towards projects that encouraged vaccine use, including projects to build the confidence of healthcare providers who provided vaccinations, build on community-based connections and support community-based outreach and promotion. Vaccine promotions used culturally responsive and evidence-based vaccine information to encourage open dialogue and dispel misinformation and disinformation.

IPF funding was also used to support provincial and territorial governments to develop or enhance vaccination registries from 2021–23. Funding allocated to the provinces and territories (totalling \$32.5 million over three years) was in addition to the \$45.5 million COVID-19 community project funding and \$3 million booster campaign funding. Funding provided to the provinces and territories was used to enhance their ability to monitor vaccine coverage and inform COVID-19 vaccination uptake efforts.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	3,450,971	15,200,255	30,500,000	14,304,731	14,262,075	-16,237,925
Total contributions	3,477,143	22,016,013	1,723,141	28,100,772	27,305,173	25,582,032
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>6,928,114</b>	<b>37,216,268</b>	<b>32,223,141</b>	<b>42,405,503</b>	<b>41,567,248</b>	<b>9,344,107</b>

**Explanation of variances**

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates to support uptake and confidence in COVID-19 vaccines in Canada.

## Indigenous Early Learning and Child Care Transformation Initiative

**Start date:** 2018–19

**End date:** Ongoing

**Type of transfer payment:** Contribution<sup>2</sup>

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

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

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

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

**Results achieved:**

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

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

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<sup>2</sup> As part of the Horizontal Initiative led by Employment and Social Development Canada.

Targets will be determined with Indigenous partners.

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

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2023–24

**Engagement of applicants and recipients in 2022–23:**

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

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

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	11,718,654	2,751,367	26,087,001	24,841,990	22,416,644	-3,670,357
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>11,718,654</b>	<b>2,751,367</b>	<b>26,087,001</b>	<b>24,841,990</b>	<b>22,416,644</b>	<b>-3,670,357</b>

**Explanation of variances**

Actual spending was lower than planned because a significant portion of the funding was designated for capital expenses, which necessitated an extended implementation period.

## Kids Help Phone

**Start date:** 2020–21

**End date:** 2022–23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

PHAC is investing \$14.8 million over 36 months in [Kids Help Phone](#)<sup>xx</sup> (KHP) as an emergency response to support mental health services for youth and their well-being during the COVID-19 pandemic.

The objectives of the program are to bolster and expand the KHP's existing service delivery (via voice/text/chat and the recruitment and retention of crisis responders); amplify reach of service through outreach communications; support employee and volunteer responders with resources and training; and collect, analyze, and share information on related data/metrics.

**Results achieved:**

Throughout 2022, even as COVID-19 restrictions were lifted and youth returned to school, young people reached out to KHP 4.1 million times – a 116% increase over pre-pandemic, 2019 volume. This includes interactions with people of all ages through phone counselling, crisis texting, Facebook Messenger and visits to their website.

In 2022–23, KHP was able to continue supporting a larger team of responder staff. As of March 31, 2023, KHP had 125 professional counsellors on staff, compared to only 80 in April 2020, before PHAC's investment. In addition, as of March 31, 2023, KHP had 55 texting supervisors on staff, compared to only 25 in April 2020. Finally, as of March 31, 2023, KHP had 1,283 monthly active crisis responders who volunteer on its platform a minimum of 4 hours per month. This is compared to only 708 in February 2020. The top issues discussed by callers over the phone were: mental/emotional health; peer and partner relationships; family changes and relationships; suicide or suicide ideation/behaviour; and school. Top issues discussed via text included: anxiety/stress; relationships; depression; suicide; and isolation.

KHP was able to sustain service quality and improve wait times, with average wait times for phone counselling at 4 minutes and 53 seconds and 3 minutes and 22 seconds for text interactions.

Transitioning out of the COVID-19 pandemic, in 2022–23, KHP began to reallocate staff back to in-person work, adapted its response team to work in a hybrid approach, both virtually and in person.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2025–26

**Engagement of applicants and recipients in 2022–23:**

PHAC officials led bi-weekly virtual meetings with KHP to exchange information and updates and monitor progress. The KHP submits quarterly data metrics reports, as well as progress and annual reports as stipulated in the Contribution Agreement with PHAC, which ended on March 31, 2023.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	4,200,765	4,753,847	0	6,647,750	6,647,750	6,647,750
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>4,200,765</b>	<b>4,753,847</b>	<b>0</b>	<b>6,647,750</b>	<b>6,647,750</b>	<b>6,647,750</b>

**Explanation of variances**

Actual spending was higher than planned due to internal re-allocation of funds during the fiscal year to support mental health services for youth and their well-being during the COVID-19 pandemic.

## National Collaborating Centres for Public Health

**Start date:** 2004–05

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

### **Link to departmental results:**

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

### **Link to the department's program inventory:**

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

### **Purpose and objectives of transfer payment program:**

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

The objective of this program is to promote evidence-informed decision-making by public health practitioners and policy makers across Canada. The NCC synthesizes and shares knowledge in ways that are useful and accessible to public health stakeholders.

### **Results achieved:**

- Public health partners worked collaboratively to address existing and emerging public health issues;
- Public health organizations participated in collaborative networks and processes; and



- Public health professionals and partners continued to have access to reliable, actionable public health data and information.

In 2022–23, the NCCs for Public Health continued to address public health needs related to the COVID-19 pandemic response but moved beyond it, to plan for the “post COVID-19” phase and to address ongoing and emerging needs. The NCCs contributed to increasing public health capacity by developing a variety of knowledge mobilization tools (fact sheets, case studies, guidance documents, environmental scans, blogs, disease debriefs, modelling predictions, knowledge repositories, rapid reviews, etc.).

Examples include:

- Building on success of the Rapid Evidence Service during the pandemic, the NCC for Methods and Tools expanded beyond COVID-19 reviews to respond to the need for high-quality evidence syntheses for core public health topics.
- As part of its mandate to support public health actors across Canada in developing and promoting healthy public policies, the NCC for Healthy Public Policy launched the Canadian Network for Health in All Policies (CNHiAP), a bilingual network to facilitate knowledge mobilization beneficial for working across policy sectors.
- The NCC for Infectious Diseases hosted a Winter Institute in February 2023 bringing together community experts, policy makers and public health personnel to explore the potential for partnerships between shelters and public health.
- Building on the success of earlier books, the NCC for Indigenous Health published [Introduction to Determinants of First Nations, Inuit, and Métis Peoples’ Health in Canada](#)<sup>xxii</sup> which offers an introductory overview of the determinants of health for Indigenous Peoples in Canada and an understanding of coloniality in health care and how it determines First Nations, Inuit, and Métis peoples’ health and well-being.
- The NCC for Determinants of Health collaborated with the Canadian Institutes of Health Research, Institute of Population and Public Health (IPPH) in co-hosting a virtual workshop and associated report on the [Future Search: Action for Disrupting White Supremacy and Racism in Public Health Systems](#)<sup>xxiii</sup> to actively envision anti-racist public health systems and identify concrete actions for disrupting White supremacy.
- In response to climate change, recent crises such as flooding, extreme heat events, ticks, threats to safe drinking water, etc., the NCC for Environmental Health carried out several evidence-based knowledge translation activities and their impacts on population health and public health response.

The NCCs mobilized knowledge by applying their expertise to a wide range of public health areas including:

- Well-being policies
- Profiles of public health systems in Canadian provinces and territories
- Anti-Black racism and public health
- Promoting the health of trans, Two-Spirit and/or gender-diverse youth
- Antimicrobial use and resistance
- Climate Change and Indigenous Peoples in Canada
- Housing influencing health equity
- Determinants of First Nations, Inuit and Métis Peoples’ Health

- Vaccine confidence resources for First Nations, Inuit and Métis Parents and Caregivers

The NCCs also undertook knowledge translation activities to support the publication and dissemination and promotion of the [Chief Public Health Officer's 2022 Report: Mobilizing Public Health Action on Climate Change in Canada](#).<sup>xxiv</sup>

In 2022–23, NCCs developed and disseminated over 1281 products, including published materials, videos, workshops, webinars, online courses, and conference presentations and activities which supported practitioners and decision makers in applying new knowledge in their environments. In addition, the NCCs undertook over 305 knowledge-related needs and gaps identification activities to provide public health knowledge brokers with the resources and structures required to strengthen evidence-informed decision-making.

The NCCs also engaged and maintained over 603 partnerships and collaborations, facilitating and increasing public health outreach and exchange.

Performance indicators:

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

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2023–24

#### **Engagement of applicants and recipients in 2022–23:**

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

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	6,707,746	9,547,998	9,042,000	9,872,000	9,871,994	829,994
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>6,707,746</b>	<b>9,547,998</b>	<b>9,042,000</b>	<b>9,872,000</b>	<b>9,871,994</b>	<b>829,994</b>

**Explanation of variances**

Not applicable.

## Pan-Canadian Vaccine Injury Support Program

**Start date:** 2021–22

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021–22

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Vaccination

**Purpose and objectives of transfer payment program:**

The [Pan-Canadian Vaccine Injury Support Program](#)<sup>xxv</sup> (VISP) ensures that all people in Canada who experience a serious and permanent injury because of receiving a Health Canada-authorized vaccine, administered in Canada on or after December 8, 2020, have fair and timely access to financial support.

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

**Results achieved:**

Fiscal year 2022–23 was the first full year of operation for the program. The VISP provides all individuals in Canada with access to financial support in the rare instance that they experience a serious and permanent injury from a Health Canada authorized vaccine administered in Canada on or after December 8, 2020.

The program for individuals vaccinated in all provinces except Quebec is administered by a third party through a funding agreement with PHAC. PHAC also provides funding to the Government of Québec for the ongoing administration of its existing provincial program, the Vaccine Injury Compensation (VICP) program. Since its launch in June 2021, the third-party administrator of the pan-Canadian program (OXARO, formally Raymond Chabot Grant Thornton Consulting Inc. - RCGT), continues to streamline its procedures, find efficiencies, and further increase its capacity to process claims in a timely manner.

In 2022–23, PHAC continued to target outreach to increase awareness of the program among health care professionals, who are best placed to support those who experience a serious and permanent injury to access the program.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2024–25

**Engagement of applicants and recipients in 2022–23:**

No additional initiatives to engage applicants have taken place. A contribution agreement with OXARO is in place (from 2021–22) until 2025–26.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0		0	0		0
Total contributions	0	9,380,844	19,000,000	28,619,156	14,200,000	-4,800,000
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>9,380,844</b>	<b>19,000,000</b>	<b>28,619,156</b>	<b>14,200,000</b>	<b>-4,800,000</b>

**Explanation of variances**

Actual spending was lower than planned because the volume of claims assessed and approved during the fiscal year were less than estimated.

## Preventing and Addressing Family Violence: The Health Perspective

**Start date:** 2015–16

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

### **Link to departmental results:**

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

### **Link to the department's program inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program:**

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

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

### **Results achieved:**

In 2022–23, PHAC continued to manage 3 multi-year agreements with projects focused on supporting the health of survivors of family violence, through the delivery and testing of health promotion interventions for survivors, and through guidance and training for providers. In addition, results and narratives for 20 funded projects who completed their activities in 2021–22 was also made available via the Knowledge Hub's website. The 2022–23 fiscal year marked the first funding year for the 28 funded projects supported through PHAC's Preventing and Addressing Family Violence: The Health Perspective Program. This new suite of projects includes a stronger focus on prevention and more targeted engagement with populations that are disproportionately impacted by family violence and focuses on the prevention of child maltreatment, intimate partner violence, and elder abuse. For example:

- Access Alliance, in Toronto, is working with expressive arts therapists to offer Afghan and Ukrainian refugees programming which is designed to improve mental health and well-being for those at risk of, or experiencing, gender-based violence.
- Based at the Université du Québec à Trois-Rivières and delivering their programming in four regions of Québec, "[Project STEP](#)"<sup>xxviii</sup> is designing and implementing a prenatal

program for survivors of complex trauma, aiming to break the intergenerational cycle of family violence.

- Based at the University of Toronto, RISE is a community-based elder mistreatment response program that takes a restorative approach to working with both older adult victims and others, including alleged harmers, to support the older adult’s goals, such as preventing further mistreatment, holding the harmer accountable, and repairing the relationship where it is possible.
- Working with the Calgary Police Service to shift social norms and organizational behaviour, Shift: The Project to End Domestic Violence aims to promote more gender equitable, anti-violent behaviours within a male-dominated workplace.

In 2022–23, cumulative results from completed funded projects supported under this investment were available for the first time. Over their full funding cycle (2015– 22), these projects reached 22,050 participants experiencing or at risk of experiencing family violence (including children/youth, parents, and community members), and 117,824 service providers. These projects also cumulatively developed 5,250 knowledge products and hosted 2,312 knowledge events, reaching a total audience of 1,159,720 professionals and service providers. All projects reported increased knowledge and/or skills, positive behavior change and improved well-being amongst participants.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The next evaluation is planned for 2024–25.

**Engagement of applicants and recipients in 2022–23:**

All funding recipients are engaged through annual calls, and projects that require additional support benefit from more regular contact with their program officers. Annual calls provide an opportunity for PHAC to further discuss details provided in recipients’ annual reporting, including key successes and challenges experienced by the project. These calls also enable PHAC to create connections and build stronger stakeholder relationships with the funding recipients.

In addition, recipients leading family violence prevention projects participate in a community of practice that is funded by PHAC. The community of practice connects and supports funded projects to enhance collaboration and consolidate learning across projects.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities	2022–23 Actual spending	Variance (2022–23 actual)

				available for use	(authoritie s used)	minus 2022–23 planned)
Total grants	0	101,929	5,300,000	81,129	81,129	-5,218,871
Total contributions	4,371,865	2,307,727	950,000	6,355,003	6,309,882	5,359,882
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>4,371,865</b>	<b>2,409,656</b>	<b>6,250,000</b>	<b>6,436,132</b>	<b>6,391,011</b>	<b>141,011</b>

**Explanation of variances**

Not applicable.



## Preventing Gender-Based Violence: The Health Perspective

**Start date:** 2017–18

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution<sup>3</sup>

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

### **Link to departmental results:**

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

### **Link to the department's program inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program:**

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

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

### **Results achieved:**

In 2022–23, PHAC continued to manage agreements with 34 projects through the Preventing Gender-Based Violence: The Health Perspective Program. This program includes projects to prevent youth dating violence and child maltreatment, and to build the capacity of professionals to respond to gender-based violence. PHAC also funds the Promoting Relationships and Eliminating Violence Network (PREVNet) to facilitate a community of practice (CoP) that connects teen/youth dating violence prevention projects to amplify outcomes through networking, capacity building, and knowledge mobilization.

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<sup>3</sup> As part of the Horizontal Initiative led by Department for Women and Gender Equality.

For example:

- In British-Columbia, Réseau-Femmes is delivering and evaluating the [Jeunes leaders des relations saines](#)<sup>xxx</sup> program for francophone adolescents aged 14 to 18, which aims to prevent violence with an anti-discriminatory and trauma-informed approach, and integrates a holistic approach, involving youth, young leaders, school staff and parents/guardians.
- PREVNet's National Youth Advisory Committee, a group of 13 members between the age of 16-27 who advise and support the Youth Dating Violence community of practice, produced a two-part podcast on emotional abuse, created short animated videos on consent, and published a Self-Worth zine to help other young people check in with their self-worth and how their relationships are impacting it (April 2022).
- [Liard Aboriginal Women Society \(LAWS\)](#)<sup>xxxii</sup> is implementing Ts'ídāne ā' nezen? (Youth for Dignity), a project that mobilizes youth in grades 8-12 as anti-violence leaders, including by promoting connection to Kaska cultural principles, protocols, and teachings related to dignity and safety in relationships. In 2022, LAWS obtained accreditation for the program, allowing participants to receive school credits, supporting its adaptation in other Yukon communities and supporting its sustainability.
- Based at McMaster University's Offord Centre for Child Studies, Dr. Andrea Gonzalez and her team are evaluating promising interventions to contribute to the development of healthy family relationships and the prevention of child maltreatment: Parents under Pressure (PuP), Promoting Healthy Families (PHF) and Parenting for Lifelong Health (PLH).

In 2022–23, funded projects have engaged 24,386 participants experiencing or at risk of experiencing gender-based violence (including youth, parents, community members, children, infants), and 23,234 service providers/professionals. Projects also developed 418 knowledge products and hosted 263 knowledge events, reaching a total audience of 2,107,057 professionals, service providers and community members. Interim findings suggest increased skills and knowledge relating to healthy relationships and positive parenting, as well as increasing capacity amongst professionals/service providers to implement trauma-informed practices. The evidence from effective interventions continued to inform policies and programs.

PHAC also started designing new solicitations under the Preventing Gender-Based Violence: The Health Perspective investment, drawing on stakeholders' expertise and the latest evidence. These solicitations, launched in spring and summer 2023, will help address evidence gaps and needs in the prevention of youth/teen dating violence, the prevention of child maltreatment, and professionals' capacity to safely recognize and respond to gender-based violence, with a focus on reaching underserved populations in culturally safe and trauma-informed ways.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2027–28

**Engagement of applicants and recipients in 2022–23:**

All funding recipients are engaged through annual calls, and projects that require additional support benefit from more regular contact with their program officers. Annual calls provide an opportunity for PHAC to further discuss details provided in recipients’ annual reporting, including key successes and challenges experienced by the project. These calls also enable PHAC to create connections and build stronger stakeholder relationships with the funding recipients.

In addition, recipients leading teen/youth dating violence prevention projects participate in a community of practice that is funded by PHAC. The community of practice connects and supports funded projects to enhance collaboration and consolidate learning across projects.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	1,869,882	450,000	200,000	-1,669,882
Total contributions	7,920,393	8,289,124	10,625,000	11,831,023	8,131,681	-2,493,319
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>7,920,393</b>	<b>8,289,124</b>	<b>12,494,882</b>	<b>12,281,023</b>	<b>8,331,681</b>	<b>-4,163,201</b>

**Explanation of variances**

Actual spending was lower than planned due to project commencement delays, challenges in recruiting and retaining project staff by funding recipients, and the necessary time for obtaining research-related ethics approvals. Portions of the unused funding will be available in 25-26 and 26-27.

## Safe Voluntary Isolation Sites Program

**Start date:** 2020–21

**End date:** 2022–23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2006–07

### **Link to departmental results:**

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

### **Link to the department's program inventory:**

- Communicable Disease and Infection Control

### **Purpose and objectives of transfer payment program:**

The Safe Voluntary Isolation Sites Program (SVISP) aims to decrease community transmission of COVID-19 by addressing health equity gaps experienced by individuals who are unable to safely self-isolate in their normal place of residence.

### **Results achieved:**

SVISP provided equitable access to isolation spaces and helped ensure that all people living in Canada had the accommodations required to protect both themselves and their families. SVISP is a successful example of health equity in action as the program reached at-risk populations across different categories of income, ethnicity, age, and housing status including sheltered individuals and Temporary Foreign Workers (TFWs).

In 2022–23, SVISP supported equitable isolation for 2,911 individuals across the country. Sites operated in Ontario, Nova Scotia, Yukon, British Columbia, and Manitoba.

### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2024–25

**Engagement of applicants and recipients in 2022–23:**

Applicants were engaged through a targeted call for proposals. Recipients were invited to participate through an established Community of Practice that connected and support funded projects until its closure in the summer of 2022.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	23,362,314	80,566,077	68,000,000	68,000,000	19,807,378	-48,192,622
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>23,362,314</b>	<b>80,566,077</b>	<b>68,000,000</b>	<b>68,000,000</b>	<b>19,807,378</b>	<b>-48,192,622</b>

**Explanation of variances**

Actual spending was lower than planned because as the COVID-19 pandemic situation improved, site usage declined and fewer funds were required to advance program objectives.

## Sero-Surveillance Consortium

**Start date:** 2020–21

**End date:** 2022–23

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020

### **Link to departmental results:**

- Result 1.2: Canadians have improved health behaviours
- Result 2.1: Infectious diseases are prevented and controlled
- Result 3.1: Public health events and emergencies are prepared for and responded to effectively

### **Link to the department's program inventory:**

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

### **Purpose and objectives of transfer payment program:**

The purpose of this program is to provide research bodies with the resources they need to gain a better understanding of COVID-19 and the degree of immunity to COVID-19 to inform Canadian and global public health science, policy and health care responses.

The Sero-Surveillance and Research Program was developed to administer the [COVID-19 Immunity Task Force<sup>xxxiii</sup>](#) (CITF), which was established by the Government of Canada in April 2020 with a three-year investment of \$300 million. The program coordinates national serological surveillance studies, vaccine surveillance studies and immunity studies across Canada and in sub-populations with unique or high-risk profiles. PHAC manages the funding and administration of these studies through Grants and Contributions based on recommendations by the CITF Executive Committee. Guidance and harmonization of CITF activities are provided by a Secretariat and a Leadership Group that have representation from several provincial and territorial ministries of health, and experts from across Canada in serological surveillance, immunology, virology, infectious diseases, public health and clinical medicine.

### **Results achieved:**

To date, the CITF program has funded 120 studies across Canada led by 103 lead investigators in areas such as immune science, seroprevalence, vaccine safety and effectiveness and immune testing. As of March 2023, researchers had published 215 academic articles and

preprints related to CITF-funded projects. Results from these studies continue to contribute valuable information on the status of COVID-19 immunity in Canada, such as providing regular, reliable estimates of seroprevalence across Canada (infection-acquired and vaccine-induced). In addition, in March 2023, Statistics Canada, in partnership with PHAC and the CITF, released results of a second cycle of the Canadian COVID-19 Antibody and Health Survey to better understand the spread of SARS-CoV-2 and the longer-term impacts of COVID-19 in Canadian adults. In 2022–23, the CITF further mobilized studies on boosters, pediatric vaccination, and hybrid immunity.

In January 2023, the CITF obtained policy and financial authority to continue its operations into 2023–24 to support a final year. Activities in this final year are centred on completing select scientific studies, mobilizing knowledge generated, transitioning core legacy infrastructure where feasible and appropriate and compiling lessons learned to inform future pandemic preparedness.

As of January 1, 2023, the CITF entered the final phase with completion of all activities expected by March 31, 2024. The existing CITF governance structures, including the Executive Committee, Working Parties, Leadership group and Co-Chairs, completed their mandates on December 31, 2022. The CITF Secretariat has been working in partnership with PHAC, with a new governance structure in place, to steward the residual functions of the CITF to completion. The PHAC Program Oversight Committee was established and will function until the end of the CITF initiative and term date of March 31, 2024. This will include oversight of the successful completion of individual studies and the transition of some legacy CITF functions, including its data infrastructure and knowledge mobilization efforts.

In March 2023, the CITF hosted a Scientific Meeting which brought together over 300 delegates across Canada to highlight research outcomes, accomplishments, and challenges. In this same month, Statistics Canada, in partnership with PHAC and the CITF, released its results of cycle 2 of the Canadian COVID-19 Antibody and Health Survey.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2024–25

#### **Engagement of applicants and recipients in 2022–23:**

The CITF secretariat's targeted communications, targeted outreach actions, and CITF website were used as the principal platform for information and applications. Engagements with a wide range of relevant stakeholders was also utilized in attention to direct solicitation via public health networks from within Canada

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	4,474,400	48,788,595	52,100,000	72,285,542	9,253,690	-42,846,310
Total contributions	16,903,716	35,957,273		55,000,000	41,989,621	41,989,621
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>21,378,116</b>	<b>84,745,868</b>	<b>52,100,000</b>	<b>127,285,542</b>	<b>51,243,311</b>	<b>-856,689</b>

**Explanation of variances**

Not applicable.



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

**Start date:** 2017–18

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution<sup>4</sup>

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

### Link to departmental results:

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

### Link to the department's program inventory:

- Communicable Diseases and Infection Control
- Health Promotion

### Purpose and objectives of transfer payment program:

The [Canadian Drugs and Substances Strategy](#)<sup>xxxiv</sup> (CDSS) is the Government of Canada's comprehensive, collaborative, compassionate and evidence-based approach to drug policy, which uses a public health lens when considering and addressing substance use. The CDSS is led by the Minister of Mental Health and Addictions and Associate Minister of Health, supported by Health Canada and 14 other federal departments and agencies. The CDSS covers a broad range of legal and illegal substances, including cannabis, alcohol, opioids and other substances. The goal of the strategy is to protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families, and communities.

The CDSS recognizes that a national approach to substance use requires strong collaboration and coordination among all levels of government, working in their respective areas of jurisdiction. It also recognizes the critical importance of working closely with a wide range of stakeholders on an ongoing basis, including people with lived and living experience with substance use. Reducing the stigma experienced by people who use drugs is also integral to the CDSS, and an ongoing priority for the Government of Canada.

As a partner department, PHAC receives contributions under the CDSS to support federal harm reduction efforts through the [Harm Reduction Fund](#)<sup>xxxv</sup> (HRF). Through the HRF, PHAC

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<sup>4</sup> As part of the Horizontal initiative led by Health Canada.

complements provincial and territorial harm reduction strategies by investing \$7 million annually to support time-limited projects across Canada to help reduce HIV and hepatitis C among people who share injection and inhalation drug-use equipment. Harm reduction refers to a set of practices that aim to reduce the harms associated with substance use. Harm reduction:

- is about meeting people where they are at and supporting them to work towards their goals;
- aims to decrease adverse health, social and economic outcomes, such as disease and injury that may result from an individual's actions;
- represents policies, strategies, services and practices, which aim to assist people to live safer and healthier lives;
- acknowledges that each person is different, has different goals and requires different supports and strategies; and
- is not focused on the reduction of substance use or abstinence as a precursor to receive respect, compassion or services.

### **Results achieved:**

In 2022–23, 34 new community-based projects received funding. Having started in 2022–23, Harm Reduction Fund projects are currently reporting on their performance for the first time in the spring of 2023. In view of the program's reporting cycle, we will report on the recently revised indicator<sup>5</sup> using data from the previous fiscal year.

- Enhanced sentinel surveillance data from the Tracks survey of people who inject drugs in Canada, Phase 4, 2017–19 found that the proportion of participants who reported borrowing used needles and/or syringes decreased by almost half from 20.2% in Phase 1 (2003–05) and 21.8% in Phase 2 (2005–08) to 11.6% in Phase 4 (2017–19).
- Final reports submitted by funded organizations during the previous program funding cycle (2017–22) are being analyzed to demonstrate its impact and findings will be published at a future date.

### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

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<sup>5</sup> Through its 2021-2022 Departmental Results Report Supplementary Information Tables, Health Canada announced the new performance indicator "percentage of respondents from key populations who reported the reduction of sharing of drug-use equipment" which is aligned to the key program performance indicators under the 2022-2027 Harm Reduction Fund (HRF) cycle. As such, results will not be reported for this fiscal year.

Planned: The next evaluation is planned for 2023–24

### Engagement of applicants and recipients in 2022–23:

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

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

In the summer of 2022, the Government of Canada participated in the 24th International AIDS Conference (AIDS 2022) in Montreal. During the conference, PHAC played a vital role in bringing together policymakers, community-based organizations, and researchers to share the most recent evidence on HIV and exchange best practices. In conjunction with other government departments, PHAC made notable contributions, including organizing four featured events, facilitating 10 satellite sessions, presenting six abstracts, hosting a workshop, and conducting various stakeholder engagement sessions.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	100,000	0	3,500,000	0	0	-3,500,000
Total contributions	5,558,407	5,559,472	3,500,000	8,508,446	7,176,885	3,676,885
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>5,658,407</b>	<b>5,559,472</b>	<b>7,000,000</b>	<b>8,508,446</b>	<b>7,176,885</b>	<b>176,885</b>

### Explanation of variances

Not applicable.

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

**Start date:** 2021–22

**End date:** 2023–24

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

### **Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

### **Link to the department's program inventory:**

- Health Promotion

### **Purpose and objectives of transfer payment program:**

The objectives of this program are to:

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

### **Results achieved:**

In 2022–23, PHAC funded 46 projects under the Supporting the Mental Health of Those Most Affected by COVID-19 investment. These projects are delivering and evaluating interventions, including resilience building, peer support, mental health literacy, and training and resources, to build capacity of service providers and beneficiaries to address new and complex mental health needs that emerged or were amplified because of the pandemic. Examples of initiatives funded through this investment include:

- A program reaching youth in classrooms to build mental health literacy and skills for help-seeking;
- A project that is using “social prescribing” to refer individuals to social and community supports that promote mental health; and
- A parenting support program to enhance parent and child mental health.

The 46 projects reached 190,000 individuals from priority populations, including children and youth, older adults, First Nations, Métis, Inuit, Black and other racialized populations at over 350 sites.

#### Findings of audits completed in 2022–23:

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

#### Findings of evaluations completed in 2022–23:

Completed: No evaluation was completed in 2022–23.

Planned: The next evaluation is planned for 2025–26.

#### Engagement of applicants and recipients in 2022–23:

PHAC officials engaged with experts, service providers and other stakeholders to understand the impacts of the pandemic on mental health; and to understand community needs, organizational capacity and promising interventions. These discussions helped inform the design of the investment as well as the solicitation approach, including the Indigenous solicitation launched in 2022–23. Applicants for funding were reached through targeted and directed solicitations aimed at umbrella organizations, associations, networks and coalitions. Officials supported applicants through information sessions and correspondence. PHAC officials also provided support and guidance to recipients through the implementation, monitoring and evaluation of their projects, including connecting them through communities of practice that provided capacity building and developed measurement strategies and tools. Recipients have been continuously engaged through a variety of knowledge exchange products and events, including conferences and stakeholder meetings.

#### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	10,000,000	300,000	240,416	-9,759,584
Total contributions	0	390,054	68,387,309	43,303,972	43,288,695	-25,098,614
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>390,054</b>	<b>78,387,309</b>	<b>43,603,972</b>	<b>43,529,111</b>	<b>-34,858,198</b>

**Explanation of variances**

Actual spending was lower than planned due to the reclassification of \$32.4 million to address PTSD and trauma in those most affected by COVID-19.

## **Transfer payment programs of less than \$5 million**

### **Antimicrobial Stewardship Response to Pediatric Drug Shortage**

**Start Date:** 2022–23

**End Date:** 2022–23

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2022–23

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Communicable Disease and Infection Control

**Purpose and objectives of transfer payment program:**

Reducing inappropriate antimicrobial prescriptions - Support knowledge mobilization and continuing education for pediatricians, family physicians, pharmacists and nurses in Canada on the management of respiratory infections considering ongoing pediatric drug shortages

**Results achieved:**

A one-hour live webinar was offered to pediatricians and family physicians, pharmacists, and nurse prescribers, as well as other healthcare professionals across Canada. The webinar was attended by 129 participants, recorded and has been available free of charge to all healthcare professionals across all Canadian jurisdictions. These materials ensure that Canada's healthcare professionals have access to up-to-date information on how to manage respiratory infections in children, including during pediatric drug shortages.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: No planned Audits.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The timing for the evaluation will be determined during the development of a future Departmental Evaluation Plan.

### Engagement of applicants and recipients in 2022–23:

This special project<sup>6</sup> was undertaken in collaboration with the Canadian Pediatric Society (CPS) in response to the pediatric drug shortages. The CPS, a national not-for-profit organization representing more than 3600 pediatricians, pediatric subspecialists and other child health providers, approached PHAC with a request to collaborate in responding to national pediatric drug shortages. This initiative was part of the Government of Canada response to the drug shortages emergency.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	11,300	10,187	10,187
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,300</b>	<b>10,187</b>	<b>10,187</b>

### Explanation of variances

Actual spending was higher than planned due to internal re-allocation of funds during the fiscal year to support the development and delivery of online continuing education of Canadian health care professionals on the management of critical paediatric drug shortages in clinical practice.

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<sup>6</sup> The project Antimicrobial Stewardship Response to Pediatric Drug Shortage was not outlined in PHAC's 2022-2023 Departmental Plan as it started in December 2022



## Blood Safety

**Start date:** 1998–99

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2004-05

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Communicable Disease and Infection Control

**Purpose and objectives of transfer payment program:**

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

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

In partnership with Canadian sentinel hospitals, the Centre for Communicable Diseases and Infection Control (CCDIC) is responsible for the collection, management and analysis of the TTISS, TESS and CTOSS data as well as the production of reports summarizing key findings. These data and products are used to inform public health and policy action and support continuous improvement of PHAC's surveillance standards.

## **Results achieved:**

In 2022–23, PHAC published the following:

- The [Transfusion Transmitted Injuries Surveillance System Summary Report, 2016 to 2020](#)<sup>xxxvii</sup>
- The [Transfusion Transmitted Injuries Surveillance System \(TTISS\) Infographic for 2018-2019](#)<sup>xxxviii</sup>
- The [Cells, Tissues and Organs Surveillance System \(CTOSS\) Infographic for 2020-2021](#)<sup>xxxix</sup>

## **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

## **Findings of evaluations completed in 2022–23:**

Completed: Evaluation of the Public Health Agency of Canada's Blood Safety Contribution Program.

Summary of Findings: Evidence collected highlighted the potential value of the three surveillance systems to the overall biovigilance system. However, national information is not timely for users and has not been used to further inform planning and decision making within provinces and territories. Recommendations focussed on clearly defining and communicating PHAC's role, responsibilities, and priorities; and ensuring the timely release of surveillance information.

Planned: The next evaluation is planned for 2027–28.

## **Engagement of applicants and recipients in 2022–23:**

PHAC engages with provincial and territorial governments to support the assessment, validation, and reconciliation of data and dissemination of surveillance information contained in the TESS, TTIS and CTOSS.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	1,460,998	1,792,157	2,150,000	2,150,000	1,736,256	-413,744
Total other types of transfer payments		0	0	0	0	0
<b>Total program</b>	<b>1,460,998</b>	<b>1,792,157</b>	<b>2,150,000</b>	<b>2,150,000</b>	<b>1,736,256</b>	<b>-413,744</b>

**Explanation of variances**

Actual spending was lower than planned because funds required to advance program objectives were less than estimated.

## Canadian Immunization Research Network

**Start date:** 2013-14

**End date:** 2024–25

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021–22

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Vaccination

**Purpose and objectives of transfer payment program:**

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

CIHR's Institute of Infection and Immunity oversees the administration of funding through a directed grant to CIRN. PHAC is the primary funding source, transferring funds to CIHR.

PHAC is also providing supplemental funding to CIHR to support CIRN in undertaking urgent activities related to COVID-19 vaccine research and clinical trials readiness to enhance Canada's capacity to monitor vaccine safety and effectiveness, and to provide vaccine-related research outcomes that will inform effective, equitable, and timely COVID-19 public health decision-making.

**Results achieved:**

In 2022–23, CIRN delivered on its objectives by continuing to support infrastructure to facilitate collaborative research among vaccine and immunization researchers, clinicians, public health professionals and policy makers to develop methodologies to test vaccines, evaluate immunization programs, improve coverage rates, train researchers, and improve knowledge exchange. Areas of research supported through this initiative included evaluation of vaccines for safety and immunogenicity, population-based methods for vaccine effectiveness and safety, as well as interventions that improve vaccine acceptance and uptake, modelling and economic analysis.

Research supported by CIRN explored priority policy areas, including sex and gender considerations; research on Indigenous populations and Official Language Minority

Communities; ethical, legal and social implications; and the importance of leveraging existing clinical trials and using a variety of methodologies inclusive of other clinical trials.

In 2022–23, CIRN's eight sub networks were engaged in supporting Canada's COVID-19 vaccine readiness and response, through supplementary funding provided for this purpose. Research was conducted in COVID-19 vaccine clinical trials readiness, vaccine safety and effectiveness, population prioritization and modelling, and vaccine acceptance and uptake. CIRN also coordinated data collection and information-sharing with knowledge users through its well-established strategies and methods.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The next evaluation is planned for 2024–25.

In 2022–23, an internal review of CIRN, led by PHAC in partnership with CIHR, was carried out to inform future approaches to strengthening Canada's vaccine research landscape, including capacity for rapid research responses during health emergencies to inform public health decision making.

The review examined CIRN's results and impact (knowledge creation and knowledge mobilization), relevance, governance, and the funding mechanism from June 2017 to December 2021. Overall, the findings indicate that CIRN achieved its objectives by making progress on the research areas identified in the funding opportunities through the creation and mobilization of knowledge while aligning with Government of Canada priorities. The findings also suggested areas for consideration moving forward, including the improvement on CIRN's focus on equity, diversity and inclusion; efforts in knowledge mobilization; the governance structure and diversifying its leadership and membership; use of appropriate mechanism of funding to align with the Policy on Transfer Payments; and the coordination and efficiency of Canada's rapid research response, among other areas.

#### **Engagement of applicants and recipients in 2022–23:**

In 2022–23, PHAC was represented by two non-voting members on the CIRN Management Committee, including representatives from the Infectious Disease and Vaccination Programs Branch's Centre for Immunization Readiness and the National Advisory Committee on Immunization (NACI) Secretariat. The Committee, including the research leads from all eight CIRN subnetworks met monthly (on average), providing an opportunity for enhanced collaboration and knowledge exchange between PHAC and CIRN.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	900,000	500,000	0	0	-500,000
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>900,000</b>	<b>500,000</b>	<b>0</b>	<b>0</b>	<b>-500,000</b>

**Explanation of variances**

Actual spending was lower than planned due to internal re-allocation of funds during the fiscal year to support COVID-19 vaccine confidence and uptake.

## CanCOVID Sentinel Intelligence

**Start date:** 2019–20

**End date:** 2022–23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020–21

**Link to departmental result:**

- Result 2. 2: Infectious disease outbreaks and threats are prepared for and responded to effectively

**Link to the department's program inventory:**

- Communicable Disease and Infection Control

**Purpose and objectives of transfer payment program:**

The aim of this program is to optimize external health science advice related to COVID-19. CanCOVID links over 2,400 members of Canada's research community to collaborate across critical research and development areas, providing information, synthesis and input on key issues stemming from COVID-19.

CanCOVID facilitates exchanges on emerging COVID-19 issues including seminar style scientific presentations and expert panel discussions that provide a forum for academic and governmental science and policy experts to engage with top national and international scientists on priority topics. Information is made public on the [CanCOVID website](#).<sup>xii</sup>

**Results achieved:**

Four moderated sentinel intelligence exchanges were held with international scientific experts on a variety of COVID-19 topics, including the effectiveness of border measures, vaccine effectiveness, impacts of COVID-19 co-circulation with Flu and RSV, and viral evolution.

Summary reports detailing the science exchanges, addressing PHAC inquiries, and highlighting future research opportunities were prepared and shared with all participants; science and research community engagement was strengthened through information shared at workshops, and via subsequent collaboration resulting from the sessions.

Eight COVID-19 lessons learned reports were developed and published on CanCOVID's website. The Reports related to at-home care for older adults, long-term care homes and workforce, mentorship of nurses as a retention measure, public health misinformation detection and correction, effective pandemic communication strategies and the use of virtual mental health technologies.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: Not Applicable.

**Engagement of applicants and recipients in 2022–23:**

The recipient was routinely engaged to facilitate and coordinate sentinel intelligence sessions and COVID-19 informational needs. Under the terms of contribution agreement established, the recipient is responsible for submitting annual program reports by April 30th of each year.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	15,000	366,480	0	935,000	808,179	808,179
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>15,000</b>	<b>366,480</b>	<b>0</b>	<b>935,000</b>	<b>808,179</b>	<b>808,179</b>

**Explanation of variances**

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates and internal re-allocation of funds to optimize external health science advice related to COVID-19.



## COVID-19 Individual Risk Assessment Tool

**Start Date:** 2021–22

**End Date:** 2023–24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2022–23

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Vaccination

**Purpose and objectives of transfer payment program:**

The purpose of this program is to provide evidence-based, interactive individual risk assessment tools that will help people in Canada make informed decisions about gathering or visiting with others in a way that reduces their risk of transmission of COVID-19 and other respiratory infectious diseases.

The objective is to support Toronto Metropolitan University's National Institute on Ageing (NIA) to develop a shorter and more user-friendly COVID-19 visit risk tool ([My COVID-19 Visit Risk Calculator](#)),<sup>xliii</sup> while retaining the more comprehensive tool ([My COVID-19 Visit Risk Decision Aid](#))<sup>xliiii</sup> with revisions and enhancements. This is to ensure the tools accurately reflect existing guidance and advice on individual public health measures and ongoing promotional information. Funding will continue to support ongoing maintenance (e.g., revisions to reflect emerging evidence), enhancements to the tools, development of promotional campaigns and enhanced reporting capacities.

**Results achieved:**

Results associated with this tool include the following:

- Development of the My COVID-19 Visit Risk Calculator, a shorter, more user-friendly version of NIA's previous tool (My COVID-19 Visit Risk Decision Aid);
- Revision of content for both tools to ensure the tools align with national COVID-19 Public Health Measures guidance and recommendations, as well as official language and accessibility needs;
- Updates and enhancements were made to both tools based on the best available evidence in consultation with NIA's expert advisory group (e.g., updates accounting for the Omicron variant of concern and ongoing transmission of COVID-19 at that time);
- Ongoing seasonal public awareness campaigns to increase the profile and uptake of the tools, resulted in 1,561,616 total web page views as of March 2023 (a 41% increase in a

one-year timespan), with an increasing proportion of users outside of Canada, such as United States and Mexico; and

- The tool has garnered 39 media mentions (e.g., [New York Times](#),<sup>xliv</sup> [CTV](#),<sup>xlv</sup> [National Post](#))<sup>xlvi</sup> as of March 2023.

#### Findings of audits completed in 2022–23:

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

#### Findings of evaluations completed in 2022–23:

Completed: No evaluation was completed in 2022–23.

Planned: Not Applicable.

#### Engagement of applicants and recipients in 2022–23:

Recipients are engaged through performance measurement and evaluation processes. In addition, PHAC will continue to engage directly with the recipients to ensure alignment of messaging and content with PHAC's [Public Health Measures Guidance](#)<sup>xlvii</sup> and new evidence as it becomes available.

#### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	449,400	0	250,000	247,102	247,102
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>449,400</b>	<b>0</b>	<b>250,000</b>	<b>247,102</b>	<b>247,102</b>

#### Explanation of variances

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates for the development of an interactive, web/app based, COVID-19 Personal Risk Assessment Tool.

## Dementia Community Investment

**Start date:** 2018–19

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

This funding program supports community-based projects intended to improve the well-being of people living with dementia, and their family/friend caregivers, and to increase general knowledge about risk and protective factors. The program also provides funding support for the [Canadian Dementia Learning and Resource Network \(CDLRN\)](#),<sup>xlviii</sup> a knowledge hub led by Schlegel-UW Research Institute for Aging to facilitate collaboration among Dementia Community Investment (DCI) projects and shares lessons learned with the broader community.

**Results achieved:**

Program participants gained resources, knowledge and skills to provide enhanced support to people living with dementia and to support their own well-being.

Performance indicator:

- Percentage of program participants reporting increased knowledge and/or skills because of programming.

The first set of results for this performance indicator is expected at the end of fiscal year 2023–24.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The next evaluation is planned for 2023–24.

### Engagement of applicants and recipients in 2022–23:

Recipients are engaged through an open solicitation posted on PHAC’s website and shared with stakeholders. Dementia Community Investment projects are expected to: develop, test, and scale-up resources, tools and supports to build capacity in communities to improve the well-being of people living with dementia and their family/friends, and caregivers and increase knowledge about dementia and related risk and protective factors.

Recipients are required to participate in the knowledge hub (the CDLRN), which has created a community of practice for all DCI community-based projects. This facilitates capacity building, amplification of findings, and collaboration. CDLRN is also responsible for synthesizing and disseminating best practices and lessons learned from the community of practice to the dementia community across Canada.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	77,036	0	0	0	0	0
Total contributions	3,835,110	4,806,784	4,400,000	5,026,459	4,553,219	153,219
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>3,912,146</b>	<b>4,806,784</b>	<b>4,400,000</b>	<b>5,026,459</b>	<b>4,553,219</b>	<b>153,219</b>

### Explanation of variances

Not applicable.

## Detecting Concussions using Objective Indicators

**Start date:** 2022–23

**End date:** 2024–25

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** Innovative Solutions Canada Terms and Conditions - March 2020

**Link to departmental results:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department's program inventory:**

- Chronic Disease Prevention

**Purpose and objectives of transfer payment program:**

In partnership with Innovation, Science and Economic Development Canada (ISED), PHAC is delivering the Detecting Concussions using objective indicators Challenge.

With this challenge, PHAC is seeking a technology, procedure or technique that provides the means to detect concussions based on the objective measure of clinical indicators.

**Results achieved:**

The Challenge is being delivered in two phases. A call for proposals was launched on July 22, 2022, and closed on September 12, 2022. A total of 33 proposals were received and an extensive review process was undertaken by representatives from the National Research Council's Industrial Research Assistance Program (IRAP), and experts in the field of concussion. Three finalists have been selected and have received \$150,000 in funding to develop and demonstrate a proof of concept for their novel idea over a six-month period. The three finalists will be invited to submit a proposal for the second phase of the Challenge, in case the proof of concept is successful.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: No planned Audits.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The timing for the evaluation will be determined during the development of a future Departmental Evaluation Plan.

### Engagement of applicants and recipients in 2022–23:

Stakeholders and representatives from the National Research Council's IRAP were engaged to inform the design and development of the challenge. The open call for proposals was posted on the ISED website, under the Innovation Solutions Canada program.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	450,000	450,000	450,000
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>450,000</b>	<b>450,000</b>	<b>450,000</b>

### Explanation of variances

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates to support an Indigenous-led engagement process.

# Drug Overdose Crisis in Canada: Funding for Actions to Protect Canadians and Prevent Overdose Deaths

**Start Date:** 2019–20

**End Date:** 2022–23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021–22

**Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

As part of a 2019 off-cycle funding ask, PHAC secured funding to support five large-scale projects in diverse settings (e.g., substance use treatment centres, correctional facilities, and hospital) that aim to reduce barriers and enhance pathways to care for people who use drugs, particularly for those individuals who are members of multiple marginalized communities.

Health systems are at the front line of support for people using drugs; yet we know from people with lived and living experience, researchers, and health professionals that extensive barriers continue to block access to these pathways and needed care. Emerging evidence suggests that in some regions of the country, nearly half of people who died because of the opioid crisis were in contact with health systems in the period preceding their death.

By reducing these barriers and improving access to services through the creation of new entry points and/or transitions between services, systems will be better able to respond to the unique and diverse needs of individuals.

**Results achieved:**

This transfer payment program funded projects that leveraged existing evidence-based interventions that were ready for scale-up or adaptation. In 2020–21, five contribution agreements were put in place to support projects for a duration of 18-24 months. Three of the five projects were completed while two were extended until July 31, 2022. A request for a time extension of four months was granted due to challenges and delays with the last COVID-19 wave. To support the time extension payments were held back from the 2021–22 fiscal years, decommitted, and moved to the 2022–23 fiscal year.

Highlights of results achieved through the Supporting Pathways to Care for People Who Use Drugs (Pathways to Care) included:

- Best-practices identified through systematic reviews and consultations with key stakeholders including people with lived experience of substance use stigma, incarcerated populations, Indigenous populations, health care professionals and service providers, as well as administrators in the health care system;
- New policies, practice guidelines/procedures and other tools for organizations and healthcare professionals, including trauma and violence-informed and culturally safe resources to better address stigma related to substance use and all aspects of marginalizing experiences as well as educational materials for executive leaders and managers to address Indigenous specific bias and discrimination in the health care system;
- New tools to extend reach and collaboration, capacity and knowledge enhancement in organizations working towards equity;
- New guidelines for engaging Knowledge Keepers and other Indigenous cultural resources co-developed with Knowledge Keepers, and end-users including hospital administrators and other health professionals;
- Attachment protocols designed to support clients with methamphetamine concerns who do not have a primary care provider;
- Harm reduction policies and guidelines co-developed with people with lived and living experience of incarceration, corrections staff, and healthcare professionals;
- Knowledge exchange and dissemination activities and tools including e-learning modules, and a substance use stigma video series; and
- Partnerships and relationships amongst project stakeholders that were built to be sustained over time.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: No planned Audits.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: Not applicable.

**Engagement of applicants and recipients in 2022–23:**

Under the terms of contribution agreements established, recipients were responsible for submitting semi-annual progress reports and annual program reports.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)



Total grants	0	0	0	0	0	0
Total contributions	1,504,164	1,634,845	0	46,473	41,512	41,512
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>1,504,164</b>	<b>1,634,845</b>	<b>0</b>	<b>46,473</b>	<b>41,512</b>	<b>41,512</b>

**Explanation of variances**

Actual spending was higher than planned due to internal re-allocation of funds during the fiscal year to reduce barriers and enhance pathways to care for people who use drugs, particularly for those individuals who are members of multiple marginalized communities.

## Emerging Respiratory Illness Issues – Enhanced Respiratory Virus Surveillance

**Start date:** 2020–21

**End date:** 2022–23

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021–22

### **Link to departmental results:**

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

### **Link to the department's program inventory:**

- Communicable Disease and Infection Control

### **Purpose and objectives of transfer payment program:**

Study 1: was conducted by the Immunization Monitoring Program ACTive (IMPACT) research network, administered by the Canadian Paediatric Society, to advance our understanding of the burden of Respiratory Syncytial Virus (RSV) hospitalizations, detect which populations are experiencing surges in RSV cases, and determine which at-risk communities would benefit most from RSV countermeasures.

Study 2: was conducted by Pediatric Emergency Research Canada (PERC) to evaluate the clinical characteristics and outcomes of children infected with SARS-CoV-2, as pediatric COVID-19 related disease following infection requires greater understanding. As with many viral infections, the symptoms and course of illness in children appears to differ from what is described for adults.

### **Results achieved:**

A summary of results achieved follows:

Results of Study 1: novel data to understand the burden of RSV disease during the 2021-2022 respiratory season in Canadian children was collected from 13 tertiary care centers. Through this work, populations experiencing surges in RSV cases were identified, as well as those that may benefit most from RSV countermeasures.

A report on RSV was shared with PHAC in October 2022 and a paper summarizing the findings from this grant has been submitted for publication. The paper describes the epidemiology and

other factors related to hospitalizations associated with RSV among children in Canadian tertiary pediatric hospitals. Once published, this data will be available to researchers, public health professionals, infection control specialists and physicians to inform decision-making for upcoming respiratory virus seasons.

Results of study 2: COVID-19 surveillance is a pan-Canadian national initiative that integrates numerous data streams to fostering timely data analysis and enable public health action. Data streams from multiple hospitals were used to measure the impact of COVID-19 in Canadian hospitals and collect detailed case information on severe cases across all age groups. PERC supported the national public health response to COVID-19 through various presentations regarding surveillance of severe outcomes in pediatric populations with identifying risk factors, emergency department visits, lengths of stays, hospitalizations, admissions to intensive care units, deaths and presentation of symptoms, among other factors.

A manuscript summarizing findings from this grant was shared with PHAC in March 2023. The manuscript compares symptoms, emergency department chest radiography, treatments, and outcomes among children with different SARS-CoV-2 variants. The manuscript has been [published](#)<sup>xlix</sup> and provides perspectives on the changing symptoms and disease severity of COVID-19.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The next evaluation is planned for 2024–25.

#### **Engagement of applicants and recipients in 2022–23:**

Applicants were engaged through a targeted call for proposals. PHAC provides support and guidance to recipients as needed.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	997,398	0	300,000	299,500	299,500
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>997,398</b>	<b>0</b>	<b>300,000</b>	<b>299,500</b>	<b>299,500</b>

**Explanation of variances**

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates to support the understanding of the risk factors for confirmed infections of RSV or COVID-19, the range of clinical symptoms, predictors of severe outcomes, and treatments associated with successful case management.

## Fetal Alcohol Spectrum Disorder National Strategic Projects Fund

**Start date:** 1999–2000

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 1999

**Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department's program inventory:**

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

**Purpose and objectives of transfer payment program:**

This program will support partnerships with community-based organizations, research institutions, and provincial and territorial governments to support projects that promote national education and awareness; prevention of alcohol use in pregnancy; improvement of health and social outcomes for those affected by Fetal Alcohol Spectrum Disorder (FASD), and research into the social determinants of health that impact alcohol consumption and FASD. Projects will support the development and dissemination of tools and resources for use by health and allied professionals and others across the country with the aim of reducing the number of alcohol-affected births and improving the outcomes for those affected by FASD.

**Results achieved:**

The [FASD National Strategic Projects Fund](#)<sup>1</sup> supported five contribution agreements in 2022–23 with one coming to completion at the beginning of the fiscal year. These projects support the prevention of FASD, and reduction of stigma associated with FASD. The projects continued to reach an audience of non-pregnant people of childbearing age, pregnant people and their partners, young adults, people with FASD, service providers and policy makers.

In 2022–23, the project activities included:

- Collected longitudinal data on participant outcomes from the eight FASD holistic prevention programs across Canada;
- Prepared a set of e-Learning products aimed at increasing the capacity of health and social care providers to develop or deliver wraparound programs for pregnant/parenting people with substance use and complex issues;
- Produced “A mustard seed of hope”, a booklet providing guidance on culturally grounded approaches to wraparound care for pregnant and parenting people with substance use and trauma;

- Modified, culturally adapted, and translated a school based FASD Education and Prevention Curriculum to be taught in urban, rural and First Nation communities;
- Produced a bilingual awareness campaign to prevent alcohol consumption during pregnancy and to address stigma associated with FASD;
- Developed FASD prevention messaging and resources for the public, as well as for health and allied health professionals;
- Delivered virtual FASD training sessions for justice professionals; and
- Increased collaborative action and networking amongst diverse stakeholders related to FASD prevention, awareness, and capacity building.

**Performance indicator:**

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

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

**Findings of evaluations completed in 2022–23:**

Completed: Evaluation of the Fetal Alcohol Spectrum Disorder Program.

Summary of Findings: PHAC is one of many players that addresses FASD in Canada. The evaluation found some evidence that participants had acquired awareness and new knowledge, although more information is needed on longer term benefits of the program. Some funded projects also helped enhance FASD surveillance data, which is a complex field considering under-diagnosis and under-reporting of FASD cases. Recommendations focussed on enhancing surveillance, strengthening integration across PHAC, and improving performance measurement.

Planned: The next evaluation is planned for 2027–28.

**Engagement of applicants and recipients in 2022–23:**

Solicitations under the FASD National Strategic Projects Fund are posted on the Grant and Contribution funding opportunities page for PHAC. Recipients are also engaged through open, targeted or directed solicitations. Funded recipients are expected to develop national tools, resources, and knowledge that can be used to prevent FASD and improve outcomes for those who are already affected. Recipients participate in an annual meeting to share results and connect funded projects.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	1,453,418	875,481	1,499,000	832,586	605,692	-893,308
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>1,453,418</b>	<b>875,481</b>	<b>1,499,000</b>	<b>832,586</b>	<b>605,692</b>	<b>-893,308</b>

**Explanation of variances**

Actual spending was lower than planned due to reprioritization of funding to support other emerging priorities undergoing work to support an evidence-informed strategy that would focus on investments in areas of greatest need.

## Framework for Diabetes in Canada

**Start date:** 2021–22

**End date:** 2025–26

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021–22

**Link to departmental result:**

- Result 1.3: Chronic diseases are prevented

**Link to the department's program inventory:**

- Chronic Disease Prevention

**Purpose and objectives of transfer payment program:**

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

**Results achieved:**

A contribution agreement is in place to provide funding support to Diabetes Canada in working with key stakeholders to develop an inventory of successful diabetes programs, interventions and projects for dissemination, adoption and customization across the country. To achieve this, Diabetes Canada will bring together key stakeholders at routine intervals to identify and share best practices, including the identification of barriers in health-equity-seeking communities.

Contribution agreements are in place to provide support to the [National Indigenous Diabetes Association](#)<sup>li</sup> for an Indigenous-led engagement process to deepen the understanding of the issues and help identify priorities and ways forward to address diabetes among Indigenous Peoples and communities.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: Not applicable



### Engagement of applicants and recipients in 2022–23:

Through Budget 2021 investments, PHAC launched a directed solicitation to support Diabetes Canada with up to \$1 million in funding over three years, beginning in 2023–24, with a focus on diabetes prevention, with special consideration being given to populations experiencing marginalization.

Through Budget 2021 investments, PHAC launched a directed solicitation to support the National Indigenous Diabetes Association with up to \$1 million in funding over three years, beginning in June 2022, to undertake an Indigenous-led engagement process to deepen the understanding of the issues and help identify priorities and ways forward to address diabetes among Indigenous Peoples and communities.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	250,000	249,331	249,331
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>250,000</b>	<b>249,331</b>	<b>249,331</b>

### Explanation of variances

Actual spending was higher than planned due to the reclassification of \$0.25 million and additional funding received in the fiscal year via Supplementary Estimates to support organizations on key areas in diabetes prevention with special consideration given to priority populations.

## Healthy Early Years – Official Languages in Minority Communities

**Start date:** 2018–19

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

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

**Results achieved:**

In 2022–23, the two Healthy Early Years (HEY) program funding recipients funded 59 third party projects, aimed at improving access for vulnerable families living in OLMCs to early childhood health promotion programming, with the goal of helping these populations acquire knowledge and skills, adopt positive healthy behaviours, and improve long-term health outcomes.

A variety of public health topics were addressed and promoted through funded projects, with a focus placed on mental health of parents/families and healthy child development. In addition, over 489 new partnerships were created because of HEY program funding.

In 2022–23, approximately 16,180 participants (children aged 0-6 years and parents and caregivers) benefited from the program.

Survey data collected in 2022–23 found that 77% of program participants gained knowledge and skills because of attending the program, 88% reported improved health behaviours and 73% reported that their health and wellbeing improved because of attending the program.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

### Findings of evaluations completed in 2022–23:

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2027-28

### Engagement of applicants and recipients in 2022–23:

Recipients continued to be engaged in 2022–23 through regular liaison, as part of ongoing project monitoring, and through an annual recipient meeting, which was established to discuss program implementation successes and challenges, and evolving priority population needs. Funding recipients, in turn, focussed on ongoing engagement of community organizations (the third-party funding recipients) and exchanges with their partner networks to remain up to date on areas of greatest need and emerging public health priorities. In 2022–23 notably, the first national HEY projects meeting was hosted by the funding recipients to increasingly facilitate program growth.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	2,314,064	2,126,250	1,890,000	2,126,500	2,126,250	236,250
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>2,314,064</b>	<b>2,126,250</b>	<b>1,890,000</b>	<b>2,126,500</b>	<b>2,126,250</b>	<b>236,250</b>

### Explanation of variances

Actual spending was higher than planned due to internal re-allocation of funds during the fiscal year to support communities to develop comprehensive, culturally and linguistically appropriate programs to improve the health and development of children (0-6 years).

## Immunization Surveillance

**Start date:** 2022-23

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2022–23

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Vaccination

**Purpose and objectives of transfer payment program:**

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

Objectives include:

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

**Results achieved:**

Established in 2022, the Immunization Surveillance program allows PHAC to pivot quickly in response to emerging issues, leverage external capacity and scientific expertise, and generate useful evidence. The program works to protect the health of Canadians and support public

health actions by enhancing the evidence related to vaccine coverage, safety and effectiveness, while complementing existing surveillance systems, using new and diverse data sources, and filling gaps.

The Immunization Surveillance program funded two projects focused on vaccine safety in 2022–23:

The Canadian Cardiovascular Society (CCS) - [National Active Surveillance Study of Myocarditis and/or Pericarditis following mRNA COVID-19 Vaccination \(MYCOVACC\)](#).<sup>liii</sup> This study aimed to answer questions about the long-term outcomes of individuals who experienced post-vaccination myocarditis/pericarditis during the COVID-19 immunization campaign. The study contributes to maintaining public confidence in vaccine safety by addressing Adverse Events Following Immunization (AEFI) and contributing to our knowledge base on this topic.

The program also supported the Serious Outcomes Surveillance (SOS) Network of the Canadian Immunization Research Network (CIRN-SOS) (Dalhousie University - Canadian Center for Vaccinology) for the Sentinel Surveillance for AEFI following COVID-19 vaccine and Vaccine Effectiveness for Influenza and COVID-19 vaccines project. The network of adult acute care facilities across Canada was created to provide a better understanding of the burden of influenza disease in frail older adults and the impact of frailty on influenza vaccine effectiveness (VE). CIRN-SOS has expanded its scope to include the monitoring of VE for the new COVID-19 vaccines in hospitalized adults in addition to influenza. In 2022–23, PHAC’s investment enabled SOS to determine the effectiveness of a complete series of COVID-19 vaccines in preventing severe illness outcomes and hospitalization in adults older than 16 years old.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2024–25

**Engagement of applicants and recipients in 2022–23:**

PHAC engaged project leads during the proposal development process to support their understanding of program requirements and to help them succeed with the implementation of their activities. PHAC maintained engagement on results and shared information through biannual and annual reporting processes. All of these inputs were considered for future program design and delivery.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities	2022–23 Actual spending	Variance (2022–23 actual)

				available for use	(authorities used)	minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	4,334,573	4,134,570	4,134,570
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,334,573</b>	<b>4,134,570</b>	<b>4,134,570</b>

**Explanation of variances**

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates to protect the health of Canadians and support public health action by enhancing the evidence base on vaccine coverage, safety and effectiveness to inform the implementation of programs and targeting of interventions.

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

**Start date:** 2016–17

**End date:** 2027–28

**Type of transfer payment:** Grant and Contribution<sup>7</sup>

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Foodborne and Zoonotic Diseases

**Purpose and objectives of transfer payment program:**

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

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

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

The IDCCF focuses on the following activities:

Monitoring and Surveillance

- Building baseline data and enhancing knowledge and expertise to understand, predict, and monitor current and future risks through innovative approaches to surveillance, detection, and analysis of climate-sensitive infectious diseases; and

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<sup>7</sup> As part of the Horizontal Initiative led by Environment and Climate Change Canada.

- Developing collaborative and novel approaches for the collection, sharing, and use of data to support evidence-based public health actions that equip and empower Canadians to adapt.

#### Education and Awareness

- Promoting the development, distribution, and uptake of education and awareness materials for health professionals; and
- Facilitating education, awareness, and the dissemination of tools and best practices within or across Canadian communities and among vulnerable populations.

#### **Results achieved:**

The Horizontal Management Framework for Clean Growth and Climate Change (CGCC) - Adaptation and Climate Resilience (Theme 3 outcome) reduced the risks associated with climate-driven infectious diseases through:

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

The IDCCF also helps to advance activities in the Government of Canada's Adaptation Action Plan as part of the National Adaptation Strategy

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2025–26

#### **Engagement of applicants and recipients in 2022–23:**

Since launching in 2017, the IDCCF has invested in 41 projects totaling 14.7 million to mobilize action and build capacity in surveillance and monitoring as well as through education and awareness activities for climate sensitive infectious diseases.

In 2022–23, PHAC launched a two-phased solicitation process under the Infectious Disease and Climate Change Grants and Contributions Fund, with seven new projects totaling \$3.1 million receiving funding approval in May 2023.

These projects provide people in Canada with the tools and information that they need to make informed decisions to protect their health and take action to address challenges where they live, work and play.



In 2022–23, PHAC continued work with the Métis National Council, Manitoba Métis Federation and Governing Members to better understand climate change and health risks and potential opportunities to build resilience for Métis.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	400,661	506,281	500,000	140,592	140,572	-359,428
Total contributions	2,215,509	1,782,230	1,700,000	2,059,408	1,710,760	10,760
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>2,616,170</b>	<b>2,288,511</b>	<b>2,200,000</b>	<b>2,200,000</b>	<b>1,851,332</b>	<b>-348,668</b>

### Explanation of variances

Actual spending was lower than planned due to delays in project activities experienced by some funding recipients as a result of unexpected changes in project partners and staffing shortages. The unused funding will be available in 2024-25.

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

**Start date:** 2005-06

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018

**Link to departmental result:**

- Result 1.3: Chronic diseases are prevented

**Link to the department's program inventory:**

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

**Purpose and objectives of transfer payment program:**

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

**Results achieved:**

Through the [Enhanced Surveillance for Chronic Disease Program](#)<sup>lvi</sup> (ESCDP), 12 contribution agreements totalling \$10.8 million over four years were signed. Projects funded through this initiative explored the use of new technologies, tools and approaches to collect, use and disseminate data for public health use. This cycle of ESCDP focused on priority populations (e.g., 2SLGBTQIA+, people without homes, ethnic minorities, older adults and those experiencing lower socio-economic conditions), and the built environment's influence on population health and chronic disease factors. Notable results included:

The [Opioid-Related Harms Among Ontario Workers](#)<sup>lvii</sup> project launched a website showcasing the collaboration between the Institute for Work & Health (IWH) and the Occupational Cancer Research Centre (OCRC) at Ontario Health. As the project progresses, information on the types of opioid-related harms, who is affected, and the rates of harms among workers will be published. The information will include interactive graphs examining trends in cases and rates of each harm over time, as well as by age and sex, region, occupation, and industry.

The [WalkRollMap](#)<sup>lviii</sup> project, a crowdsourcing tool that maps micro-barriers to accessible walking and rolling in Canada, generated over 2,600 reports. The top hazards reported were drivers not stopping for pedestrians, vehicle speeds, sidewalk obstructions or poor sidewalk conditions, and unsafe crossing. An accompanying original research article "[WalkRollMap.org](#):

[Crowdsourcing barriers to mobility](#)<sup>lix</sup> was published in March 2023 in the journal *Frontiers in Rehabilitation Sciences*.

Cycling is the fastest growing mode of travel in Canada, and it is important to understand where supportive infrastructure exists nationally. Researchers from the Faculty of Health Sciences at Simon Fraser University [published important findings](#)<sup>lx</sup> on high-quality and consistent cycling infrastructure data in Canada using the Canadian Bikeway Comfort and Safety Classification System (Can-BICS). Over 70,000 km of cycling infrastructure was identified. A full, national cycling infrastructure dataset is [available online](#).<sup>lxi</sup>

The University of Western Ontario created [ParkSeek](#),<sup>lxii</sup> a pan-Canadian initiative to gather and share information regarding the health impacts of parks, protected areas and recreational facilities on the population. The team has engaged 12 communities across the country to help gather information about the quality of parks and recreational facilities. To aid this endeavour, they developed an app on park usage, available on the App Store and Google Play, known as ParkSeek Canada. Connections continue to be made with representatives from the parks and recreation professional community, national and provincial park agencies, local community organizations, and municipalities to ensure that all relevant parties are partners on this project.

The Canadian Pediatric Society published a [journal article](#)<sup>lxiii</sup> on effective risk communication to mitigate the mental health impact of COVID-19 on children and their families. Among the recommendations are the importance of reminding children that stories they read about the pandemic on the internet or social media may not be true, and that health care providers use social media to reach families and children to provide accurate information.

The Homelessness Counts study aims to access and integrate existing sources of information to better determine who and how many people in Canada are homeless. Given the variations in the homeless experience across the country, especially within rural and remote regions of the nation, it is important to obtain a Canada wide sample to better understand which data sources could be helpful. The team at the Lawson Health Research Institute interviewed 400 people experiencing homelessness and 200 community stakeholders/service providers across 28 distinct communities across Canada. [A website has been developed](#)<sup>lxiv</sup> to serve as a platform to share research findings and publications, as they become available.

As part of the solicitation processes, funded organizations integrated SGBA Plus considerations into their projects. Some examples of information being captured for analysis in this program include sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status, including diagnosed mental health conditions, and visible minority and immigration status.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2026-27

**Engagement of applicants and recipients in 2022–23:**

For current recipients, the Enhanced Surveillance for Chronic Disease Program launched an open solicitation, which closed September 25, 2019. Funding began in 2020–21 for a three-year period. In addition to semi-annual progress reports, recipients were engaged through bi-monthly meetings to provide verbal updates on progress.

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

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	54,240	0	395,000	0	0	-395,000
Total contributions	2,360,211	2,701,775	2,334,000	2,826,012	2,825,061	491,061
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>2,414,451</b>	<b>2,701,775</b>	<b>2,729,000</b>	<b>2,826,012</b>	<b>2,825,061</b>	<b>96,061</b>

**Explanation of variances**

Not applicable.

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

**Start date:** 2005–06

**End date:** Ongoing

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2005-06

**Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department’s program inventory:**

- Evidence for Health Promotion, and Chronic Disease Injury Prevention

**Purpose and objectives of transfer payment program:**

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

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

**Results achieved:**

### **Joint Consortium for School Health**

In 2022–23, the JCSH was in the third year of its five-year grant mandate (awarded in April 2021). Grant funding from PHAC provides funding to support the operating costs of the JCSH Secretariat until 2025. The JCSH consists of the Secretariat and two committees: the School Health Coordinators Committee (SHCC), which is comprised of analysts from participating provincial and territorial education and health ministries, and the Management Committee,

which consists of senior executive-level participants working in a decision-making and approval capacity. With grant funding in place, the JCSH Secretariat convened several meetings of its committees: five SHCC meetings, and three joint Management Committee and SHCC meetings. The Secretariat also convened six webinar meetings, which are an opportunity to hear from researchers, policy makers, and other key players in the field of school-aged child and youth health, and to learn about latest research findings and initiatives.

The JCSH Secretariat also organized, convened, and led six Task Groups, whose objectives were to carry out the activities outlined in the grant mandate workplan. These Task Groups were as follows: Workplan Development, Evaluation, Equity, Healthy School Planner, Reconciliation, and Research Council. In addition, the JCSH also shared knowledge and information through the distribution of eight News Bundles and 20 environmental scans from various jurisdictions. These activities contributed to information sharing, knowledge exchange, and capacity building among JCSH member jurisdictions.

### **School Health Grant for Youth**

Through the School Health Grant for Youth Program, PHAC awarded grant funding to 14 youth recipients. This grant Program provided youth with funding to develop and implement youth-led projects to support healthy living in schools. Participating youth gained knowledge, tools, and resources to support healthy living, and youth funding recipients gained valuable life skills such as leadership, project planning, and giving back to the community. Youth-led projects all focused on one or a combination of the grant's four priority areas. In 2022–23, many youth projects also incorporated a COVID-19 lens to respond to youth-identified needs or issues in their schools resulting from the pandemic.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: Not Applicable

#### **Engagement of applicants and recipients in 2022–23:**

PHAC engaged with the JCSH Secretariat on a regular basis, by participating in an observer and advisory capacity on the Management Committee and School Health Coordinators Committee. PHAC also participated in several of the JCSH's Task Groups and collaborated with the JCSH Secretariat to facilitate information sharing among JCSH members and networks. PHAC also facilitated several connections for presenters to the JCSH's bimonthly webinar series.

PHAC also regularly engaged with applicants and recipients of the School Health Grant for Youth, primarily via email to answer any questions or concerns regarding the grant, and to

provide support to both youth applicants and recipients. PHAC also met virtually with grant recipients of the initial (pilot) cycle for an informal discussion to receive these youth’s feedback on their experiences with this Program.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	150,000	250,000	190,000	190,000	-60,000
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>150,000</b>	<b>250,000</b>	<b>190,000</b>	<b>190,000</b>	<b>-60,000</b>

**Explanation of variances**

Actual spending was lower than planned due to reprioritization of funding to support other emerging priorities.

## International Health Grants Program

**Start date:** 2008–09

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2013 – ongoing<sup>8</sup>

### **Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health.
- Result 1.2: Canadians have improved health behaviours.
- Result 1.3: Chronic diseases are prevented.
- Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively.

### **Link to the department's program inventory:**

- Chronic Disease Prevention
- Evidence for Health Promotion, and Chronic Disease and Injury Prevention
- Communicable Disease and Infection Control
- Foodborne and Zoonotic Diseases
- Biosecurity

### **Purpose and objectives of transfer payment program:**

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

### **Objectives:**

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

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<sup>8</sup> Terms and Conditions were updated in 2013.



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

### **Results achieved:**

In 2022–23, the IHGP funded 15 projects, including with the World Health Organization, Organisation for Economic Co-operation and Development, International Association of National Public Health Institutes, Canadian Network for Mood and Anxiety Treatments, African Tobacco Control Alliance, Pharmaceutical Inspection Co-operation Scheme, and Global Antibiotics Research and Development Partnership. These projects supported advancement of key priorities identified for the IHGP in 2022-23, including:

- Protecting and strengthening mental health;
- Advancing health equity;
- Prioritizing global health system capacity building; and
- Prioritizing action against anti-microbial resistance and efficacy of antibiotics.

The projects increased the international knowledge base on key health issues and improved collaboration and strengthened relationships between key partners on global health issues.

The organizations and projects funded in fiscal year 2022–23 through the IHGP included:

### **World Health Organization**

- Created a global network through the launch of a platform to foster collaboration with aligned partners and existing networks for knowledge exchange related to intersectoral action on the social determinants of health and health equity.
- Supported the development and dissemination of a learning module to protect mental health in a changing climate, including key guidance and tools to identify effective actions to promote and protect mental health in a changing climate, and support increase collective efforts to engage in climate action.
- Supported improvements to the reporting process under the WHO Framework Convention on Tobacco Control, by including a Quality Assurance Framework in the reporting framework to better support and inform the Conference of the Parties and Parties themselves.
- Supported the scientific re-evaluation of the use of titanium dioxide and aspartame as food additives to inform if international standards and guidelines need to be revised.
- Published an expanded Second Edition “Handbook on Health Inequality Monitoring” that will integrate the advancements over the past decade and help to strengthen capacities in health inequality monitoring among diverse groups.

## **Organisation for Economic Co-operation and Development**

- Collected and analysed information on evidence-based policies to strengthen population mental health resilience and deliver effective and accessible supports with a focus on closing existing inequalities in mental health.
- Gathered evidence through a systematic review to understand Indigenous and remote community considerations in the international and domestic anti-microbial resistance (AMR) space.
- Implemented the Patient Reported Indicators Surveys (PaRIS) to generate valuable information on the outcomes and experiences of care reported by patients and the primary care settings where they are treated.
- Worked to advance scientific and technical collaboration between the OECD and Canada's work in pesticides and biocides, including assessment on risks to human health and the environment, overcoming shared challenges, and increased efficacy of pesticide management programmes for all stakeholders.
- Provided estimates of economic benefit of reducing health and ecological effects caused by exposure to toxic chemicals and improve economic assessments of net benefits to society of chemicals management policies and of environmental policies more broadly.

## **International Association of National Public Health Institutes (IANPHI)**

- Strengthened Regional Networks of the National Public Health Institutes (NPHI) in the IANPHI Asia, Africa and Latin America regions, by improving multilateral exchange and cooperation, build sustainable network and thematic expertise by improving capacities and focusing on practices of NPHIs in low-income countries using the global platform, and adapt Essential Public Health Framework to the low-income country setting.

## **Canadian Network for Mood and Anxiety Treatments**

- Supported activities toward the implementation of the 2021-2023 Asia-Pacific Economic Cooperation (APEC) Roadmap to Promote Mental Wellness in a Healthy Asia Pacific, to strengthen the mental health of individuals and communities across the Asia Pacific in support of sustainable economic growth with the use of digital technologies.

## **African Tobacco Control Alliance**

- Studied the implication of tobacco on non-communicable diseases (NCDs) and health financing systems, as well as study ways to curb NCDs with tobacco control policies in Africa.

## **Pharmaceutical Inspection Co-operation Scheme**

- Developed an Inspectorates' Academy that aims to harmonise and standardise Good Manufacturing Practices training at an international level through an accredited qualification system, GMP ensure that drugs are consistently produced and controlled according to high quality standards.

## **Global Antibiotics Research and Development Partnership**

- Engaged global experts and country representatives on the optimal procurement and economic models to support access to antibiotics, and study which one is best applied at the global level.

### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The program will be covered by multiple evaluations in 2023–24, 2025–26 and 2027–28.

### **Engagement of applicants and recipients in 2022–23:**

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

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

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	1,788,209	2,262,852	1,347,119	3,012,923	3,006,816	1,659,697
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>1,788,209</b>	<b>2,262,852</b>	<b>1,347,119</b>	<b>3,012,923</b>	<b>3,006,816</b>	<b>1,659,697</b>

**Explanation of variances**

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates and internal re-allocation of funds to facilitate international engagement to advance Canada's health priorities at home and abroad through knowledge transfer and capacity building.

## McMaster University – McMaster Platelet Immunology Laboratory (MPIL): Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT)

**Start date:** 2021–22

**End date:** 2022–23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2022–23

### **Link to departmental result:**

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

### **Link to the department's program inventory:**

- Communicable Disease and Infection Control
- Vaccination

### **Purpose and objectives of transfer payment program:**

Vaccine safety surveillance is an essential component of an effective immunization program spanning all phases of the vaccine product life cycle from development to market authorization, administration and post-marketing surveillance. PHAC and Health Canada coordinate post-marketing vaccine safety surveillance nationally, while provinces and territories coordinate surveillance of adverse events following immunization (AEFIs) occurring within their jurisdiction in collaboration with local partners.

This enhanced post-market safety surveillance project aims to bolster Canadian scientific and testing capacity for Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT), following the launch of the COVID-19 vaccination campaign. VITT is a rare, but potentially serious AEFI that has been observed following immunization with viral vector COVID-19 vaccines.

The objectives of this program are to provide confirmatory testing for VITT, and report aggregated results to PHAC and provincial and territorial partners.

### **Results achieved:**

In early 2021, regulators in Canada and several other countries determined an association between the AstraZeneca/COVISHIELD COVID-19 vaccine, a viral vector vaccine, and VITT. High-quality and timely data were critical to assure confidence in Canada's safety system for COVID-19 vaccines and to inform decisions about immunization campaign across Canada. McMaster University continues to support clinicians through ongoing and long-term follow-up testing of VITT patients. Other activities include results reporting to physicians and

provincial/territorial partners and bio-banking (the process by which samples are collected for research use to improve our understanding of health and disease) of patient samples for future study of this new disorder.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23.

Planned: Not applicable.

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23.

Planned: The timing for this evaluation is planned for 2024–25.

**Engagement of applicants and recipients in 2022–23:**

PHAC engaged project leads during the proposal development process to support their understanding of program requirements and help them to succeed with the implementation of their activities. PHAC maintained engagement on results and shared information through biannual and annual reporting processes. All these inputs were considered for future program design and delivery.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	1,489,584	0	1,133,549	1,133,549	1,133,549
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>1,489,584</b>	<b>0</b>	<b>1,133,549</b>	<b>1,133,549</b>	<b>1,133,549</b>

**Explanation of variances**

Actual spending was higher than planned due to internal re-allocation of funds during the fiscal year to provide confirmatory testing for Vaccine-Induced Immune Thrombotic Thrombocytopenia; and report results in aggregate to the Public Health Agency of Canada and provincial and territorial partners.

## Mental Health Promotion Innovation Fund

**Start date:** 2019–20

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental results:**

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

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

The [Mental Health Promotion Innovation Fund](#)<sup>lxviii</sup> (MHPIF) is a funding program that replaced the Innovation Strategy in 2019–20 to support positive mental health for children, youth, their caregivers and communities, as well as reduce systemic barriers for population mental health in Canada. The program uses a multi-phased approach to fund the testing and delivery of innovative, community-based interventions that aim to promote health equity, build protective factors and address the underlying determinants of health at the population level. Knowledge gained from the evaluation of each community-based intervention is then applied to public health policy and practice to accelerate change for positive mental health in Canada. The MHPIF also funds a Knowledge Development and Exchange (KDE) Hub that supports funded projects in sharing lessons learned, connecting with various stakeholders and applying new knowledge to a broader policy and system change agenda.

**Results achieved:**

The Mental Health Promotion Innovation Fund funded the testing of 20 population health interventions in Phase 1, reaching over 50,000 individuals across the country. In 2022–23, 15 of these projects moved to Phase 2 to fully evaluate and implement their intervention. Early results from Phase 1 demonstrate that projects are impacting the protective factors to promote mental health including increased social-emotional development in children, increased coping, improved school engagement and improved mental health literacy.

Performance indicator Results (based on most recent data collected in 2021)

- In Phase 1 of the MHPIF, 20 population health interventions were developed and/or adapted.

- 90% of projects engaged in multisectoral partnerships including provincial departments of health, universities, school boards, health authorities and units, child development centres, Indigenous health centres and local food establishments.
- 45% of projects that leverage funds from other sources, totaling \$2,718,020 from other funding sources.
- 90% of projects reported increased knowledge and/or skills among participants and 77% of participants surveyed reported an increase in knowledge and/or skills.
- 80% of projects reported positive change in behaviour among participants and 65% of participants surveyed reported a positive change in behaviour.
- 75% of projects reported increased protective factors among participants and 56% of participants surveyed reported an increase in protective factors.
- 55% of projects reported improved well-being among participants and 55% of participants surveyed reported improved well-being.
- 35% of projects have sites in more than 3 provinces and/or territories.
- 97% of stakeholders surveyed reported using the knowledge to inform their practices or policies.
- In Phase 1, 75% of projects provided examples on how the evidence or population health intervention research findings generated by their project influenced policy, practice and/or programs.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2025–26

#### **Engagement of applicants and recipients in 2022–23:**

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



**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	2,070,000	0	0	-2,070,000
Total contributions	5,358,548	4,807,212	2,877,000	4,947,000	4,939,129	2,062,129
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>5,358,548</b>	<b>4,807,212</b>	<b>4,947,000</b>	<b>4,947,000</b>	<b>4,939,129</b>	<b>-7,871</b>

**Explanation of variances**

Not applicable.

## Métis Nation Health Data

**Start date:** 2019–20

**End date:** 2023–24

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2014–15

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

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

**Purpose and objectives of transfer payment program:**

This program will support the Métis Nation in building capacity for sustainable health data monitoring and reporting systems within their governments by ensuring that the necessary partnerships and resources are in place to gather and analyze health data related to their citizens. Métis Nation-specific health data will provide evidence to further support policies and programs for health service delivery that is culturally responsive with the ultimate goal of improving health outcomes for the Métis Nation.

**Results achieved:**

Six grant agreements were signed with the Métis National Council, the Métis Nations of Ontario, Saskatchewan, Alberta and British Columbia, and the Manitoba Métis Federation. Each organization has been able to hire new human resources; use data to inform their policies, programs and proposals; formalize agreements to gather and analyze health data; and share knowledge through conferences, forums and meetings.

The Manitoba Métis Federation provided Métis-specific health information was shared in presentations during health consultations in March 2023. Information has also been shared at academic conferences, including the Indigenous Health Research Symposium and the Canadian Association for Health Services and Policy Research Conference from February to June 2023.

Grant funding has enabled the Métis Nation of Alberta to respond to needs supported by evidence-based data, participate in discussions at the national level, and to better understand the unique context as it relates to health within an Alberta Métis context.

The Métis Nation of British Columbia, in conjunction with the Office of the Provincial Health Officer, released a [baseline report on Métis Health and Wellness in B.C.](#),<sup>lxix</sup> making recommendations and providing targets for improvement. The report identified key health

differences between the Métis and non-Métis population. For example, 76% of Métis youth rated their overall health as good, compared to 81% of non-Métis youth, and diabetes prevalence was higher amongst Métis adults and Elders at 12.2%, versus 10.1%.

The Métis Nation of Ontario presented analyses of health data at the Métis Health Forum hosted by the Métis National Council across governing members and Government of Canada partners and two scientific conferences – the Canadian Public Health Association Annual Conference and the Canadian Association for Health Services and Policy Research.

In early 2023, the Métis Nation of Saskatchewan established a new partnership with University of Saskatchewan researchers to develop a Métis-specific long COVID survey to assess the experiences and needs of Métis peoples living with post COVID-19 condition in Saskatchewan. They have also developed four health-focused surveys that will be translated into Cree and Michif.

Finally, the Métis Nation Council developed an environmental scan of information and data for Métis health to update evidence and resources on the health of Métis peoples and identify data and knowledge gaps that impede a better understanding of the health situation of Métis people in Canada. Specifically, this scan sought to:

- Conduct a review of the literature and resources on Métis health and healthcare;
- Update the status of data sources and information about the health Métis peoples;
- Identify data limitations, research and information gaps and recognize opportunities to better understand Métis peoples' health needs; and
- Create a data inventory to facilitate research and foster production of a comprehensive analyses to describe and monitor Métis health and healthcare.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2026-27

#### **Engagement of applicants and recipients in 2022–23:**

Under the terms of the Treasury Board Submission and grant agreements established, recipients are responsible for submitting progress reports annually, until their close. In addition to the annual progress reports, recipients were engaged through bi-monthly meetings to provide verbal updates on progress.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	1,197,409	1,197,438	1,200,000	1,200,000	1,197,438	-2,562
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>1,197,409</b>	<b>1,197,438</b>	<b>1,200,000</b>	<b>1,200,000</b>	<b>1,197,438</b>	<b>-2,562</b>

**Explanation of variances**

Not applicable.

## Mpox

**Start Date:** 2022–23

**End Date:** 2023–24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2022–23

**Link to departmental result:**

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

**Link to the department's program inventory:**

- Laboratory Science Leadership and Services

**Purpose and objectives of transfer payment program:**

The purpose of this project is to address significant knowledge gaps in mpox research through rapid response research in collaboration with communities impacted by the outbreak and local public health. Improving understanding of mpox and the outbreak in Canada is essential to inform national and global response. This research is recommended by the WHO through a Research and Development Blueprint on mpox and an expert panel on mpox established by PHAC's Chief Public Health Officer and Chief Science Officer.

**Results achieved:**

This contribution program supported rapid research to address gaps in clinical and epidemiological knowledge of the mpox virus through a study conducted at the Research Institute of the McGill University Health Centre (RIMUHC). The study proposal included a randomized control trial for antiviral treatment and a prospective observational cohort study to monitor various impacts of mpox infection.

A contribution agreement was awarded to RIMUHC during fiscal year 2022–23. At this time, public health agencies across the country were contending with a significant mpox outbreak. The study obtained ethics approval and set the foundational work of creating multiple recruiting sites to carry out study activities. However, in the fall of 2022, the number of cases fell drastically in Canada. With small clusters emerging in a few areas, the RIMUHC requested and received approval to extend the study for an additional 12 months (fiscal year 2023–24) to complete study activities and ensure readiness in the event of an uptick in cases. On the advice of the Office of the Chief Science Officer, this project was extended to ensure project continuity and completeness, and as part of relationship management with academic partners. The recipient received a budget reallocation from fiscal year 2022–23 to 2023–24.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: No planned Audits

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: Not applicable

**Engagement of applicants and recipients in 2022–23:**

RIMUHC requested funding to undertake a research study titled “Catalyzing the Canadian Response to the Emerging Monkeypox Epidemic: Evidence for Action” to examine therapeutic effectiveness against outcomes and epidemiological patterns of disease spread and transmission dynamics of the mpox virus.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	1,000,000	42,108	42,108
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,000,000</b>	<b>42,108</b>	<b>42,108</b>

**Explanation of variances**

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates to undertake a research study aimed at examining the therapeutics effectiveness against outcomes and epidemiological patterns of disease spread and transmission dynamics of the mpox virus.

## National Microbiology Laboratory – Integral Genomics Innovation Program

**Start date:** 2021–22

**End date:** 2023–24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021–22

**Link to departmental result:**

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

**Link to the department's program inventory:**

- Laboratory Science Leadership and Services

**Purpose and objectives of transfer payment program:**

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

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

This funding opportunity will support the following program objectives:

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

## **Results achieved:**

Investment in provincial and territorial projects through the Integral Genomics Innovation Program improved turnaround time, increased productivity through more cost-effective operations, and enabled stronger collaboration between the National Microbiology Laboratory (NML) at PHAC and provincial laboratories.

During the first year of investment, the median turnaround time from sample collection to availability of analysis-ready SARS-CoV-2 (the virus that causes COVID-19) sequence data was brought below 30 days, but had significant variability, over 60 days. Through that first year, median turnaround time stabilized at 19 days with a variability of 15 days. In fiscal year 2022–23, the median turnaround time was reduced to 16 days, with less than 6 days of variability.

Operationalisation of genomic surveillance was influenced by several initiatives including the Canadian Public Health Laboratory Network (CPHLN) COVID Genomics Program's deployment of highly qualified personnel into provincial labs. In the fiscal year 2022–23, the performance improvements were 12% greater than the previous year in provinces co-investing with PHAC in an Integral Genomics Innovation project, compared to provinces without an Integral project.

In addition to improved availability of timely data, Integral Genomics Innovation investments in the data generation, collection, curation, quality control, and reporting contributed to the completeness and accuracy of the contextual data used for genomic data analysis. Parameters such as sequencing date and purpose of sequencing provide the epidemiological context for many subsequent analyses. Prior to the Integral investments, 60-80% of sequencing dates were missing. This was reduced to a single instance in fiscal year 2022–23.

The Integral Genomics Innovation Program is also investing in the standardisation of contextual data transferred from provinces to the NML to further improve the utility of analysis-ready genomics. The program supports the diversification and further adoption of the Data Harmonizer ontology and associated tools across public health genomics in Canada and internationally. Used as part of the COVID-19 sequence sharing environment, this tool was adapted to address sequence sharing of mpox in fiscal year 2022–23.

## **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

## **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2024–25

## **Engagement of applicants and recipients in 2022–23:**

Consultation took place in parallel with existing, community, and potential future recipients. Five Integral projects were supported during fiscal year 2022–23 with quarterly progress reporting



augmented by ad hoc bilateral meetings when programmatic or technical issues emerged. These consultations led to organisational refinements of the second solicitation launched in January 2023 and adjustments to reporting and financial administration. Community engagement was pursued through the CPHLN, the primary forum for federal and provincial partners responsible for public health laboratories. Briefings were hosted for potential applicants of the second call, providing both advance insight and detailed guidance to help ensure eligibility, objectives, scope, and operation of the program were well understood. Submission rates increased by 18% from the first to the second call and the number of active Contribution Agreements increased from 5 to 8 for fiscal year 2023–24.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	186,392	6,000,000	9,941,667	2,233,521	-3,766,479
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>186,392</b>	<b>6,000,000</b>	<b>9,941,667</b>	<b>2,233,521</b>	<b>-3,766,479</b>

### Explanation of variances

Actual spending was lower than planned due to delays related to the implementation of agreements.

## National Microbiology Laboratory – Wastewater Innovative Technologies

**Start date:** 2020–21

**End date:** 2024–25

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020–21

### **Link to departmental result:**

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

### **Link to the department's program inventory:**

- Laboratory Science Leadership and Services

### **Purpose and objectives of transfer payment program:**

The purpose of this program is to implement and expand wastewater testing capacity for SARS-CoV-2 surveillance. Wastewater-based surveillance of infectious diseases is beyond the standard complement of program funding for PHAC. The contribution will provide funding for partners in the wastewater surveillance network to collect and test samples (within communities or at PHAC) for pathogens such as SARS-CoV-2. Wastewater testing can provide an early warning signal to inform public health action (e.g., vaccination programs, masking).

### **Results achieved:**

The Wastewater Innovative Technologies program supported implementation of wastewater surveillance across provinces and territories, including surveillance projects at borders and airports. In fiscal year 2022–23, the program continued to build testing capacity for SARS-CoV-2 by leveraging innovative technologies such as genomic sequencing and mathematical modelling. A wastewater testing hub was established in Atlantic Canada and wastewater surveillance activities were implemented in partnership with First Nations communities. PHAC launched a public-facing dashboard on Infobase to inform individual and public health decision-making for COVID-19, which contributed to knowledge mobilization and interpretation of results for public health authorities. The program supported ongoing research on expanding surveillance activities to include other high-priority pathogens such as Influenza A and B, respiratory syncytial virus (RSV), and poliovirus. Capacity built for COVID-19 was leveraged for mpox surveillance to support Canada's response to the virus, as well as targeted polio monitoring based on clinical detection in the United States.

### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2024–25

**Engagement of applicants and recipients in 2022–23:**

The Wastewater Innovative Technologies program developed a National Wastewater Surveillance Planning committee in partnership with the CPHLN to inform surveillance strategy and pathogen prioritization, laboratory methods and development, data governance and reporting, northern, remote and isolated (NRI) communities, and genomics.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	4,278,375	0	0
Total contributions	0	0	0	983,625	975,466	975,466
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,262,000</b>	<b>975,466</b>	<b>975,466</b>

**Explanation of variances**

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates to implement and extend wastewater testing capacity for SARS-CoV-2 surveillance.

## Nutrition North Canada

**Start date:** 2016–17

**End date:** Ongoing

**Type of transfer payment:** Contribution<sup>9</sup>

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

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

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

**Results achieved:**

PHAC continues to support NNC by providing funding for culturally appropriate community-based nutrition education initiatives to 10 isolated northern communities that are outside of the mandate of Indigenous Services Canada's (ISC) First Nations and Inuit Health Branch. In 2022–23, funding recipients delivered a total of 884 nutrition education activities to more than 2,400 participants. These activities included cooking programs focused on food skills development, gardening and local harvesting activities, healthy offerings and promoting nutrition and healthy food information via social media and hard copy resource distribution. Results include:

- Funding recipients involved multiple population groups in various activities across PHAC's 10 communities, with approximately 12% involving children, 15% involving youth, 50% involving adults and 23% involving seniors. Participation increased in 2022–

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<sup>9</sup> As part of the Horizontal Initiative led by CIRNAC.

23 from previous years as recipients continue to recover from the impact of the COVID-19 pandemic on community activities.

- Progress continues to be made towards strengthening the nutritional choices and overall health of these 10 communities as 90% of funding recipients reported that community members gained knowledge and skills related to healthy eating, because of these nutrition education activities during this year.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2024–25

**Engagement of applicants and recipients in 2022–23:**

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

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	324,659	335,000	335,000	335,000	328,152	-6,848
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>324,659</b>	<b>335,000</b>	<b>335,000</b>	<b>335,000</b>	<b>328,152</b>	<b>-6,848</b>

**Explanation of variances**

Not applicable.

## Optimizing External Evidence on Complex Scientific Public Health Issues

**Start date:** 2021–22

**End date:** 2023–24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021–22

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Communicable Disease and Infection Control

**Purpose and objectives of transfer payment program:**

Purpose: To develop evidence on complex public health issues that will support decision making across Canada.

Objective: Support the development of state of evidence on complex pan-Canadian public health issues such as Antimicrobial Resistance (AMR) and health data sharing.

**Results achieved:**

Assessment start up:

- Successful recruitment of two multidisciplinary panels of 10-14 experts whose composition considered expertise, relevant geography and equity, diversity and inclusion (EDI) factors.
- Agreement on final wording of charge reached with PHAC prior to start of both assessments to address stakeholder needs.

Expert engagement:

- Health Data Sharing study:
  - Completed 4 panel meetings
  - Draft report developed (peer review to take place early 2023–24)
- Antimicrobial Incentives study:
  - Completed 4 panel meetings;
  - Completed expert workshop October 2022; and
  - Draft report developed and sent for peer review in March 2023.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The timing for the evaluation will be determined during the development of a future Departmental Evaluation Plan

**Engagement of applicants and recipients in 2022–23:**

Under the terms of contribution agreement established, the recipient is responsible for submitting annual program reports. The recipient was routinely engaged to provide project updates to PHAC subject matter experts.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	232,920	1,500,000	1,500,000	1,232,420	-267,580
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>232,920</b>	<b>1,500,000</b>	<b>1,500,000</b>	<b>1,232,420</b>	<b>-267,580</b>

**Explanation of variances**

Actual spending was lower than planned due to the delays experienced by the funding recipient in the recruitment of the multidisciplinary panels. As a result, some of the work originally scheduled for 2022–23 will be postponed to 2023–24.

## Pan-Canadian Suicide Prevention Service

**Start date:** 2020–21

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

The purpose of this program is to support the implementation and sustainability of a pan-Canadian suicide prevention service.

The objective of the suicide prevention service is to provide people across Canada with access to 24/7, 365 days/year bilingual crisis support from trained responders using the technology of their choice: voice, text, or chat. Chat modality may not be available until 2025.

**Results achieved:**

In this third year of the contribution agreement, the service was re-branded to [Talk Suicide Canada](#),<sup>lxxii</sup> and continued to experience increasing demand, reaching a sustained three-fold increase compared to demand prior to the COVID-19 pandemic.

Trained Responders:

Responders continued to be trained and equipped with resources, knowledge, and skills to appropriately respond to service users. Policies and procedures foundational to training were revised along with core Talk Suicide training, and the learning management system continued to be developed. Community of Practice learning sessions open to responders, supervisors, and trainers launched on January 11, 2023; a learning session specific to supporting 2SLGBTQIA+ service users, which was impactful to the practice of people providing direct service to service users.

Performance Indicator:

100% of responders (both volunteer and paid) have received the minimum required training specific to the pan-Canadian suicide prevention service.



## Partnerships:

In 2022–23, the Centre for Addiction and Mental Health (the funding recipient) initiated partnership discussions related to the implementation of [9-8-8 in Canada](#),<sup>lxxiii</sup> the three-digit number for suicide prevention and emotional distress, which will be implemented through this contribution agreement and build upon Talk Suicide Canada. The service has established and engaged a network of stakeholder advisors from national organizations and associations, including people with lived experience, to ensure that diversity and equity considerations are foundational to the model for Talk Suicide Canada and 9-8-8, and to pave the way for the scaling of an equitable national crisis service that fosters regional engagement in delivery.

## Access to the service:

People living anywhere in Canada can access [Talk Suicide Canada](#)<sup>lxxiv</sup> by voice/phone call, in English and French, 24/7/365. The text modality is available in English and French from 4 p.m. to midnight Eastern Time.

Demand for the service has been higher than previously experienced by Talk Suicide Canada, with approximately 7,000 interactions answered monthly. Answered voice interactions decreased from the prior year with text increasing. This is primarily due to difficulties in securing and maintaining adequate responder capacity across the country, a trend experienced in most sectors along with limited short-term funding impeding recruitment for growth. The answer rate is expected to improve in the next reporting period because of an influx of funds to increase capacity and prepare for the implementation of 9-8-8 in Canada.

## Results:

	Voice	Text <sup>10</sup>	Total
Number of interactions	63,970	24,298	88,268

## Findings of audits completed in 2022–23:

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

## Findings of evaluations completed in 2022–23:

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2025–26

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<sup>10</sup> Text service in French became available in June 2022 and therefore the data reflects a partial fiscal year.

**Engagement of applicants and recipients in 2022–23:**

Not Applicable

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	4,814,268	4,342,584	4,267,000	4,767,000	4,700,000	433,000
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>4,814,268</b>	<b>4,342,584</b>	<b>4,267,000</b>	<b>4,767,000</b>	<b>4,700,000</b>	<b>433,000</b>

**Explanation of variances**

Actual spending was higher than planned due to internal re-allocation of funds during the fiscal year to support the implementation and sustainability of a pan-Canadian suicide prevention service.

## ParticipACTION

**Start date:** 2018–19

**End date:** 2022–23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.2: Canadians have improved health behaviours

**Link to the department's program inventory:**

- Chronic Disease Prevention

**Purpose and objectives of transfer payment program:**

Support [ParticipACTION's](#)<sup>lxv</sup> “Let’s Get Moving” initiative to encourage and support Canadians to get active and help promote healthier lifestyles among children, youth, and families across the country.

**Results achieved:**

The Let’s Get Moving initiative ended in March 2023 and successfully reached its intended audiences, including adults who are less active and individuals from equity-deserving groups through campaigns, the Community Better Challenge, an app, public relations and communications activities promoting the app, a website, social media channels, and through other leadership initiatives. Sector organizations were also successfully reached and engaged as part of the Challenge and knowledge mobilization activities. Overall, the actual reach exceeded expected targets, and this included:

- The ParticipACTION App provided motivational tips, how-to workout videos and inspirational articles to promote and track physical activity. The app had a total of 337,656 registered app users, and a total of 34% of Canadians were aware of the ParticipACTION app.
- The Community Better Challenge aimed to foster stronger communities via physical activity, sport, and recreation through support to individuals and community organizations across Canada. The Community Better Challenge reached a total of 5,090,727 in 2022–23, and a cumulative total of 13,179,381 individuals over the course of the project.

The Community Better Challenge provided the opportunity for people to learn new skills and become more confident in their abilities related to physical activity. Results from surveys taken after participation in the Challenge showed that:

- 30% of participants indicated increased knowledge related to sitting too much and increased risk of some chronic diseases;
- 34% of participants indicated increased knowledge related to the benefits of accumulating 150 minutes of moderate to vigorous physical activity per week; and
- 26% of participants indicated that they often set physical activity goals, while 24% indicated that they use action planning to incorporate physical activity.

The Community Better Challenge also provided the opportunity for people to try new sports and physical activities in a supportive environment. For example, the Challenge provided local organizations such as schools, community centres, seniors centres and cultural groups with grants to support equipment, trained instructors, trail maintenance or ground decals for active games to build capacity in physical environments that provide physical activity opportunities. Survey results demonstrated the following:

- 32% of participants received encouragement from friends and family to be active and/or offered to be active together;
- 24% of participants reported perceived changes in family connections through physical activity;
- 96% of organizations involved agreed that the Challenge improved environments for healthy living in Canada; and
- 79% of participating organizations reported the Challenge provided inclusive and safe opportunities for participants to engage in physical activity and sport activities in the community.

Survey results also showed that:

- 58% of participants indicated that they had improved their low physical activity, while 47% of participants indicated they had improved their moderate to vigorous physical activity;
- 48% of participants indicated they had decreased their sedentary time; and
- 33% of participants indicated an improvement in health-related fitness.

The evaluation also noted uncertainty regarding the number of people engaged through the initiative who are less active, and the long-term sustainability of increases in physical activity beyond intervention activities. The evaluation also highlighted the importance of expanding efforts to reach diverse groups who experience health inequities.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2023–24

**Engagement of applicants and recipients in 2022–23:**

Not Applicable

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	5,785,000	4,770,000	5,000,000	5,000,000	4,999,950	-50
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>5,785,000</b>	<b>4,770,000</b>	<b>5,000,000</b>	<b>5,000,000</b>	<b>4,999,950</b>	<b>-50</b>

**Explanation of variances**

Not applicable.

## Post COVID-19 Condition

**Start date:** 2022–23

**End date:** 2024–25

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

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

**Purpose and objectives of transfer payment program:**

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

Objectives:

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

**Results achieved:**

The Contribution Agreement with McMaster University was established January 27, 2023. Between January to March 31, 2023, the work undertaken by McMaster focused on setting up the necessary infrastructure to kick off the project successfully. Some of the work completed includes:

- Public engagement activities: distributing a call-out and application forms for participation in the project, creating a public-facing website, providing a two-day workshop, and identifying appropriate candidates and stakeholders for the guideline teams and Guideline Development Group.
- Priority setting on topic coverage (criteria of importance to key stakeholders, including practitioners, patients, policy makers, and equity-deserving groups).
- Engagement and consultation with others working in the PCC research landscape (International Advisory Board, Long COVID Web leaders, World Health Organization).

This project is in the early stages of the guideline development process, but initial recommendations are expected by early spring 2024. Currently, it is not possible to assess progress against the expected outcomes or performance indicators.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The timing for the evaluation will be determined during the development of a future Departmental Evaluation Plan

**Engagement of applicants and recipients in 2022–23:**

PHAC engages with McMaster in accordance with the terms and conditions of the Contribution Agreement. Between January and March 3, 2023, PHAC focused engagement efforts on establishing and managing a formal working group meeting series with McMaster University, to establish a channel of communication on tasks and issues and identify areas where PHAC support was required. In addition, PHAC participated in discussions with McMaster regarding the scope of the project (e.g., determining the topics for which guidelines will be developed; identifying and involving experts from across relevant disciplines to ensure the breadth and depth of the analysis and the credibility of the guideline-development process). PHAC also validated scientific methods (e.g., to ensure a standard, transparent approach is used to gather, synthesize, and evaluate evidence, and to develop the guidelines) and provided scientific support as needed.

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

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	1,000,000	980,699	980,699
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,000,000</b>	<b>980,699</b>	<b>980,699</b>

**Explanation of variances**

Actual spending was higher than planned due to additional funding received in the fiscal year via Supplementary Estimates to develop, disseminate and evaluate six comprehensive, evidence-based guidelines on topics covering the full cycle of the condition.



## Promoting Health Equity: Intersectoral Action on the Social Determinants of Health

**Start date:** 2021–22

**End date:** 2022–23

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021–22

### **Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

### **Link to the department's program inventory:**

- Chronic Disease Prevention

### **Purpose and objectives of transfer payment program:**

The Promoting Health Equity: Intersectoral Action on Social Determinants of Health umbrella program aims to foster the building blocks for collaborative action at the community and national levels, by strengthening capacity and building knowledge and tools that enable partners in multiple sectors to work together to advance health and well-being. The program has three funding components: community-based funding through the [Intersectoral Action Fund](#)<sup>lxxvi</sup> (ISAF), directed funding with established national and international stakeholders, and funding with federal partners.

The objectives of the Intersectoral Action on Social Determinants of Health program include:

- Supporting action on social determinants of health by building capacity in communities to advance intersectoral action in ways that improve population health and reduce health inequities;
- Advancing action among multiple sectors on social determinants and health equity at the national and international levels; and
- Promoting a whole-of-government approach at the federal level and identifying and implementing joint funding opportunities to address social determinants of health.

### **Results achieved:**

In 2022–23, ISAF results included the distribution of funding to 13 projects in diverse communities and settings across Canada, totalling \$1.8 million over a one-year period. These projects address a range of social determinants of health impacting communities, including racism, food security, housing, and healthy child development. ISAF also distributed \$249,981 to Tamarack Institute for Community Engagement to provide capacity-building support for ISAF funded projects. This project will be completed in March 2024.

In addition, funding was provided to the National Collaborating Centre for Healthy Public Policy. The funding amendment included \$250,000 allocated to continue the activities funded under fiscal year 2021–22, for example, continuing to support the activities of the Canadian Network on Health in All Policies.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: Not applicable

**Engagement of applicants and recipients in 2022–23:**

High-merit applicants for funding were identified through the 2021 open solicitation and contacted directly when funding was approved. Additionally, officials supported applicants and recipients through information sessions and regular correspondence.

PHAC officials engaged with the Tamarack Institute for Community Engagement through a directed solicitation. Engagement will continue as Tamarack Institute for Community Engagement’s work to support ISAF funded projects progresses.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	2,806,566	0	2,050,000	2,047,750	2,047,750
Total contributions	0	0	0	2,087,924	2,013,666	2,013,666
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>2,806,566</b>	<b>0</b>	<b>4,137,924</b>	<b>4,061,416</b>	<b>4,061,416</b>

**Explanation of variances**

Actual spending was higher than planned due to the reclassification of \$2.1 million from Promoting Health Equity: Mental Health of Black Canadians and due to internal re-allocation of

funds during the fiscal year to foster the building blocks for collaborative action at the community and national levels, by strengthening capacity and building knowledge and tools that enable partners in multiple sectors to work together to advance health and well-being.

## Promoting Health Equity: Mental Health of Black Canadians

**Start date:** 2018–19

**End date:** 2023–24

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2021–22

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Chronic Disease Prevention

**Purpose and objectives of transfer payment program:**

The [Promoting Health Equity: Mental Health of Black Canadians Fund](#)<sup>lxxvii</sup> supports Black Canadians to develop more culturally focused knowledge, capacity, and programs to improve mental health in their communities. The objectives of the fund are to:

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

PHAC has established a [Mental Health of Black Canadians \(MHBC\) Working Group](#)<sup>lxxviii</sup> which includes mental health practitioners, academics, researchers, and individuals with lived experience from Black communities across Canada. The Working Group plays a leadership and advisory role, including providing strategic advice on project funding and support to MHBC funded projects, providing guidance on capacity building and knowledge mobilization, and strengthening evidence on the key determinants of health impacting Black communities.

**Results achieved:**

PHAC's Promoting Health Equity: Mental Health of Black Canadians Fund (MHBC) supported community-based organizations, researchers, and Black communities to generate new evidence on culturally focused programs and interventions that address mental health and its determinants for Black Canadians.

In 2022–23, PHAC's MHBC Fund invested in 13 projects in communities across Canada, including the following:

- The University of Ottawa hosted a 3-day national symposium on the mental health of Black communities as well as a conference on the mental health of young Black people which gathered more than 200 attendees.
- The University of Ottawa also provided accredited training in anti-racist care and culturally adapted practices to 1,637 mental health professionals, reaching a total of 4,845 professionals since the project's inception.
- The MHBC Knowledge Mobilization Network, led by TAIBU Community Health Centre, held their first annual conference, ACT Now, in March 2023, which brought together over 260 participants including Black leaders, Black elders, Black youth, academics, and mental health professionals from across Canada. Participants shared knowledge, expertise, learned, and advocated for Black mental health and wellness.
- Aspire for Higher Elite Basketball implemented a six week after-school basketball program, based on the mental health education curriculum developed under the Incubator stream of the MHBC Fund. The after-school program helped to provide education to Black youth about mental health using an anti-Black racism lens and included both virtual and in-person cohorts and a first youth girls cohort.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2025–26

#### **Engagement of applicants and recipients in 2022–23:**

PHAC led capacity-building activities with funded organizations in areas such as performance measurement, knowledge mobilization and youth recruitment and engagement. PHAC continued its close collaboration with the Mental Health of Black Canadians Working Group, which provided strategic advice to PHAC and the Minister of Mental Health and Addictions and guidance on capacity building for funded projects, and contributed to strengthening the evidence on mental health and its determinants for Black communities

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	2,065,000	0	0	-2,065,000
Total contributions	1,458,618	1,574,692	2,160,000	2,225,000	1,955,165	-204,835
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>1,458,618</b>	<b>1,574,692</b>	<b>4,225,000</b>	<b>2,225,000</b>	<b>1,955,165</b>	<b>-2,269,835</b>

**Explanation of variances**

Actual spending was lower than planned due to the reclassification of \$2.1 million to Promoting Health Equity: Intersectoral Action on the Social Determinants of Health.

## Public Health Scholarship and Capacity Building Initiative

**Start date:** 2006

**End date:** Ongoing

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020–21

### **Link to departmental results:**

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

### **Link to the department's program inventory:**

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

### **Purpose and objectives of transfer payment program:**

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

### **Results achieved:**

Applied Public Health Chairs strengthened ties with PHAC to foster better integration and promotion of their work with relevant PHAC programs and to bridge their applied academic work with policy making. Engagement sessions between each chair and PHAC's Chief Science Officer were held with follow-up connections across PHAC programs. In addition, a PHACtually Speaking seminar to PHAC and Health Canada employees was held on "Bringing digital public health services to scale: the experience of implementing GetCheckedOnline in British Columbia" by Applied Public Health Chair Dr. Mark Gilbert in February 2023. Plans were discussed with

PHAC to feature the work of the other Research Chairs in subsequent seminars in 2023–24 and beyond.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The timing for the evaluation will be determined during the development of a future Departmental Evaluation Plan

**Engagement of applicants and recipients in 2022–23:**

CIHR and PHAC jointly engaged potential applicants for the launch of the new 2024 funding opportunity, including by hosting a webinar on the application process.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	460,000	0	0	-460,000
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>460,000</b>	<b>0</b>	<b>0</b>	<b>-460,000</b>

**Explanation of variances**

Actual spending was lower than planned due to reprioritizing of funding to support other emerging priorities and the delays in launching the new cycle of Applied Public Health Chair (APHC) Program as a result of the COVID-19 pandemic.



## Scientific support to Canadian Task Force on Preventive Health Care (formerly Integrated Strategy for Health Living and Chronic Disease – Observatory of Best Practices)

**Start date:** 2012–13

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2005–06

**Link to departmental result:**

- Result 1.3: Chronic diseases are prevented

**Link to the department's program inventory:**

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

**Purpose and objectives of transfer payment program:**

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

**Results achieved:**

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

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: The next evaluation is planned for 2026-27

**Engagement of applicants and recipients in 2022–23:**

- Presented the guidelines, knowledge translation tools, and evidence review results at meetings focused on the primary care practice and prepared implementation activities for frontline practitioners;
- Collaborated with the various stakeholders to develop and disseminated the Task Force guidelines;
- Prepared a communications plan, and responded to inquiries from the media and the public about the Task Force guidelines;
- Determined and implemented the results and recommendations on patient preferences;
- Established and implemented an evaluation plan for the Task Force guidelines to measure the impact of dissemination activities;
- Published study results in the main scientific journals and disseminated them through presentations at major scientific meetings; and
- Organized meetings where members of the Task Force Working Groups discuss guideline contents

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	46,000	0	0	-46,000
Total contributions	217,000	217,000	171,000	217,000	217,000	46,000
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>217,000</b>	<b>217,000</b>	<b>217,000</b>	<b>217,000</b>	<b>217,000</b>	<b>0</b>

**Explanation of variances**

Not applicable.

## Strengthening the Baby-Friendly Initiative

**Start date:** 2018–19

**End date:** 2022–23

**Type of transfer payment:** Grant

This grant was funded as one of four priorities of the President and Chief Public Health Officer that could be advanced through short-term investments using surplus funds in the Agency

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's program inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

The purpose of this grant is to promote maternal and infant health in Canada by strengthening Canada's implementation of the Baby-Friendly Initiative, an evidence-based global initiative that has proven to be effective for increasing breastfeeding rates.

The program objectives are to:

- Modernize the Baby-Friendly Initiative in Canada to reflect updated guidance from the World Health Organization and input from Canadian stakeholders;
- Adapt, test and evaluate a national quality improvement initiative to develop a model to support facilities in achieving the "Baby-Friendly" designation; and
- Raise awareness of the Baby-Friendly Initiative in Canada.

**Results achieved:**

An evaluation of the [National Baby-Friendly Quality Improvement Collaborative Project](#)<sup>lxxxix</sup> was completed in 2022. The aim of the project was to adapt, implement and test a quality improvement framework, by building an integrated network of facilities that supported each other as they pursued Baby-Friendly designation. The evaluation found significant improvements consistently across Baby-Friendly Initiative (BFI) indicators. This included:

- 118% improvement in the proportion of families receiving assistance and support for breastfeeding within 6 hours of birth;
- 90.4% improvement in rooming in/ mother babies staying together;
- 82.8% improvement in skin to skin within 5 minutes of Caesarean birth;
- 73.3% improvement in skin to skin for at least an hour after Caesarean births; and

- 46.1% improvement in practicing skin to skin for at least an hour after vaginal births.

Improvement in critical success factors that supported the ability to advance BFI goals were also found. These included improvements in teamwork, commitment of leadership, the ability to collect and analyze data, parent partner voices, sharing and learning with other facilities across the country and support from the Breastfeeding Committee for Canada (BCC). The achievements occurred against a backdrop of a global pandemic that diverted resources in all facilities to support the COVID-19 pandemic response. The evaluation results have been presented internationally.

In April 2022, a Coach Mentor Program was launched to build on and scale up the impacts achieved through the project. Through this program, participants in the initial BFI project are trained to support a new cohort of hospitals and community health services as they begin their process towards becoming BFI designated.

Efforts also continued to implement a communications strategy to raise awareness of the Baby-Friendly Initiative and build understanding of evidence based best-practices to promote, protect and support breastfeeding.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: Not applicable

**Engagement of applicants and recipients in 2022–23:**

Routine engagement with the recipient continued in 2022–23. An annual progress report was provided by the recipient, as well as an evaluation report and presentation of results.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	337,800	234,100	0	183,200	183,200	183,200
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>337,800</b>	<b>234,100</b>	<b>0</b>	<b>183,200</b>	<b>183,200</b>	<b>183,200</b>

**Explanation of variances**

Actual spending was higher than planned due to internal re-allocation of funds during the fiscal year to promote maternal and infant health in Canada by strengthening Canada's implementation of the Baby-Friendly Initiative.

## Support for Canadians Impacted by Autism Spectrum Disorder Initiative

**Start date:** 2018–19

**End date:** 2023–24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.1: Canadians have improved physical and mental health

**Link to the department's Program Inventory:**

- Health Promotion

**Purpose and objectives of transfer payment program:**

This program supports the needs of Canadians living with Autism Spectrum Disorder (ASD) and their families by funding community-based projects to support innovative program models, help reduce stigma, and support the integration of health, social and educational programs to better serve the complex needs of families. Also, the program will help connect people with autism and their families to online resources, an inventory of services, employment opportunities and local programming through the [Autism and/or Intellectual Disability Knowledge Exchange Network \(AIDE Canada\)](#)<sup>lxxx</sup>

**Results achieved:**

Through this program, participants gained knowledge and got access to resources and support:

- 78% of participants gained knowledge and/or skills because of programming, by project; and
- 219,153 of participants accessed resources (measured by type of resource).

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable

**Findings of evaluations completed in 2022–23:**

Completed: Evaluation of the Autism Spectrum Disorder Program

Summary of Findings:

The evaluation found that community-based projects increased the knowledge and skills of program participants and, in some cases, helped individuals living with autism develop coping strategies, as well as practitioners and caregivers to improve support in their practice. PHAC made important advancements in determining how many are diagnosed with ASD through national surveillance activities, including establishing reporting on indicators beyond prevalence, and expanding geographical coverage. Recommendations focussed on addressing gaps in the National Autism strategy, enhancing national surveillance and strengthening performance measurement.

Planned: The next evaluation is planned for 2027-28

### Engagement of applicants and recipients in 2022–23:

To date, two solicitations have been posted. The first solicitation launched in 2018, allocated \$4.2 million to eight projects focused on providing supports for people in Canada living with autism transitioning from youth to adulthood. The second solicitation launched in April 2021 and will support community-based projects that will be undertaken over a two-year period (2022–23 to 2023–24) to address the impact of COVID-19 on people in Canada living with autism.

Funding also supported an agreement with the Canadian Academy of Health Sciences (CAHS) to undertake an assessment on autism to inform the development of the national autism strategy; continues to support an agreement with the Pacific Autism Family Network for AIDE Canada project, which provides on-line and in-person knowledge, tools, and resources to support people in Canada living with autism, their families, and caregivers; and is supporting the Autism Alliance of Canada (AAC) to address gaps in knowledge about the needs and experience of adults living with autism in Canada.

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	0	0	0
Total contributions	5,048,138	2,953,436	4,765,933	5,055,933	4,953,354	187,421
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>5,048,138</b>	<b>2,953,436</b>	<b>4,765,933</b>	<b>5,055,933</b>	<b>4,953,354</b>	<b>187,421</b>

### Explanation of variances

Not applicable.

## Type 2 Diabetes Prevention Challenge

**Start date:** 2021–22

**End date:** 2023–24

**Type of transfer payment:** Grant and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018–19

**Link to departmental result:**

- Result 1.3: Chronic diseases are prevented

**Link to the department's program inventory:**

- Chronic Disease Prevention

**Purpose and objectives of transfer payment program:**

In partnership with [Impact Canada](#),<sup>lxxxii</sup> PHAC is delivering the [Type 2 Diabetes \(T2D\) Prevention Challenge](#)<sup>lxxxiii</sup> to support innovators in developing and implementing community co-designed approaches that address the barriers and determinants of health that lead to an increased risk for T2D for communities in Canada.

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

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

**Results achieved:**

In 2022–23, PHAC continued its collaboration with Impact Canada to advance innovative approaches to address barriers that lead to an increased risk of developing Type 2 Diabetes for communities in Canada. The Type 2 Diabetes Prevention Challenge was launched in November 2022 and received 86 proposals. It is anticipated that up to 21 semi-finalists will be selected to further develop their proposed concept.

**Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: Not applicable



### Findings of evaluations completed in 2022–23:

Completed: No evaluation was completed in 2022–23

Planned: Not applicable

### Engagement of applicants and recipients in 2022–23:

An open call for proposals was posted on the Impact Canada website, along with an applicant guide and detailed information to attract potential applicants. Stakeholders were engaged to inform the design and development of the challenge and were kept informed about the challenge through a variety of forums (e.g., newsletter, webinar).

### Financial information (dollars)

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	0	0	633,179	0	0
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>633,179</b>	<b>0</b>	<b>0</b>

### Explanation of variances

Not applicable.

## Vaccine Community Innovation Challenge

**Start date:** 2021–22

**End date:** 2022–23

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2022–23

**Link to departmental result:**

- Result 2.1: Infectious diseases are prevented and controlled

**Link to the department's program inventory:**

- Vaccination

**Purpose and objectives of transfer payment program:**

The [Vaccine Community Innovation Challenge](#)<sup>bxxxiv</sup> is a funding program to support creative and innovative projects from community voices to promote vaccine confidence and adherence to COVID-19 public health measures. Its focus is on groups that experience health and social inequities and may include Indigenous Peoples, low-income Canadians, people with disabilities, and Black and other racialized Canadians, among others.

The program applied the prizes/challenges funding model outlined in Treasury Board of Canada Secretariat's generic terms and conditions. Through an open, time-limited and innovative approach, the program invited Canadians to submit a design for an outreach campaign promoting vaccine confidence in diverse and underserved communities.

The objective of this program is to deliver grants to groups and individuals to promote vaccine confidence and adherence to public health measures in communities that are underserved or have been more greatly impacted by the pandemic and provide them with messaging that is targeted, informed and culturally sensitive.

**Results achieved:**

A targeted call for proposals for a second phase of the Vaccine Community Innovation Challenge (VCIC) was launched on October 25, 2022, and closed on November 14, 2022. The targeted solicitation was open to individuals or organizations that received a minimum of \$10,000 in funding for the first phase of the VCIC, which took place in 2021.

The main objective for the second phase of VCIC was to enhance the previous community-based campaign to promote confidence in vaccination against COVID-19, and continued adherence to public health measures, with a specific focus on promoting the importance of the COVID-19 booster shots, among underserved communities, and/or communities disproportionately impacted by the COVID-19 pandemic.

The program received 39 proposals from a diverse range of groups across five provinces including community organizations, ethnic groups, Indigenous communities, faith-based organizations, official language minority communities, and women's organizations.

VCIC successfully complemented and built upon efforts underway to strengthen Canadians confidence in vaccination against COVID-19 through public engagement that was community based and culturally sensitive.

Projects were designed, developed, and implemented by and for communities, using community voices, and languages and styles of communication appropriate for the communities. This was done to share knowledge and engage different groups on the importance of vaccination against COVID-19.

- A total of \$485,000 in funding was distributed through the targeted solicitation to 38 VCIC funding recipients at their previous VCIC 21/22 funding levels (\$10,000 and \$25,000).
  - Seven project recipients have each received \$25,000; and
  - A total of 31 project recipients has each received \$10,000.

Two grand prize winners for this second round are expected to be announce in fall 2023.

#### **Findings of audits completed in 2022–23:**

Completed: No internal audits were completed in 2022–23

Planned: No planned Audits

#### **Findings of evaluations completed in 2022–23:**

Completed: No evaluation was completed in 2022–23

Planned: Not applicable

#### **Engagement of applicants and recipients in 2022–23:**

Applicants were engaged through solicitations focused on encouraging community-based groups to apply. Outreach to spread the word regarding the challenge was carried out through various channels and networks. Outreach material included posters in multiple languages. Officials supported applicants through information sessions and engagement. In addition, external experts in behavioural insights supported funding recipients in integrating these principles into their projects.

A Behavioural Insights Reference Guide was included in the application package to support applicants and a webinar was made available to all funding recipients. Finally, those managing the top 20 projects were offered one-on-one coaching with external experts to discuss the integration of behavioural insights into the development and implementation of projects.

**Financial information (dollars)**

Type of transfer payment	2020–21 Actual spending	2021–22 Actual spending	2022–23 Planned spending	2022–23 Total authorities available for use	2022–23 Actual spending (authorities used)	Variance (2022–23 actual minus 2022–23 planned)
Total grants	0	1,453,743	0	495,000	485,000	485,000
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
<b>Total program</b>	<b>0</b>	<b>1,453,743</b>	<b>0</b>	<b>495,000</b>	<b>485,000</b>	<b>485,000</b>

**Explanation of variances**

Actual spending was higher than planned due to internal re-allocation of funds during the fiscal year to support creative and innovative projects from community voices to promote vaccine confidence and adherence to COVID-19 public health measures.

# SEX- AND GENDER-BASED ANALYSIS (SGBA) PLUS

## Section 1: Institutional SGBA Plus Capacity

### Governance

PHAC is committed to applying an intersectional SGBA Plus approach to systematically integrate health equity into all policies, programs, research, evaluation, monitoring and reporting, and other initiatives.

In 2022–23, PHAC’s SGBA Plus focal point, alongside program areas, advanced the implementation strategy for the PHAC SGBA Plus Action Plan Framework in the following four priority areas:

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

PHAC continued to integrate Equity, Diversity, and Inclusion (EDI) considerations into programs and operations’ decision-making processes by promoting SGBA Plus discussions at various governance committees and demonstrating progress on SGBA Plus priority areas through an annual report to the Agency’s Executive Committee.

PHAC continued to ensure the integration of SGBA Plus and EDI considerations, and the use of inclusive, non-stigmatizing language, in the development of Memoranda to Cabinet, Budget Proposals, and Treasury Board Submissions. Accountability mechanisms, including an internal SGBA Plus attestation process, increased both the quality and accuracy of the SGBA Plus analyses for Cabinet documents, while emphasizing the value of incorporating EDI considerations throughout PHAC policies and programs.

The PHAC SGBA Plus Champion and other executive leaders continued to support the integration of SGBA Plus into the organization’s functions and programs, affirming the Agency’s commitment to health equity in policies and practices.

PHAC advanced its work to support the implementation of the renewed [Health Portfolio Sex- and Gender-Based Plus Policy](#)<sup>xxxv</sup> (HP SGBA Plus). For example, PHAC further embedded EDI into research design; prioritized the data collection and analysis of disaggregated data to inform policy and program design; and engaged with diverse stakeholders and partners to better understand lived experiences in PHAC’s programs and initiatives. The SGBA Plus focal point continued to work with program areas to enable a more fulsome culture shift that will ensure a more systematic integration of EDI considerations into all aspects of the Agency’s work. The Agency also continued to implement the Policy Direction to [Modernize the Government of](#)

[Canada's Sex and Gender Information Practices](#),<sup>lxxxvi</sup> which aims to modernize how the Government of Canada collects, uses and displays sex and gender information.

## Capacity

PHAC continued to advance its SGBA Plus plans and priorities with a primary focus on strengthening capacity building and integrating SGBA Plus and EDI into various elements of program delivery.

Followed by the transformative refresh and renewal of the Health Portfolio SGBA Plus Policy, PHAC launched the 2022-2025 SGBA Plus Action Plan Framework and Action Plan Implementation Strategy. The framework describes how PHAC will apply the renewed Health Portfolio SGBA Plus Policy, outlining proposed objectives, planned actions, and expected results as they relate to the SGBA Plus priority areas across the Agency.

In 2022–23, the Agency's focal point implemented several awareness raising and capacity building activities to strengthen the integration of SGBA Plus into the Agency's work through resources, tools, and training tailored to the public health context.

From April 1, 2022, to March 31, 2023, the Agency's SGBA Plus focal point delivered 37 SGBA Plus presentations and training sessions to various audiences, reaching close to 1,850 employees from regional offices, communities of practice, and various senior management committees. The SGBA Plus focal point also completed a SGBA Plus review of over 100 Cabinet documents, public health guidance documents, and other high-visibility documents. To further support the application of SGBA Plus across the Agency, new tools and resources were launched, including an Inclusive Language Guide, a How-To Guide for Integrating SGBA Plus into Grants and Contributions, and SGBA Plus Checklists in support of Treasury Board Submissions and Budget & Off-Cycle Proposals.

To assess PHAC's SGBA Plus capacity-building efforts, the 2022 SGBA Plus Pulse Survey was launched to assess PHAC employees' awareness, knowledge, and application of SGBA Plus. Results from the 2022 SGBA Plus Pulse Survey revealed that employee awareness of the Health Portfolio's SGBA Plus Policy, Agency-specific SGBA Plus plans, instruments, and resources, and SGBA Plus applicability to their work have increased since 2020.

The Agency's SGBA Plus Champion continued to strengthen organizational culture through tailored presentations to employees and managers. Furthermore, the PHAC SGBA Plus Network, with over 80 representatives from across every centre in the organization, continued to advance and improve the implementation of SGBA Plus across PHAC through strengthened expertise from formal and applied learnings.

To assess if the network is functioning as intended since its renewal in fall 2021, and to identify gaps or barriers that may exist in the network, the PHAC SGBA Plus Network Evaluation Survey was launched in 2022–23. Results from the survey reveal that progress is being made in knowledge and application of SGBA Plus and related concepts amongst network members.

**Human Resources:** In 2022–23, approximately eight Full-Time Equivalent (FTEs) were dedicated to SGBA Plus implementation in the Agency:

- Six FTEs within the SGBA Plus Focal Point dedicated to advancing SGBA Plus capacity and practice; and
- One SGBA Plus Champion and one member of PHAC's SGBA Plus Network, amounting to two FTEs in total.

## Section 2: Gender and Diversity Impacts, by Program

Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program name:** [Health Promotion](#)<sup>lxxxvii</sup> – Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP)

**Program goals:** The CAPC and CPNP provide funding to community groups to support pregnant people, children aged 0-6 and their parents and caregivers who experience challenges that place their health at risk.

Funded projects provide stigma-free, culturally safe, and inclusive environments, applying health equity and social determinants of health-based approaches to encourage healthy pregnancies, positive parenting and healthy child development in populations facing health equity barriers.

**Target population:** Pregnant people, children (aged 0-6) and their families who face challenges that put their health at risk. These conditions may include low socioeconomic status; teenage pregnancy or parenthood; social or geographic isolation; recent arrival to Canada; and/or situations of violence or neglect. Special emphasis is placed on the inclusion of Indigenous families living in urban and rural communities.

### Distribution of benefits

Distribution	Group
By gender	Fourth group: 60% to 79% women
By income level	First group: strongly benefits low-income individuals (strongly progressive)
By age group	First group: primarily benefits youth, children or future generations

### Specific demographic group outcomes

CAPC and CPNP directly benefit pregnant people, children aged 0-6 and their parents and caregivers who experience challenges that place their health at risk. Program participants often experience multiple and compounding risk conditions. These groups may face increased barriers in accessing supports and programs due to systemic inequalities. Funded projects aim to decrease barriers to participation by providing stigma-free, culturally safe, and inclusive environments.



## Key program impacts on gender and diversity<sup>11</sup>

In 2018, a survey was conducted to examine outcomes experienced by participants in CAPC, and results were disaggregated by sex (8495 respondents stated they were female, 831 stated they were male and 22 chose the “other” response category).

Results disaggregated by sex are as follows:

- 66% of female respondents and 68% of male respondents faced conditions of risk;
- 84% of female respondents and 81% of male respondents reported gaining knowledge and skills because of attending the program;
- 80% of female respondents and 70% of male respondents reported improved health behaviours because of attending the program;
- 84% of female respondents and 78% of male respondents reported experiencing improved protective factors because of the program; and
- 86% of female respondents and 83% of male respondents reported that their health and wellbeing improved because of attending the program.

Additional relevant program data includes:

- Based on data collected in 2019–20, 84% of parent/caregiver participants in CAPC were female and 16% were male;
- Based on a survey collected in 2018, the socio-demographic profile of CAPC participants is as follows: 58% of participants live in low-income households, 25% are lone parents, 18% are recent immigrants, 17% are Indigenous, 13% have less than a high school education, and 1% are teenage parents;
- Based on data collected in 2019–20, 85% of participants in CPNP were prenatal or postnatal women, 9% were fathers/male caregivers and 6% were other caregivers (e.g., grandparents, childcare providers);
- Based on a survey collected in 2018, the socio-demographic profile of CPNP participants is as follows: 74% of participants live in low-income households, 28% are lone parents, 26% are recent immigrants, 24% are Indigenous, 21% have less than a high school education, and 7% are teenage parents.

## Supplementary information sources

[Evaluation of PHAC’s CAPC and CPNP 2015-16 to 2019–2020.](#)<sup>lxxxviii</sup>

## SGBA Plus data collection plan

The program plans to continue to collect CAPC and CPNP participant level data every five years. The next iteration of the survey will collect data on the demographic characteristics of the

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<sup>11</sup> Note: The COVID-19 pandemic impacted programming during the reporting period including project closures. Data presented is the most recent available.

participants reached by the program and outcomes experienced. For CAPC, the program plans to disaggregate data related to the outcomes of the program by sex, income, and ethnicity and for CPNP by income and ethnicity.

**Program name:** [Health Promotion](#)<sup>lxxxix</sup> – Dementia Community Investment (DCI)

**Program goals:** Projects funded through the DCI are required to report on the impact of their work, including the populations reached that have a higher risk of developing dementia and/or face barriers to equitable care and support to improve the understanding of the effectiveness of the intervention. The DCI applies SGBA Plus considerations to its solicitation processes where applicable (e.g., reporting on disaggregated data). Applicants of DCI solicitation processes are also asked to incorporate health equity and cultural sensitivity considerations in their proposed projects.

**Target population:** People living with dementia, family/friend caregivers, public, older adults, Indigenous Peoples, low-income individuals and/or families, 2SLGBTQIA+ communities, ethnocultural minorities, official language minority communities, rural/remote communities, people living with disabilities.

**Distribution of benefits**

Distribution	Group
By gender	Fifth group: predominantly women (80% or more women)
By income level	The DCI does not collect enough data on income level to be able to report on the distribution of benefits
By age group	Third group: primarily benefits seniors or the baby boom generation

**Specific demographic group outcomes**

The DCI supports projects that aim to improve the quality of life of people living with dementia, people who are at risk of developing dementia and family/friend caregivers.

**Key program impacts on gender and diversity**

**Key program impact statistics**

Statistic	Observed results*	Data source	Comment
% of community-based intervention projects that identify Indigenous communities as a specific target population	7/21 = 33%	Annual Reports	N/A
% of community-based intervention projects that identify 2SLGBTQIA+ as a specific target population	1/21 = 5%	Annual Reports	N/A

\* 2022–23 or most recent

### **Other key program impacts**

Projects funded through the DCI are required to incorporate the consideration of sex and gender and other identity factors into their proposals and are encouraged to report on these considerations in their annual reporting to PHAC when applicable. Many projects have highlighted challenges in collecting and reporting on disaggregated data due to limited self-reporting. The DCI continues to work to improve disaggregated data at the project level by updating project reporting templates and instructions.

### **SGBA Plus data collection plan**

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

**Program name:** [Health Promotion](#)<sup>xc</sup> – Dementia Strategic Fund and Enhanced Dementia Surveillance Program

**Program goals:** The Enhanced Dementia Surveillance Program supports the implementation of [A Dementia Strategy for Canada: Together We Aspire](#),<sup>xc</sup> with the aim of informing public health actions with new findings from surveillance and data.

**Target population:** General population, people living with dementia in Canada, and dementia caregivers

### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced <sup>12</sup>
By income level	Third group: no significant distributional impacts
By age group	Second group: no significant intergenerational impacts or impacts on generations <sup>13</sup>

### Specific demographic group outcomes

Projects launched under the Enhanced Dementia Surveillance Program help to provide information on demographic groups through identified data gaps- one of which being ‘socio-demographic characteristics, risk and protective factors. This data gap includes the socio-demographic characteristics of those living with dementia, like ethnicity and socio-economic status. One project specifically focuses on dementia in Indigenous communities, another one on dementia in homeless population, while other projects look more broadly at multiple variables of interest given their scope.

### Key program impacts on gender and diversity

All projects will be completed by March 31, 2024, and will identify impacts through their final reports. The reports can then support impact assessments completed by PHAC.

### SGBA Plus data collection plan

As part of the solicitation process, projects were required to integrate SGBA Plus considerations into their proposals, which were assessed during the screening process. They were encouraged to collect and use available data on relevant variables, given the scope of their work. Recipients also provide internal progress reports regarding projects, which may touch on the SGBA Plus

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<sup>12</sup> However, since about two-thirds of people living with dementia are females, dementia data are skewed toward females.

<sup>13</sup> Due to the exponential increase in dementia with age, except for prevention and caregiver activities where all age groups were in scope, the surveillance populations and data collected are skewed toward older adults.

aspects. Examples of information captured for analysis as part of this program include sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status, primary language spoken, and ethnicity. Summaries of projects are posted online by PHAC.

**Program name:** [Health Promotion](#)<sup>xcii</sup> – Preventing Gender-Based Violence: The Health Perspective and Preventing and Addressing Family Violence: The Health Perspective

**Program goals:** The Family and Gender-Based Violence (FGBV) prevention programs invest in the delivery and testing of health promotion programs and interventions that:

- prevent family and gender-based violence;
- equip health and social service professionals to respond safely and effectively to family and gender-based violence; and
- improve health outcomes for survivors of family and gender-based violence.

Both programs are designed to address gendered forms of violence that primarily affect women, girls, children and gender-diverse youth. Gender analysis is built into the design. In line with SGBA Plus best practices, FGBV solicitations are based on scoping research that include qualitative and quantitative data and information, as well as meaningful engagement with diverse stakeholders.

**Target population:** Children, youth, families, survivors, public, older adults, Indigenous Peoples, low-income individuals and families, and 2SLGBTQIA+ communities

**Distribution of benefits**

Distribution	Group
<b>By gender</b>	Participants: Third group: broadly gender-balanced Professionals: Fourth group: 60% to 79% women (partial data available).
<b>By income level</b>	Information not available.
<b>By age group</b>	First group: primarily benefits youth, children or future <sup>14</sup>

**Specific demographic group outcomes**

Both programs are designed to address gendered forms of violence that primarily affect women, girls, children and gender-diverse youth.

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<sup>14</sup> As many of the projects target child maltreatment and youth dating violence, the benefits of the program are skewed towards younger age groups. However, adults and older adults also benefit.

## Key program impacts on gender and diversity

### Key program impact statistics

Statistic	Observed results*	Data source	Comment
% of intervention research projects + capacity projects that identify Indigenous communities in their priority populations	GBV: 16% (5/32 projects)  FV: 6% (2/32 projects)	Annual reports	N/A
% of intervention research projects + capacity projects that identify 2SLGBTQIA+ communities in their priority populations	GBV: 16% (5/32 projects)  FV: 13% (4/32 projects)	Annual reports	N/A
% of intervention research projects + capacity projects that identify newcomers or immigrants in their priority populations	GBV: 6% (2/32 projects)  FV: 13% (4/32 projects)	Annual reports	N/A

\* 2022–23 or most recent

### Other key program impacts

A significant portion of fiscal year 2022–23 was devoted to preparing new solicitations under the Preventing Gender-Based Violence: The Health Perspective investment, including extensive stakeholder engagement, scoping of evidence, as well as analyses of current investments from an equity lens to identify priorities, gaps and opportunities. Highlights of the needs identified include:

- Specifically addressing the needs of Indigenous youth in youth dating violence programming, to allow for more adaptability and flexibility. This resulted in the development of a specific stream of funding for Indigenous organizations, with adaptations to the application process, within the new open call for proposals.
- Adding anti-racism as a fundamental principle in upstream child maltreatment prevention, along with cultural and health equity, to better address barriers to access and reach more effectively underserved populations. This will be reflected in future solicitations.
- Reducing the overrepresentation of Indigenous and racialized children and families in the child welfare sector by better supporting families at risk of involvement with the child welfare sector with upstream prevention interventions, and by better equipping service providers and supporting preventive approaches in the child welfare sector. This will safety be reflected in future solicitations.



In October 2022, PHAC funded Central Toronto Youth Services (CTYS) to host and support a Community of Practice to foster communication and collaboration amongst organizations that work with 2SLGBTQIA+ children and youth. This Community of Practice will disseminate evidence-based practices and research and facilitate knowledge exchange and mobilization opportunities by engaging a broad network of organizations across sectors in Canada. This directed funding opportunity was the result of extensive consultations held in fiscal year 2021–22, that had identified a significant need for opportunities for service professionals and researchers to build relationships to better understand and address cross-cutting issues that impact 2SLGBTQIA+ children and youth.

PHAC also continued to fund two communities of practice to connect family violence and teen/youth dating violence projects and support the consideration of gender and diversity and other aspects of health equity. For example, the teen/youth dating violence community of practice has working groups designed to build capacity to more effectively include anti-racism and reconciliation considerations within projects. The family violence community of practice organized meetings with newly funded family violence projects to better understand the projects' unique activities and objectives. As a result of these discussions, the community of practice identified a need to better align with the diverse and intersecting populations reached by the projects, such as francophone, Black and racialized communities. The Community of Practice received additional funds to increase their capacity for translation and interpretation services that helped better serve these diverse populations. The project also hired a full-time implementation coordinator to facilitate effective relationships between the community of practice, its members, and the populations they serve.

### **SGBA Plus data collection plan**

To improve the Programs' ability to report disaggregated data, changes were made to the annual report templates with the intent of encouraging projects to report their disaggregated reach numbers when those data are available. As a result, over half of GBV projects reported on participants' gender (13 out of 20 projects reporting any participant reach) and about a quarter of projects reported on the gender of professionals who took part in capacity building interventions (6 out of 21 projects reporting any reach with professionals). Also of note, 7 projects reported their reach with 2SLGBTQIA+ participants, and 5 projects reported on their reach with Indigenous participants. While FV projects were in their first year, of the 10 projects that reported any reach numbers with participants, 9 provided information on the gender of participants.

There are no plans to disaggregate mandatory indicators. It is not feasible to disaggregate these indicators, since they are aggregates of all projects' input, with a wide variety of measurements, target groups, question wording and methodology.

**Program name:** [Health Promotion](#)<sup>xciii</sup> – Mental Health Promotion Innovation Fund (MHP-IF)

**Program goals:** The MHP-IF supports diverse community-based interventions that bolster protective factors for the mental health of young Canadians, families and communities. The program actively seeks to remove barriers to health equity through strong partnerships, reflexive practice, learning, knowledge exchange, and, ultimately, systems change.

Specific efforts to reduce mental health inequalities through action on determinants such as gender identity, geographic location, and culture—are mandatory requirements of funded projects. Funded initiatives must consider such inequalities and/or improve health equity at various stages of the intervention; including design/adaptation, implementation/delivery, scale and evaluation.

**Target population:** Children, youth, young adults, parents and caregivers, Indigenous Peoples, low-income individuals and/or families and 2SLGBTQIA+ communities.

#### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced
By income level	Second group: somewhat benefits low-income individuals (somewhat progressive)
By age group	First group: primarily benefits youth, children or future generations

#### Specific demographic group outcomes

The MHP-IF projects are directly and indirectly reaching priority groups susceptible to mental health inequities, such as: First Nations, Inuit and Métis, 2SLGBTQIA+, newcomers and refugees and people with other socio-economic risk factors. Outcomes are not yet available by specific demographic groups.

#### Key program impacts on gender and diversity

##### Key program impact statistics

Statistic	Observed results*	Data source	Comment
% of intervention research projects focused on reaching indigenous children, youth and families	25% of projects	Phase 1 Annual Report	N/A
% of intervention research projects focused on reaching 2SLGBTQIA+ children, youth and their families.	10% of projects	Phase 1 Annual Report	N/A
% of intervention research projects focused on reaching	10% of projects	Phase 1 Annual Report	N/A

children, youth and families who are visible minorities			
% of intervention research projects focused on reaching children, youth and families who are official language minorities	10% of projects	Phase 1 Annual Report	N/A
% of intervention research projects focused on reaching children, youth and families who are newcomers (including refugees)	25% of projects	Phase 1 Annual Report	N/A

\* 2022–23 or most recent

**Other key program impacts**

In Phase 1, MHP-IF projects used several approaches to address health equity through the implementation and evaluation of their interventions. These include engaging those with lived experience, providing access to travel and meal subsidies, using diverse evaluation methods (e.g., Inuit storytelling and journaling), providing resources in numerous languages, and learning about the priorities, values, experiences, strengths and perspectives of communities.

**SGBA Plus data collection plan**

The MHP-IF is currently piloting a Health Equity Indicator Tool (HEIT) to support funded projects to report on health equity. It builds on existing PHAC commitments to understand, measure, and reduce inequities in health. The HEIT may be used in two ways: 1) Identify components of an intervention that address health equity, as well as possible gaps; 2) Strengthen capacity to integrate, monitor and assess impacts on health equity. Piloting of this tool will be completed in the fall of 2023.

**Program name:** [Health Promotion](#)<sup>xciiv</sup> – Pan-Canadian Suicide Prevention Service

**Program goals:** The goal of the pan-Canadian suicide prevention service, known as Talk Suicide Canada, as of June 2022, is to provide people across Canada with access to free, bilingual, 24/7/365 crisis support from trained responders, by phone call or text. The service put in place an Equity Strategy in March 2022 to ensure that diversity and equity considerations are foundational to the service, and to pave the way for the scaling of an equitable national crisis service that fosters regional engagement in delivery.

**Target population:** Children, families, survivors, public, older adults, Indigenous Peoples, low-income individuals and/or families, 2SLGBTQIA+ communities.

### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced
By income level	Information not available
By age group	Second group: no significant intergenerational impacts or impacts on generations between youths and seniors

### Specific demographic group outcomes

The target group for the pan-Canadian suicide prevention service is “all Canadians”. Suicide is a tragedy that can affect anyone in Canada regardless of their age, background, gender, or socioeconomic status. The pan-Canadian suicide prevention service is accessible to all people living across Canada.

### Key program impacts on gender and diversity

Talk Suicide Canada continued to experience increasing demand, reaching a sustained three-fold increase compared to demand prior to the COVID-19 pandemic. A recent influx of funds is expected to increase capacity of the service to respond to demand and prepare for the Canadian implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress. The implementation of this number will represent an evolution of the pan-Canadian suicide prevention service.

### Key program impact statistics

Statistic	Observed results*	Data source	Comment
Total number of interactions	88,268	Monthly and annual reports from the funding recipient	N/A
Number of service interactions by modality	Voice: 63,970 Text: 24,298	Monthly and annual reports from the funding recipient	The number of Voice and Text interactions reflect English and French interactions combined.

Number of service interactions by Official Language	English: 85,225 French: 3,043	Monthly and annual reports from the funding recipient	The number of interactions in English and French include voice and text interactions combined.
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\* Results for 2022–23

**Other key program impacts**

Some of the activities that took place in 2022-2023 to support diverse populations include:

- Talk Suicide Canada Community of Practice (training): a learning session was offered to responders, supervisors, and trainers on supporting people reaching out to the service who identify as 2SLGBTQIA+. This session was impactful to the practice of responders providing direct service to people reaching out and additional sessions relating to diverse populations will be considered in future sessions for the Talk Suicide Canada Community of Practice.
- Communications / Branding: the service completed a market segmentation exercise, engaging with experts who were both part of and working within 2SLGBTQIA+ and Indigenous communities, as well as reviewing research that looked at suicide in several different populations. This exercise provided some high-level insight into supporting diverse populations, and there are plans to co-produce campaigns with people from diverse target audiences.
- Partnership engagement on the implementation of 9-8-8: the service worked with child and youth providers to determine how best to serve children and youth through the 9-8-8 service. Discussions have also been initiated to understand how to best integrate Indigenous crisis line service and response into the 9-8-8 network.

**SGBA Plus data collection plan**

Some demographic information is collected because of the choice of modality (call or text) and automated technology, such as official language (when a person selects 1 for English and 2 for French in an interactive voice response). Province or territory may also be determined based on the area code from which the call or text originates, however, with the portability of cellphones, this data may not be fully representative of the location of people reaching out. The Centre for Addiction and Mental Health documents other demographic information such as age, gender, etc., as it arises naturally in the conversation (responders do not solicit this information and are instructed not to make assumptions). This information is not captured consistently during every interaction, limiting its validity and reliability, and therefore will not be reflected in results reported publicly.

**Program name:** [Chronic Disease Prevention](#)<sup>xcv</sup>

**Program goals:** This Program seeks new solutions for the complex challenge of preventing chronic diseases in Canada. The program works across sectors to leverage partnerships and investments to design, implement and scale interventions that support health behaviour change and create social and physical environments that are known to enable better health. It addresses behavioural risk factors for chronic disease, namely physical inactivity, unhealthy eating, and tobacco use, among people who face health inequalities and are at greater risk of developing poor health outcomes, including the main chronic diseases of diabetes, cardiovascular disease, and cancer. The program also works to improve the mental health of diverse Black communities in Canada and support collective action across sectors on the social determinants of health to reduce health inequities. Ultimately, the Program contributes to improving health equity and preventing chronic diseases through intersectoral action on the social determinants of health and effective healthy living policies and interventions that advance health outcomes for all.

**Target population:** All people in Canada and populations that face health inequalities and are at greater risk of chronic disease.

#### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced
By income level	Third group: no significant distributional impacts
By age group	Second group: no significant intergenerational impacts or impacts on generations between youths and seniors

#### Specific demographic group outcomes

Through research, evidence, and consultations in the areas of health equity and chronic disease prevention several program priority populations have been identified. This includes Indigenous Peoples, newcomers to Canada, persons with disabilities, 2SLGBTQIA+ communities, people living on low-incomes, and racialized communities (e.g., Black, and South Asian).

#### Key program impacts on gender and diversity

##### Key program impact statistics

Statistic	Observed results*	Data source	Comment
Gender distribution of project participants	59% female, 38% male 3%, gender diverse	Annual and final project reports	Analyses conducted in 2022–23. Reflects participation in project activities implemented in 2021-22. Gender distribution was available for 70% of funded projects

Age group distribution of project participants	50% children and youth; 44% adults; 7% older adults	Annual and final project reports	Analyses conducted in 2022–23. Reflects participation in project activities implemented in 2021-22.  Age group distribution was available for 70% of funded projects.  Percentage for children and youth may be inflated because interventions targeting this age group reflected mostly school-based approaches.
Province and territory distribution of project participants	Alberta 14%, BC 6%, Manitoba 2%, NB 9%, Newfoundland and Labrador 1%, NWT and Nunavut 1%, Nova Scotia 5%, Ontario 35%, PEI <1%, Québec 21%, Saskatchewan 1%, Yukon 5%	Annual and final project reports	Analyses conducted in 2022–23.  Reflects participation in project activities implemented in 2021-2022.  Provincial and territorial distribution was available for only 55% of funded projects.
Rural and urban areas distribution of project participants	Rural areas 26% and 74% urban areas	Annual and final project reports	Analyses conducted in 2022–23. Reflects participation in project activities implemented in 2021-22.  Rural and urban area distribution was available for only 55% of funded projects.

\* 2022–23 or most recent

**Other key program impacts**

Postal codes were linked to several social-ecological indicators from the 2016 Canadian Census using the Canadian Alliance for Social Connection and Health database:

- 50.5% of respondents lived in an area with a median household income below the Canadian median (\$70,336);
- 49.5% of respondents lived in an area with a median household income above the Canadian median (\$70,336);
- On average, participants lived in an area where 18.7% of the population doesn't have a high school degree. The Canadian average is 18.3%; and
- On average, participants lived in an area where 85.1% of the population are not visible minorities. The Canadian average of 77.7%.

## **SGBA Plus data collection plan**

### **Heathy Canadians and Communities Fund (HCCF)**

Organizations funded through the HCCF are required to provide the number of individuals reached by gender (female, male, or other gender), age groups (children and youth, adults, older adults), and geographical location (the first three digits of postal codes).

Collecting additional equity factors such as employment status, education level, income/income range, immigration status, and sexual orientation are optional. However, projects are encouraged to collect this information if appropriate and relevant to support a more comprehensive analysis and understanding of health and social inequities affecting project participants.

Funded projects are also encouraged to disaggregate any outcome related to knowledge, skills, social environments, health behaviours, and health status. Disaggregated outcomes are reported upon availability of data and on a voluntary basis as this was not a program requirement when most funded organizations started their projects. Since 2021–22, newly funded organizations must report this information in a more systemic manner, and this reporting requirement is now embedded in contribution agreements.

To strengthen SGBA Plus approach, the HCCF contracted a consultant in 2022–23 to conduct an environmental scan and key informant interviews with funding recipients to identify barriers and best practices in collecting health equity data.

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

The MHBC initiative applies an equity lens and analysis to all elements of program design, implementation, and evaluation. All funded projects must describe how their project design, recruitment, and implementation considers health equity, and include health equity-based reporting as part of their project results.

Projects are considering diverse needs and perspectives and in doing so, will be able to adjust and tailor project activities to meet the needs of diverse sub-groups. PHAC will use this information to reflect on the design and delivery of the program, lessons learned regarding approaches to addressing underlying health determinants, and potential implications for program delivery in other contexts.

Results from the MHBC projects will help to inform program and policy decisions by documenting what interventions worked, for whom they worked, and in what context. This information will also help service providers and others to adapt activities to best meet the needs of diverse Black communities across Canada. All projects will come to an end on March 31, 2024.

An example of SGBA Plus in action is the [Trauma informed care to promote mental health equity for African, Caribbean, and Black \(ACB\) 2SLGBTQIA+ community<sup>xvii</sup>](#) project:



- Led by the Black Coalition for AIDS Prevention and aims to address the counselling mental health needs of African, Caribbean, and Black (ACB) 2SLGBTQIA+ community members who are experiencing mental health issues.
- The project’s objectives are to provide culturally appropriate trauma-informed screening and support that promotes retention in care by encouraging engagement, and this is done:
  - Through collaboration, transparency, trust, and consistent support;
  - To increase opportunities for peer engagement, capacity building and competencies to address mental health issues;
  - To provide opportunities for social inclusion and integration through program participation; and
  - To increase understanding of the intersectional needs, barriers to, and social determinants of mental health for ACB 2SLGBTQIA+ people across age, gender identity, sexual orientation, immigration status, and HIV-positive status.
- The project utilizes frameworks centred on social justice and health promotion, such as social determinants of health, Black feminist theory, intersectionality, anti-oppression on transphobia, homophobia, and anti-Black racism.
- This project has reached a diverse population of adult males, females, gender nonconforming/ non-binary, 2SLGBTQIA+, Indigenous and ACB people.

### **Promoting Health Equity: Intersectoral Action on Social Determinants of Health (ISASDH)**

In the design and delivery of the ISASDH program, equity has been a key guiding principle. PHAC designed ISASDH’s Intersectoral Action Fund (ISAF) with this principle in mind. PHAC made efforts in ISAF’s 2021 solicitation to reduce barriers for applicants. ISAF also requires all funding recipients to integrate equity into their projects.

In 2022-2023, ISAF funded 13 projects that address systemic barriers to positive health outcomes. The selection of projects prioritized health equity, upstream action, and engagement across sectors. 14 ISAF projects completed in 2022–23. These organizations reported integrating SGBA Plus in their project activities and outcomes, including:

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

PHAC will use this information to inform program delivery, and share lessons learned on equity informed approaches for the social determinants of health.

**Program name:** [Evidence for Health Promotion, and Chronic Disease and Injury Prevention](#)<sup>xcvii</sup>  
 – Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease

**Program goals:** The Enhanced Surveillance for Chronic Disease Program aims is to build surveillance capacity and fill data gaps in priority areas. Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually, until they close.

**Target population:** Key populations including 2SLGBTQIA+, people living in vulnerable situations, ethnic minorities, older adults (i.e., 65 and over), rural and remote populations, low socio-economic populations and other populations where data are limited.

### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced
By income level	Third group: no significant distributional impacts
By age group	Second group: no significant intergenerational impacts or impacts on generations between youths and seniors

### Specific demographic group outcomes

Persistent gaps remain in chronic disease and/or risk factor surveillance related to demographic groups, which are not effectively captured through current surveys or traditional methodologies.

The program has placed a focus on key populations in its solicitations, including Indigenous populations, institutionalized populations, 2SLGBTQIA+ communities, rural and remote populations, racialized groups and/or recent immigrants/ new Canadians, other populations where evidence is lacking for specific topics (e.g., children, youth, seniors, etc.).

### Key program impacts on gender and diversity

The Homelessness Counts study aims to access and integrate existing sources of information to better determine who, and how many people in Canada are homeless. Given the variations in the homeless experience across the country, especially within rural and remote regions of the nation, it is important to obtain a Canada wide sample to better understand which data sources could be helpful. The team at the Lawson Health Research Institute interviewed 400 people experiencing homelessness and 200 community stakeholders/service providers across 28 distinct communities across Canada. A website has been developed to serve as a platform to share research findings and publications, as they become available.

The Canadian Pediatric Society published a [journal article](#)<sup>xcviii</sup> on effective risk communication to mitigate the mental health impact of COVID-19 on children and their families. Among the recommendations are the importance of reminding children that stories they read about the pandemic on the internet or social media may not be true, and that health care providers use social media to reach families and children to provide accurate information.

The Community-Based Research Centre (CBRC) has recruited participants for [Our Health](#),<sup>xcix</sup> a national online quantitative survey study by leveraging the return of in-person 2SLGBTQIA+ Pride events since the beginning of the pandemic. Staff, volunteers and representatives from partner organizations connected with community members at Pride events to share information about Our Health and draw attention to the need for additional data on how 2SLGBTQIA+ communities are impacted by chronic health conditions. Additionally, the CBRC have had a presence in a wide variety of media to talk about the need to collect data on chronic health conditions for 2SLGBTQIA+ communities, and the community-based approach CBRC has utilized. This includes The Tyee (which was then picked up the Toronto Star), the CanQueer podcast, HomoCulture, CTV, CBNnoticias (Spanish), The Meliorist, OMNI News (with a second show in Punjabi and a third show in Mandarin), Monsoon Journal, CBC News, CBC Radio, and Healthing.ca.

### **SGBA Plus data collection plan**

As part of the solicitation process, initiatives funded through this program are required to integrate SGBA Plus considerations into their proposals, which are assessed as part of the screening process. Further, recipients provide internal progress reports regarding projects, which may touch on the SGBA Plus aspects. Information being captured for analysis could include sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status, and visible minority and immigration status. Summaries of projects are posted online by PHAC.

## Core Responsibility: Infectious Disease Prevention and Control

**Program name:** [Laboratory Science Leadership and Services](#)<sup>c</sup>

**Program goals:** This program's objective is to provide people in Canada with the scientific readiness to respond to infectious disease threats. To that end, a governance mechanism was established to provide accountability on and oversight of SGBA Plus.

**Target population:** Scientific researchers, health care professionals, provincial and territorial governments

### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced
By income level	Third group: no significant distributional impacts
By age group	Second group: no significant intergenerational impacts or impacts on generations between youths and seniors

### Specific demographic group outcomes

Laboratory Science Leadership and Services will benefit all people in Canada.

### Key program impacts on gender and diversity

In general, laboratory services involve testing samples from clients who were not required to submit patient information and metrics, such as gender, for privacy reasons. Where possible, research and testing activities considered SGBA Plus on a project-by-project basis.

Positive impacts were achieved in 2022–23 in terms of providing equitable access to laboratory testing during the COVID-19 response. Since the onset of the pandemic, the National Microbiology Laboratory (NML) Branch endeavored to increase access to COVID-19 diagnostic testing for areas of greatest need such as northern, remote, and isolated communities. Historically, these communities have experienced obstacles and challenges with equitable access to health care services.

Other positive impacts include collaboration with two First Nations communities to support the implementation of community-based testing for *M. tuberculosis* including risk assessment, biosafety guidance, and training. As well, a pilot study was launched with another First Nations partner community to expand community-based testing to include rapid tests for HIV.

### SGBA Plus data collection plan

In general, PHAC's laboratory services involve testing pathogen samples from clients, such as provincial and territorial partners, who do not submit patient information and metrics for privacy reasons. As a result, the NML is not able to collect and review disaggregated data. However, to

support the generation of SGBA Plus knowledge and evidence, researchers are encouraged to consider SGBA Plus implications on a project-by-project basis. This encouragement is part of a broader action to support SGBA Plus across all activities.

**Program name:** [Communicable Disease and Infection Control](#)<sup>ci</sup>

**Program goals:** The purpose of the program is to prevent and control the spread of infectious disease in communities and healthcare settings. The program does this through collaboration with domestic and international stakeholders to share knowledge, tools, and resources to support public health front-line efforts, including targeted community-based interventions, to prevent, control, and reduce community and healthcare-associated infections. It promotes and coordinates a pan-Canadian approach to data collection to help identify key populations and locations to provide evidence-based public health measures guidance, address barriers to health-care services related to STBBI and harm reduction, and reduce stigma and discrimination toward populations disproportionately affected by STBBI, including people living with HIV or hepatitis C.

**Target population:** Health care professionals, public, provincial and territorial governments, and non-governmental organizations.

#### **Distribution of benefits**

<b>Distribution</b>	<b>Group</b>
<b>By gender</b>	Third group: broadly gender-balanced
<b>By income level</b>	Third group: no significant distributional impacts
<b>By age group</b>	Second group: no significant intergenerational impacts or impacts on generations between youths and seniors

#### **Specific demographic group outcomes**

This program is aimed at people in Canada.

#### **Key program impacts on gender and diversity**

Led by PHAC, the Community Action Fund (CAF) and Harm Reduction Fund (HRF) support time-limited projects (three to five years) across Canada to address HIV, hepatitis C and other sexually transmitted infections, and help reduce HIV and hepatitis C among people who share injection and inhalation drug-use equipment. Projects funded under CAF and HRF were reviewed by a committee comprised of individuals from key populations, people living with HIV, researchers, and front-line workers, who were selected to ensure representation and balance based on region, gender, age, population, expertise, and experience. Funded projects consider intersecting identities for target groups as well as social determinants of health and impact of the COVID-19 pandemic on the health inequities experienced by these groups, allowing for more tailored approaches and greater impact. Analysis of gender and diversity data collected through the final reports submitted by funded organizations during the previous CAF and HRF cycle (2017-2022) is being undertaken with focus on results that describe the impact of the funded projects on targeted groups.

It is notable that many northern, remote, isolated and predominantly Indigenous, communities lack many of the ancillary services (confirmatory testing, reporting of diagnostic test results, etc.)

needed to effectively participate in and implement large scale initiatives. In 2022–23, PHAC secured \$8 million to launch a feasibility study to purchase and distribute HIV self-test (HIVST) kits through community-based organizations to increase the number of people in Canada who could access testing. By the end of March 2023, PHAC provided 70,535 HIVST kits to participating community-based organizations across Canada who distributed 10,343 kits to individuals and will continue to do so throughout 2023–24. The approach built on the capacity of community-based organizations to reach key populations who encounter significant barriers to accessing testing and treatment. The initiative has shown an increase in testing offers, including among those who are unaware of their status. It has also demonstrated the value of offering low-barrier access to testing to help identify the undiagnosed, with a reported 46% of respondents indicating that they had never been tested previously. In one survey of test users, 98% of participants reported being satisfied with the program while almost 50% of participants indicated that they had obtained additional kits to distribute among their social and sexual networks.

PHAC continues to engage with key representatives, partners, and stakeholders throughout a project's process to ensure that surveillance data and findings are appropriately contextualized in a culturally relevant and safe manner.

For example, in 2022-23:

- PHAC led a Writing Group comprised of representatives from each of the seven First Nations Health Services Organizations who participated in conducting the Tracks survey of determinants of HIV and Hepatitis C among Indigenous Peoples in Canada, the Northern Inter-Tribal Health Authority and the Indigenous Services Canada's First Nations and Inuit Health Branch who reviewed draft manuscripts and provided final approval prior to the publication of the report [Summary findings from Tracks surveys implemented by First Nations in Saskatchewan and Alberta, Canada, 2018–2020](#).<sup>cii</sup> Findings from this survey provide PHAC with critical knowledge of the underlying determinants that contribute to the higher rates of HIV and hepatitis C in Saskatchewan and Alberta's on-reserve communities and are used to inform public health responses aimed at reducing and preventing infections and improving treatment and services. PHAC analyzed and interpreted the results taking into consideration the dimensions of sex/gender measured such as Indigenous and cultural identities, and the complexities of sex/gender identities and sexual orientation concepts to better understand sexual and gender minority populations and the challenges they face.
- Through the Syphilis Outbreak Investigation Coordinating Committee, PHAC contributed to the enhancement of data collection on infectious and congenital syphilis to improve information on SGBA Plus variables, better describe the syphilis epidemics in Canada, and inform tailored public health interventions. Published in December 2022, [Canada's 2021 rates of Infectious Syphilis and Congenital Syphilis](#)<sup>ciii</sup> revealed that the increasing rates of infectious syphilis in females aged 15 to 39 years have led to increased counts of congenital syphilis, while gay, bisexual, and other men who have sex with men continue to experience disproportionate rates of infectious syphilis.

Community-based organizations are particularly well positioned to reach key populations because of existing relationships with the populations they serve, allowing for a greater likelihood that people would have the necessary supports and linkages to care following the

screening result. Together, information shared with program officers during consultative processes and findings from completed surveys, including findings from the national surveys conducted by PHAC among [African, Black and Caribbean \(ACB\) people](#),<sup>civ</sup> and [People who use drugs \(PWUD\)](#),<sup>cv</sup> published in September 2022 and February 2023, accentuate the need to apply an equity lens and develop public health interventions that address barriers to STBBI-related and other services that are rooted within social determinants of health.

### **Supplementary information sources**

The [HIV in Canada, Surveillance Report to December 31, 2020](#),<sup>cvi</sup> published by PHAC in July 2022, presents and describes national epidemiological trends on HIV diagnoses in Canada regarding geographic region, age at diagnosis, sex, race/ethnicity and exposure category between 2011 and 2020.

### **SGBA Plus data collection plan**

In 2022–23, SGBA Plus factors (e.g., such as age, disability inclusion, economic status, education, gender, race, ethnicity, religion, and sex) and their intersectionality were analyzed and considered in order to improve data collection and achieve more equitable and inclusive outcomes for all peoples and communities within Canada, particularly for Indigenous peoples, racialized minorities and marginalized populations. In support of the Pan-Canadian Health Data Strategy, PHAC worked closely with federal, provincial and territorial stakeholders, Indigenous groups and community partners to develop new indicators<sup>15</sup> for the purpose of improving the quality and availability of disaggregated data to ensure that policy decisions benefit all communities. The development of indicators and targets is critical for the measurement and reporting of progress against the strategic goals of the Pan-Canadian Framework for Action and aligned with global commitments to work toward reducing the health impacts of STBBI in Canada.

PHAC undertook the process of reviewing and renewing the National HIV/AIDS Surveillance System (HASS) with the goal of better meeting evidence needs. In accordance with Canada's Anti-Racism Strategy, a collaborative effort with community members led to the establishment of a Black Expert Working Group, which will provide advice to HASS and contribute to the co-development and implementation of strategies to improve the completeness of the race and/or ethnicity variable, which will in turn inform the development of better research evidence and more appropriately tailored prevention programs.

As we build capacity, and foster collaboration and cohesiveness, PHAC continues to strengthen its surveillance activities, as well as its engagement and knowledge mobilization activities to better capture the realities of the diverse Canadian population, and support healthcare providers as well as community-based organizations in delivering services that are stigma-free, culturally safe, and inclusive.

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<sup>15</sup> The initial set of indicators is to be published in summer 2023; additional indicators are to be published in fall 2023.





**Program name:** [Vaccination](#)<sup>cvi</sup> – Immunization Partnership Fund (IPF)

**Program goals:** The purpose of the Immunization Partnership Fund (IPF) is to support vaccine confidence and uptake among people in Canada, particularly those in underserved communities, through initiatives that are evidence-informed, culturally safe, equity-promoting and tailored to reflect the historic and present-day drivers of vaccine hesitancy.

**Target population:** All people in Canada, with specific focus on underserved groups such as: Indigenous Peoples; Black Canadians; ethnic, linguistic, cultural, and religious minorities; individuals with disabilities; members of the 2SLGBTQIA+ community; parents and families; pregnant people; children and youth; older adults; newcomers; the underhoused/people experiencing homelessness; people who use drugs; and individuals of particular socio-economic status.

### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced
By income level	Second group: somewhat benefits low-income individuals (somewhat progressive)
By age group	First group: primarily benefits youth, children or future generations

### Specific demographic group outcomes

Groups that may benefit directly from IPF initiatives include Black Canadians; Indigenous Peoples; ethnic, linguistic, cultural, and religious minorities; individuals with disabilities; members of the 2SLGBTQIA+ community; parents and families; pregnant people; children and youth; older adults; newcomers; the underhoused/people experiencing homelessness; people who use drugs; and individuals of socio-economic status. Most IPF initiatives offer a variety of low-barrier approaches to facilitate access and participation by their intended audience.

Indirectly, all individuals in Canada may benefit from some IPF initiatives, particularly those hosted by organizations with mandates that are national in scope.

Individuals with disabilities may experience barriers to accessing or participating in IPF initiatives that are tailored for other target audiences.

It is not anticipated that any group will experience negative impacts due to IPF initiatives.

## Key program impacts on gender and diversity

Statistic	Observed results*	Data source	Comment
# and % of IPF projects that developed tailored outputs for underserved populations	73 of 103 (70.9%)	Analysis of Invitation to submit funding request (ISFR)	N/A
# and % of IPF projects that developed and disseminated tailored outputs for Black Canadians	11 of 103 (10.7%)	Analysis of Invitation to submit funding request (ISFR)	N/A
# and % of IPF projects that developed and disseminated tailored outputs for Indigenous People in Canada	18 of 103 (17.5%)	Analysis of Invitation to submit funding request (ISFR)	N/A
# and % of IPF projects that developed and disseminated tailored outputs for newcomers	17 of 103 (16.5%)	Analysis of Invitation to submit funding request (ISFR)	N/A
# and % of IPF projects that included tailored outputs for children and youth	5 of 103 (4.8%)	Analysis of Invitation to submit funding request (ISFR)	N/A

\* 2022–23 or most recent

## Other key program impacts

2022-23 marked the final year of IPF's dedicated focus on supporting the acceptance and uptake of COVID-19 vaccines in Canada. IPF funding recipients implemented tailored, multifaceted interventions at the local, regional, and national level to build confidence and capacity among health care providers as vaccinators; to support underserved communities in achieving vaccine equity; and to promote evidence-informed COVID-19 communication while building science, health, and digital literacy among people in Canada.

70.9% of IPF projects developed tailored outputs for underserved populations. Of these:

- 11 projects developed and disseminated tailored outputs for Black Canadians;
- 18 projects developed and disseminated tailored outputs for Indigenous People in Canada;
- 17 projects developed and disseminated tailored outputs for newcomers; and
- 5 projects included tailored outputs for children and youth.

These gender-balanced and inclusive initiatives aimed to provide direct benefits to people in Canada who are disproportionately impacted by the COVID-19 pandemic such as Black, Indigenous and racialized people in Canada, as well as priority populations including healthcare providers, seniors, children and youth, pregnant people, members of the 2SLGBTQIA+ community, and other underserved or marginalized people.

Qualitative analysis of April to September 2022 progress reports reinforced previously identified best practices associated with building vaccine confidence such as: the benefits of leveraging relationships with local experts and leaders such that they become vaccination advocates; the importance of community ambassadors and representativeness among project staff; increasing vaccination accessibility through innovative and low-barrier approaches to “meet people where they are at”; maximizing partnerships; using social media and gamification techniques; and remaining adaptable and responsive.

Recent updates to the IPF’s annual performance reporting process have improved the program’s ability to describe the reach and impact of IPF initiatives through an SGBA Plus lens. The analysis of these reports is ongoing and will be completed by fall 2023.

Key indicators from this report will include (but are not limited to):

- Number of individuals vaccinated in partnership with local health authorities and/or because of IPF-funded project activities. Correlative measures, where possible, to explore indicators such as sex, gender, ethnicity and race of intended project audience;
- Number of people in Canada accessing COVID-19 information, tools and resources on vaccination. Correlative measures, where possible, to explore indicators such as sex, gender, ethnicity and race of intended project audience;
- How the program is reducing barriers to health equity;
- How the program is improving cultural safety surrounding COVID-19 vaccinations;
- How the program is contributing to the evidence base that indicates that building relationships and fostering trust are essential precursors to confidence in vaccines (such as using community ambassadors and by leveraging relationships with trusted local leaders to develop them as advocates of vaccine confidence); and
- How strong and diverse partnerships held by funding recipients expand the reach and impact of the program and improve the sustainability of IPF initiatives.

Although the COVID-19 pandemic has ended, vaccine hesitancy remains a complex problem. The program will continue to adjust and refine reporting tools and processes to describe progress toward vaccine confidence in Canada, with inclusion of SGBA Plus considerations.

### **SGBA Plus data collection plan**

Throughout 2022–23, the IPF collated and analyzed data from multiple data sources to monitor the program’s progress toward achieving planned objectives and expected outcomes. Data collection points include:

- Mid-Year Progress Reports - Reflective of the April 1, 2022, to September 30, 2022, reporting period. Progress reports solicit updates to project activities, as well as a summary of successes to date. Recipients are encouraged to collect, and report disaggregated data when possible.
- Annual Performance Measurement Reports - Reflective of the April 1, 2022, to March 31, 2023, reporting period, the annual performance measurement tool (PMT) collects comprehensive qualitative and quantitative data to describe the outputs and outcomes achieved by funding recipients as they relate to the program's logic model. The PMT was recently revised to improve the program's understanding of which priority populations are being reached, as well as qualitative elements related to low-barrier approaches.

In addition to these established reporting mechanisms, in 2022–23 the IPF also described program impact through the development of special studies:

- The analysis, using PHAC’s SGBA Plus Framework, of community-based approaches for dispelling vaccine-related misinformation and disinformation.
- The development of a Knowledge Translation Plan using best practices.
- The analysis of IPF-facilitated partnerships to better understand the reach of IPF initiatives, including priority populations, and inform existing and future program policy decisions.

**Program name:** [Foodborne and Zoonotic Disease](#)<sup>cviii</sup>

**Program goals:** The Infectious Disease and Climate Change (IDCC) Program and Fund focuses on preparing and protecting people living in Canada from climate-sensitive infectious diseases that are zoonotic, food-borne and water-borne. The program and fund incorporate SGBA Plus considerations into program implementation, roll-out and design. For example, SGBA Plus considerations were integrated into new solicitation documents (e.g., funding application form, application guide, evaluation forms, etc.) as well as the integration of SGBA Plus metrics into new project reporting templates.

**Target population:** Health care professionals, public, provincial and territorial governments

### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced
By income level	Third group: no significant distributional impacts
By age group	Second group: no significant intergenerational impacts or impacts on generations between youths and seniors

### Specific demographic group outcomes

All people in Canada, including youth and specific regions or sectors of the economy:

- Remote regions, rural areas, urban areas, specific provinces or territories
- Health sector

### Key program impacts on gender and diversity

#### Key program impact statistics

Statistic	Observed results*	Data source	Comment
% distribution of project participants by province and territory	National 35% Alberta 0% British Columbia 10% Manitoba 5% New Brunswick 5% Newfoundland and Labrador 0% Northwest Territories and Nunavut 0% Nova Scotia 5% Ontario 30% Prince Edward Island 0% Québec 5% Saskatchewan 5% Yukon 0%	Program tracking of funding recipients	Distribution % for provinces and territories was available for the 20 active projects of the Infectious Disease and Climate Change Fund.  Projects that are national in scope engage/target participants from all provinces and territories.

<p>% of projects reaching women, children and youth</p>	<p>40% (8/20)</p>	<p>Program tracking of funding recipients as well as project annual and final reports</p>	<p>Represents projects who directly engage/target women, children and youth such as Scouts Canada, Canadian Public Health Association's (CPHA's) poster contest for grade 6 students or the development of education resources or engaging youth in citizen science activities.</p>
<p>% of projects reaching indigenous children, youth and families</p>	<p>30% (6/20)</p>	<p>Program tracking of funding recipients as well as project annual and final reports</p>	<p>Projects are indigenous-led, or partnerships have been established with indigenous communities to target engagement and awareness of Indigenous People and communities.</p>
<p>% of projects reaching children, youth and families who are newcomers (including migrant workers and/or refugees)</p>	<p>5% (1/20)</p>	<p>Program tracking of funding recipients as well as project annual and final reports</p>	<p>Project includes the investigation of potential risks of infectious diseases to underserved populations, such as migrant workers.</p>
<p>% of projects with indirect impacts to women, children, youth, Indigenous People, etc.</p>	<p>100% (20/20)</p>	<p>Program tracking of funding recipients as well as project annual and final reports</p>	<p>All current projects are funded to investigate, explore, raise awareness and build capacity and training among health professionals and providers, which will indirectly impact priority populations such as women, children, youth, Indigenous Peoples and communities, etc.</p>

\* 2022–23 or most recent

## Other key program impacts

The Infectious Disease and Climate Change Fund (IDCCF) continues to invest in projects that support surveillance and monitoring, health professional education and public awareness raising activities related to climate-sensitive infectious diseases in Canada. In 2022–23, the 20 projects underway continued to advance activities that align with SGBA Plus considerations. For example:

- Increasing participation in schools to engage children and youth in citizen science activities and raise awareness regarding infectious diseases, climate change and health through class presentations, the development of education resources and [poster contests](#)<sup>cx</sup>;
- Develop [eLearning modules](#)<sup>cx</sup> and online games to increase tick and Lyme disease awareness amongst Scouts Canada children and youth that support the attainment of personal achievement badges;
- Exploring potential risks that invasive mosquitoes pose to the community and raising awareness within underserved populations, such as migrant workers;
- Engaging provincial immigration services to raise awareness among immigrant and/or refugee populations; and
- Continuation of Indigenous-led projects and Indigenous engagement to build capacity and establish surveillance and monitoring strategies, and to develop culturally relevant education, training and awareness materials related to ticks, Lyme disease or food-borne illness.

## SGBA Plus data collection plan

The IDCC program incorporates SGBA Plus considerations into program implementation, roll-out and design. In 2022–23, the IDCC Program fully integrated SGBA Plus considerations into new solicitation documents such as the funding application form, application guide and evaluation criteria. The application guide provides potential applicants with an overview of new SGBA Plus requirements and outlines the expectation that considerations must be given to gender as well as other identity factors such as age, education, language, geographic area, culture and income.

Additionally, in collaboration with PHAC’s Health Equity Integration Team, the IDCC Program integrated SGBA Plus metrics into project reporting tools/templates. Moving forward, any new project established as of 2023, will be required to report on these new SGBA Plus metrics.



## Core Responsibility: Health Security

**Program name:** [Emergency Preparedness and Response](#)<sup>cx1</sup>

**Program goals:** This program is responsible for strengthening Canada's capacity to prevent, mitigate, prepare for and respond to public health events/emergencies. The program recognises that disasters, events and emergencies have the potential to exacerbate health inequities and disproportionately impact some people over others. The program exists for all people in Canada, however, where possible, considerations of the various sectors of the population (i.e., men and women, older adults, Indigenous populations, and individuals living in vulnerable situations) have been considered and built into the service delivery while applying a health equity lens.

**Target population:** All people in Canada, public health and emergency management professionals working at PHAC and territories.

### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced
By income level	Third group: no significant distributional impacts
By age group	Second group: no significant intergenerational impacts or impacts on generations between youths and seniors

### Specific demographic group outcomes

All people in Canada benefit from this program including those who are more vulnerable such as older adults, immunocompromised, or low-income individuals, or those who are within a sexual or gender or racial minority group, or within remote indigenous communities.

### Key program impacts on gender and diversity

The Emergency Preparedness and Response Program aims to have a broad impact on all sections of the population as events and emergencies impact all people in Canada. The program includes key SGBA Plus considerations where possible, such as to inform PHAC's work to support medical supply readiness in Canada, including for the procurement of medical supplies and equipment that consider end-user preferences and needs. For example, the National Emergency Strategic Stockpile (NESS) acquires products in various sizes and considers alternatives for certain populations (e.g., pregnant people, people with underlying health conditions) where there may be contraindications to certain medical countermeasures (e.g., vaccines and therapeutics), requiring alternative forms of medication and medical products.

A series of training modules aiming to build cultural competence and health equity competencies were offered to public health professionals. Training topics included: Applied Learning on 2SLGBTQIA+ Epidemiology, Building Allyship: Thoughtful Land

Acknowledgements, and Working Effectively with Indigenous Peoples. In total, the sessions welcomed 135 participants. These trainings aimed to build health equity, reconciliation and anti-oppression competencies amongst public health responders. Furthermore, the training and development team ensures that subject matter experts in health equity review all new course material in applied epidemiology and emergency management to ensure that SGBA Plus considerations are adequately addressed and integrated.

Lastly, this year, there has been an increased emphasis in building a health equity lens to emergency response and technical training. For example, a new data visualization course for public health responders includes a module on not doing harm when synthesising and presenting data. Participants in these trainings include PHAC field staff (including those in the Canadian Field Epidemiology Program and the Canadian Public Health Service), who are placed in provincial, territorial and regional public health authorities across Canada, where learnings from such trainings are applied to build capacity in these jurisdictions.

### **SGBA Plus data collection plan**

Though the collection of disaggregated SGBA Plus data on impacts is limited due to the nature and scope of work, the program will continue to incorporate SGBA Plus considerations into its activities, including emergency response planning, training activities and medical asset procurement. For example, its training programs will continue to increase the emphasis placed on integrating a health equity lens in emergency management and applying principles of SGBA Plus during a public health response.

**Program name:** [Biosecurity](#)<sup>cxii</sup>

**Program goals:** The Biosecurity program mandate is to deliver a strong and comprehensive safety and security regime that prevents, detects and responds to the risks associated with the use of human and terrestrial animal pathogens and select biological toxins to protect the health and safety of the public. Pathogens and toxins pose a risk to the public because of their ability to cause disease or fatalities. They are used by organizations in a wide range of sectors for many different purposes: teaching and research at universities, disease diagnosis at hospitals and public health facilities, vaccine development in the pharmaceutical industry, quality control in the food industry, and more. The program's components are designed to protect the Canadian population by preventing the accidental or deliberate release of these agents from a regulated environment (i.e., containment facility) into the community.

**Target population:** All people in Canada, science and technology industry, health care and/or social assistance sectors, colleges and universities.

#### **Distribution of benefits**

<b>Distribution</b>	<b>Group</b>
<b>By gender</b>	Third group: broadly gender-balanced
<b>By income level</b>	Third group: no significant distributional impacts
<b>By age group</b>	Second group: no significant intergenerational impacts or impacts on generations between youths and seniors

#### **Specific demographic group outcomes**

All people in Canada benefit from this program.

#### **Key program impacts on gender and diversity**

The program aims to provide stakeholders with a range of guidance, resources, and tools to support them in identifying and mitigating biosafety and biosecurity risks and fulfilling their obligations under the *Human Pathogens and Toxins Act* (HPTA) and *Human Pathogens and Toxins Regulations* (HPTR). To that end, when developing resources that describe the hazardous properties of a human pathogen and/or provide guidance on how to work safely with these agents in a laboratory setting, PHAC identifies if certain populations (e.g., pregnant people, older adults) are at increased risk so that they may take necessary precautions.

#### **SGBA Plus data collection plan**

The objective of the Biosecurity program is to deliver a strong and comprehensive safety and security regime that prevents, detects and responds to the risks associated with the use of human and terrestrial animal pathogens and select biological toxins. The program is not designed to offer individual benefits. By its nature, it is broader in scope and about preventing the accidental or deliberate release of these agents from a regulated environment into the community. The relationship is much more indirect than a program where the beneficiaries are individuals or specific groups. The specific operating context of the program, therefore, does not

lend itself to the collection of SGBA Plus data, and comprehensive data on gender and other intersecting factors are not needed for measuring results of the program. Moreover, a recent assessment carried out by the Agency's SGBA Plus focal point found that program activities were not expected to affect gender or other identity groups differently.

However, in recognition of the changing Canadian biomanufacturing and life sciences footprint, PHAC will complete an assessment of SGBA Plus influencing factors in facilities and organizations handling human pathogens and toxins planned for 2023–24.

Additionally, as part of the planned legislative renewal of the HPTA and HPTR, in 2023–24 PHAC will undertake an assessment of the social and economic impacts of proposed amendments on diverse groups of people in Canada.

**Program name:** [Border and Travel Health](#)<sup>cxiii</sup>

**Program goals:** This program protects the travelling public by informing travellers how to protect themselves from travel-related public health risks; working with the conveyance industry to protect against risks associated with water, food and sanitation; and, working with border partners to limit the spread of public health risks to meet International Health Regulation requirements. In general, the program’s service delivery approach is aimed at the whole population, and where possible at specific groups such as women, older adults, and children.

**Target population:** All Canadians, residents of Canada and travellers to Canada.

### Distribution of benefits

Distribution	Group
By gender	Third group: broadly gender-balanced
By income level	Third group: no significant distributional impacts
By age group	Second group: no significant intergenerational impacts or impacts on generations between youths and seniors

### Specific demographic group outcomes

All Canadians, residents of Canada and travellers to Canada benefit from this program, however there is greater benefit for those in vulnerable health situations such as older adults, children and pregnant people.

### Key program impacts on gender and diversity

From January through March 2023, PHAC organized and delivered a series of SGBA Plus training events for Border and Travel Health (BTH) program staff. These training events were tailored to the context of the BTH program; specifically, the training was informed by the experiences of front-line Agency staff in managing instances of disparate impacts of COVID-19 border measures on vulnerable groups. The training included case studies focussed on border issues. A total of 43 BTH program staff registered and received this training. Additional SGBA Plus courses, without an emphasis on borders and travel measures, were offered to an additional nine BTH program staff. 100% of attendees suggested they would recommend the training to colleagues.

### SGBA Plus data collection plan

With respect to health policy advice related to borders and travel, the program is significantly reliant on publicly available disaggregated data and information, such as from Statistics Canada and other credible sources.

The program plans to use online intercept surveys to collect gendered data relating to people who visit the Government of Canada’s Travel and Tourism site seeking health advice. This will inform a future approach to develop tailored health recommendations under the *Quarantine Act*.

Certain clients for border and travel health services are corporate entities and the data collected as part of delivery of these services cannot be disaggregated at this time. The program will continue to explore potential ways to collect gendered data, where feasible, through the evolution of supporting data systems that were put in place during the COVID-19 pandemic to inform and integrate SGBA Plus.

## Scales

### **Gender scale**

- First group: predominantly men (80% or more men)
- Second group: 60% to 79% men
- Third group: broadly gender-balanced
- Fourth group: 60% to 79% women
- Fifth group: predominantly women (80% or more women)

### **Income level- scale**

- First group: strongly benefits low-income- individuals (strongly progressive)
- Second group: somewhat benefits low-income individuals (somewhat progressive-)
- Third group: no significant distributional impacts
- Fourth group: somewhat benefits high-income individuals (somewhat regressive-)
- Fifth group: strongly benefits high-income- individuals (strongly regressive)

### **Age group scale**

- First group: primarily benefits youth, children or future generations
- Second group: no significant intergenerational impacts or impacts on generations between youths and seniors
- Third group: primarily benefits seniors or the baby boom generation

## RESPONSE TO PARLIAMENTARY COMMITTEES AND EXTERNAL AUDITS

### Response to parliamentary committees

[The Report of the Standing Committee on Public Accounts on Pandemic Preparedness, Surveillance, and Border Control Measures](#)<sup>cxiv</sup> focused on the Office of the Auditor General of Canada's Report, Pandemic Preparedness, Surveillance, and Border Control Measures. The recommendations provided by the committee were informed by the Office of the Auditor General's findings.

PHAC has taken the following actions:

- In response to the recommendations provided by the Committee, PHAC has developed a high-level work plan to guide the updating of its emergency plans and has formed an internal, expert working group of public health emergency management practitioners to provide feedback and suggest changes.
- PHAC has also started multiple initiatives to improve its information technology infrastructure as well as delivering on FPT Health Ministers' Action Plan on Health Data and Digital Health to modernize the management of health data.
- PHAC also completed an internal review of its Global Health Intelligence Network (GPHIN) and as a result of the review, has taken actions to enhance the systems and decision making processes for GPHIN.
- In response to the recommendations with regards to risk assessments, PHAC has taken steps to address them including the establishment of the Centre for Integrated Risk Assessment to coordinate integrated risk assessment functions across the Agency and in collaboration with national and international partners.
- With regards to the recommendation on mandatory quarantine orders, PHAC restructured its border and travel health program to better respond to pandemics and created a dedicated Centre for Compliance, Enforcement, and Exemptions. PHAC also improved the systems and processes to promote, monitor, and enforce traveller compliance with quarantine.

[The Report of the Standing Committee on Public Accounts on Securing Personal Protective Equipment and Medical Devices](#)<sup>cxv</sup> focused on the Office of the Auditor General of Canada's Report, Securing Personal Protective Equipment and Medical Devices, of the 2021 Reports of the Auditor General of Canada. The recommendations provided by the committee were informed by the Office of the Auditor General's findings.

In response to the recommendations provided by the committee, PHAC continues to work on a comprehensive management plan with associated performance measures and targets for the National Emergency Strategic Stockpile to support responses to future public health emergencies. PHAC has also documented a governance protocol for the long-term warehousing and logistics contracts to better inform practices going forward.



[The Report of the Standing Committee on Public Accounts on Enforcement of COVID-19 Quarantine and Testing Orders](#)<sup>cxvi</sup> focused on the Office of the Auditor General of Canada's Report, Enforcement of Quarantine and COVID-19 Testing Orders – Public Health Agency of Canada. The recommendations provided by the committee were informed by the Office of the Auditor General's findings.

PHAC has taken the following actions:

- In response to the recommendations provided by the Committee, PHAC implemented short-term improvements by working with test-providers to improve overall data quality and increase the Agency's ability to reconcile test data with traveller information received from the Canada Border Services Agency. In the long-term PHAC continues to explore options for an improved end-to-end system to increase automated tracking and improve overall data quality. Additionally an assessment of IT systems and data requirements for potential future border measures is underway.
- With regards to the Committee's recommendation to implement GBA Plus considerations to mitigate adverse effects of border measures on vulnerable populations, PHAC completed a GBA Plus assessment to inform the development of border measures, and provided specialized training on gender and diversity considerations to frontline staff.
- PHAC has also implemented multiple processes to ensure the safety and security of vulnerable populations during stays at designated quarantine facilities (DQF), including having security contracts that provided security services 24 /7 at DQFs and formalizing a 24/7 incident reporting process.
- PHAC also consulted with law enforcement partners to find ways to reduce the administrative burden associated with referrals to follow-up for suspected non-compliance to quarantine measures. PHAC continues to explore mechanisms to make potential future enforcement of non-compliance with border measures more consistent in all jurisdictions across Canada.

# **Response to audits conducted by the Office of the Auditor General of Canada (including audits conducted by the Commissioner of the Environment and Sustainable Development)**

## **2022 Report 9 of the Auditor General of Canada to the Parliament of Canada**

### **Audit of COVID-19 Vaccines**

The Office of the Auditor General (OAG) conducted an audit on COVID-19 Vaccines. The OAG audited PHAC, Health Canada and Public Services and Procurement Canada.

The objective of this audit was to determine whether:

- Public Services and Procurement Canada provided adequate procurement support to secure vaccines;
- PHAC and Health Canada efficiently provided access to COVID-19 vaccines; and
- PHAC and Health Canada's surveillance of the COVID-19 vaccine was effective and timely.

The audit found that overall, PHAC and Health Canada, supported by Public Services and Procurement Canada, responded to the urgent nature of a rapidly evolving coronavirus pandemic by working together to obtain enough COVID19 vaccine doses for provinces and territories to vaccinate everyone living in Canada.

### **Recommendations:**

The OAG made four recommendations for PHAC to action:

- PHAC should draw on the lessons learned from its management of the COVID19 vaccine supply and work with other implicated federal organizations and stakeholders to adjust its management of COVID19 vaccine surpluses, to minimize further wastage;
- PHAC should complete implementing VaccineConnect. This should include data quality procedures;
- Given the urgency and importance of improving timely access to quality data among health partners, PHAC and Health Canada should expedite their work with provinces and territories to implement the Pan-Canadian Health Data Strategy; and
- PHAC, in collaboration with Health Canada and the provinces and territories, should resolve barriers to:
  - Better share vaccine surveillance information among themselves;
  - Provide access to the Canadian Adverse Events Following Immunization Surveillance System to Health Canada; and
  - Provide surveillance data, including case-level details as needed, to the World Health Organization and vaccine companies, in a timely manner.

## **PHAC's Response:**

PHAC accepted the recommendations made by the OAG and prepared an action plan in response. PHAC committed to:

- Reviewing lessons learned and collaborating with other implicated departments and stakeholders to optimize COVID19 vaccine supply management and reduce COVID19 vaccine surpluses and wastage throughout the duration of the contracts;
- Advancing the implementation and data quality procedures of the three modules of VaccineConnect; namely the Intelligent Supply Chain, the Immunization Information System and the Immunization Program Management. PHAC will also continue to actively engage jurisdictional partners on identification of service gaps and needs to support future integration of the systems;
- Continuing to improve health data collection, sharing and use as well as continuing to work with provinces and territories to co-develop the Pan-Canadian Health Data Strategy; and
- Continuing to advance better information sharing with its partners, continuing to lead consultations with provincial and territorial partners on a proposal to provide Health Canada with access to the Canadian Adverse Events, continuing to share CAEFISS data in aggregate form with the World Health Organization (WHO) and continuing to engage with provinces and territories to allow it to release more granular data to WHO and vaccine companies.

The [report](#)<sup>cxvii</sup> was tabled on December 9, 2022.

## **Environmental Petitions Annual Report**

There were no Petitions directed to PHAC.

The [report](#)<sup>cxviii</sup> was tabled on October 4, 2022.

## **Response to audits conducted by the Public Service Commission of Canada or the Office of the Commissioner of Official Languages**

There were no audits in 2022–23 requiring a response.

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

## Public Health Agency of Canada

UN Sustainable Development Goals (SDGs)	2022–23 Planned Initiatives	Associated domestic targets or “ambitions” and/or global targets	2022–23 Results
<p><b>SDG 3:</b> Ensure healthy lives and promote well-being for all at all ages</p>	<p>Healthy Canadians and Communities Fund (HCCF)</p> <p>Mental Health Promotion Innovation Fund</p> <p>Mental Health of Black Canadians Fund</p> <p>Immunization Partnership Fund (IPF)</p> <p>Government of Canada’s Five-year Action Plan on STBBI</p> <p>Dementia Community Investment</p> <p>Dementia Strategic Fund</p> <p>Placement of Public Health Officers</p> <p>Community Action Program for Children</p> <p>Canada Prenatal Nutrition Program</p> <p>PHAC continued work to advance knowledge and implementation of prevention</p>	<p>This Strategy contributes to:</p> <p><b>Global Goals and Targets</b> (from the 2030 Agenda for Sustainable Development)</p> <ul style="list-style-type: none"> <li>• 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</li> <li>• 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</li> <li>• 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of Alcohol.</li> <li>• 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of</li> </ul>	<p><b>Healthy Canadians and Communities Fund</b></p> <ul style="list-style-type: none"> <li>• In 2022–23, PHAC funding supported the Build Smoke-Free program to address tobacco use in the construction industry.</li> <li>• Over 1,100 tobacco users participated in the project’s “attempt to quit” efforts. 57% of respondents reported decreasing their level of nicotine dependence from intake to the 6-month follow-up.</li> </ul> <p><b>Mental Health Promotion Innovation Fund</b></p> <ul style="list-style-type: none"> <li>• In 2022–23, the Agency supported 48 projects through funding from its Supporting the Mental Health of Those Most Affected by COVID-19 Investment to deliver and evaluate mental health promotion and mental illness prevention interventions.</li> </ul> <p><b>Immunization Partnership Fund (IPF)</b></p>

	<p>approaches to prevent substance use harms</p>	<p>national and global health risks.</p> <p><b>Canadian Ambitions</b> (from the Canadian Indicator Framework for the Sustainable Development Goal)</p> <ul style="list-style-type: none"> <li>• 3.1 – 3.4: Canadians adopt health behaviours.</li> <li>• 3.5 – 3.7: Canadians have healthy and satisfying lives</li> <li>• 3.8 – 3.13: Canada prevents causes of premature death.</li> </ul>	<ul style="list-style-type: none"> <li>• PHAC received \$3 million in additional funding through 2022–23 to enhance existing IPF projects to promote the uptake of COVID-19 booster vaccines.</li> <li>• This was in addition to the \$45.5 million in time-limited COVID-19-focused funding (2020–2023) directed towards vulnerable populations and others disproportionately impacted by COVID-19.</li> </ul> <p><b>Government of Canada’s Five-Year Action Plan on STBBI</b></p> <ul style="list-style-type: none"> <li>• In July 2022, PHAC published <a href="#">Estimates of HIV incidence, prevalence and Canada’s progress on meeting the 90-90-90 HIV targets, 2020<sup>cxix</sup></a> that aims for 90% of people living with HIV knowing their status, 90% of people living with HIV who know their status being on antiretroviral therapy, and 90% of people living with HIV on antiretroviral therapy achieving viral suppression.</li> </ul> <p><b>Dementia Community Investment</b></p> <ul style="list-style-type: none"> <li>• Throughout 2022–23, The Government of Canada’s Dementia</li> </ul>
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			<p>Community Investment funded three new community-based projects to delay the onset and progression of dementia.</p> <ul style="list-style-type: none"> <li>• The Centre for Aging and Brain Health Innovation received an additional \$30 million in federal funding (2022-2025) to support promising innovations across the country that help meet the needs of older adults and people with brain health issues, including dementia.</li> </ul> <p><b>Dementia Strategic Fund</b></p> <ul style="list-style-type: none"> <li>• Throughout 2022–23, PHAC continued to fund projects through the Dementia Strategic Fund including nine new targeted awareness raising projects across Canada focusing on communities becoming more dementia-inclusive, reducing stigma, and reducing risk.</li> </ul> <p><b>Placement of Public Health Officers</b></p> <ul style="list-style-type: none"> <li>• The placement of public health officers from PHAC in Health Organizations (for example those related to substance-related harms and tuberculosis) across</li> </ul>
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			<p>Canada supported the monitoring helped generate high quality data.</p> <ul style="list-style-type: none"> <li>• During 2022–23, this included work to support syphilis as an emerging local priority.</li> </ul> <p><b>Community Action Program for Children</b></p> <ul style="list-style-type: none"> <li>• Continues to fund projects serving vulnerable children and parents/caregivers across Canada.</li> </ul> <p><b>Canada Prenatal Nutrition Program</b></p> <ul style="list-style-type: none"> <li>• PHAC continued to fund approximately 240 projects serving approximately 45,000 pregnant people, parents, and caregivers annually across Canada.</li> </ul> <p><b>PHAC continued work to advance knowledge and implementation of prevention approaches to prevent substance use harms</b></p> <ul style="list-style-type: none"> <li>• PHAC released resources, such as the continued dissemination of the Blueprint for Action: Preventing substance related harms among youth through a Comprehensive School Health approach and a partnership with the Canadian Coalition for Seniors' Mental Health,</li> </ul>
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			to produce an online resource and printable poster to help support older adults in making informed decisions about their substance use.
<b>SDG 5:</b> Achieve gender equality and empower all women and girls	<a href="#">The Pan-Canadian Health Inequalities Reporting Initiative and Data Tool</a> <sup>cxx</sup>	<p>This Strategy contributes to:</p> <p><b>Global Goal and Target</b></p> <ul style="list-style-type: none"> <li>• 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual, and other types of exploitation.</li> </ul> <p><b>Canadian Ambition</b></p> <ul style="list-style-type: none"> <li>• 5.1: Eliminate gender-based violence and harassment</li> </ul>	<p><b>The Pan-Canadian Health Inequalities Reporting Initiative and Data Tool</b></p> <ul style="list-style-type: none"> <li>• A joint initiative of PHAC, and partners. In July 2022, PHAC’s website made disaggregated data accessible on its website via the Health Inequalities Data Tool. The Health Inequalities Data Tool has a range of socioeconomic and sociodemographic variables including sex/gender, Indigenous (First Nations/Inuit/Métis) identity, race/ethnicity, socioeconomic status, disability, sexual orientation, immigration status.</li> <li>• This disaggregation helps guide equity-informed policy and action, including for women and girls.</li> </ul>
<b>SDG 6:</b> Ensure availability and sustainable management of water and sanitation for all	<p>Implementation of the “Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations”</p> <p><a href="#">The Travelling Public Program</a><sup>cxxi</sup></p>	<p>This Strategy contributes to:</p> <p><b>Global Goal and Target</b></p> <ul style="list-style-type: none"> <li>• 6.1: By 2030, achieve universal and equitable access to safe and</li> </ul>	<p><b>Implementation of the “Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations”</b></p> <ul style="list-style-type: none"> <li>• In 2022–23, PHAC conducted 202 inspections and 388</li> </ul>



	oversees water quality on conveyances through the Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations (Potable Water Regulations)	affordable drinking water for all. <b>Canadian Ambition</b> • 6.1 – 6.4: Canadians have access to drinking water and use it in a sustainable manner.	water sampling activities on passenger conveyances and their ancillary services. • Recommended corrective measures for 70 critical violations to protect the public against the potential presence of disease-causing microorganisms.
<b>SDG 10:</b> Reduce inequality within and among countries	The Promoting Health Equity: Mental Health of Black Canadians Fund	This Strategy contributes to: <b>Global Goal and Target</b> • 10.3: Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard. <b>Canadian Ambition</b> • 10.1 – 10.4: Canadians live free of discrimination and inequalities are reduced	<b>Mental Health of Black Canadians Fund</b> • Invested in 13 projects in communities across Canada such as accredited training in anti-racist care and culturally adapted practices for more than 1,600 mental health professionals.
<b>SDG 12:</b> Ensure sustainable consumption and production patterns	National Emergency Strategic Stockpile (NESS)	This Strategy contributes to: <b>Global Goal and Target</b> • 12.5: By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse.	<b>NESS</b> • In 2022–23, PHAC continued to maintain a robust supply of critical medical assets, including deploying over 152 million units of medical assets to provinces and territories.

		<p><b>Canadian Ambition</b></p> <ul style="list-style-type: none"> <li>• 12.1-12.3: Canadians consume in a sustainable manner.</li> </ul>	<ul style="list-style-type: none"> <li>• NESS continues to make modernization improvements to operations to prevent the waste of medical assets.</li> </ul>
<p><b>SDG 13:</b> Take urgent action to combat climate change and its impacts</p>	<p>The Infectious Disease and Climate Change Program</p> <p>Emergency Preparedness and Response</p>	<p>These strategies contribute to:</p> <p><b>Global Goals and Targets</b></p> <ul style="list-style-type: none"> <li>• 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.</li> <li>• 13.2: Integrate climate change measures into national policies, strategies, and planning.</li> </ul> <p><b>Canadian Ambition</b></p> <ul style="list-style-type: none"> <li>• 13.2 Canadians are well-equipped and resilient to face the effects of Climate change.</li> </ul>	<p><b>The Infectious Disease and Climate Change Program</b></p> <ul style="list-style-type: none"> <li>• Continues to deliver on Government of Canada commitments in the Pan-Canadian Framework on Clean Growth and Climate Change and the Government of Canada’s Adaptation Action Plan, as part of the National Adaptation Strategy.</li> <li>• The program continues to gather information about the links between climate change and human health and creating strategies to prevent and adapt to threats.</li> </ul> <p><b>Emergency Preparedness and Response</b></p> <ul style="list-style-type: none"> <li>• Rapid and accurate detection of infectious diseases and their causes is a core public health function.</li> <li>• During an outbreak, public health stakeholders require the tools, expertise, and protocols to rapidly respond to, and contain, infectious</li> </ul>

			disease from spreading.
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## ENDNOTES

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- i Policy on Green Procurement, <https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32573>
- ii Federal Sustainable Development Act (S.C. 2008, c. 33), <https://laws-lois.justice.gc.ca/eng/acts/F-8.6/index.html>
- iii Policy on Green Procurement, <https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32573>
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