Public Health Agency of Canada | Agence de la santé publique du Canada

The Public Health Agency of Canada

2024–25 Departmental Results Report

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Minister of Health

Canada

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The Public Health Agency of Canada's 2024–25 Departmental results report

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At a glance

This departmental results report details the Public Health Agency of Canada's (PHAC) actual accomplishments against the plans, priorities and expected results outlined in its 2024–25 Departmental Plan.

Key priorities

PHAC identified the following key priorities for 2024–25:

- Support the mental health of Canadians and suicide prevention efforts
- Support Autistic Canadians, their families and caregivers
- Improve understanding of substance use and prevent substance-related harms
- Support positive early development and stronger beginnings for Canadians
- Prevent and address family violence
- Promote healthy living and prevent chronic disease
- Prepare for and respond to infectious disease outbreaks, pandemics and other public health emergencies
- Continue international and domestic work to prevent outbreaks and resurgence of diseases, reduce the emergence and spread of antimicrobial resistance and the health impacts of sexually transmitted and blood-borne infections
- Advance data management and information access in public health, lead science and innovation and build system capacity, and build on a foundation of science
- Reduce health and safety risks associated with the use of pathogens and toxins

- Monitor, mitigate, and address public health risks related to travel
- Continue to build a healthy, diverse, and inclusive workforce
- Modernize financial and corporate management services

Highlights for PHAC in 2024–25

- Total actual spending (including internal services): $1,534,914,270
- Total full-time equivalent staff (including internal services): 4,035

For complete information on PHAC's total spending and human resources, read the Spending and human resources section of its full departmental results report.

Summary of results

The following provides a summary of the results the department achieved in 2024–25 under its main areas of activity, called "core responsibilities."

Core responsibility 1: Health promotion and chronic disease prevention

Actual spending: $402,036,643
Actual human resources: 653

The Agency prioritized the mental health of Canadians with a focus on suicide prevention and preventing substance-related harms. In 2024–25, PHAC released Canada's first National Suicide Prevention Action Plan and continued to provide contribution funding to crisis and distress line services including the 9-8-8: Suicide Crisis Helpline and Kids Help Phone. To inform decision makers and guide response efforts related to preventing substance-related harms, PHAC released data on overdoses and deaths involving opioids and stimulants. Funding was also administered to enable healthy school environments and prevent substance use in youth.

To advance best practices to support Autistic people, in 2024-25 the Agency published the Framework for Autism in Canada and released Canada's Autism Strategy. PHAC also continued to provide funding for community-based initiatives and online resources for services and local programming.

PHAC funded community-based initiatives to support healthy childhood development, healthy aging, preventing family violence, and preventing chronic disease. Additionally, to advance health equity among diverse population groups, the Agency worked to bring together communities to help address the social determinants of health and released the Inventory of interventions to reduce health inequalities.

For more information on PHAC's Core responsibility 1: Health promotion and chronic disease prevention, read the 'Results – what we achieved" section of its departmental results report.

Core responsibility 2: Infectious disease prevention and control

Actual spending: $644,696,934
Actual human resources: 2,015

The Agency worked to prevent and control the spread of infectious diseases by advancing studies on vaccine safety and effectiveness, developing immunization guidance to support policy and program

decisions, and supporting community-driven initiatives to strengthen vaccine confidence and uptake. Amid a sharp increase in measles cases globally and domestically, PHAC coordinated its efforts with its federal, provincial, territorial (FPT) and international partners and developed information for the public, conducted risk assessment activities, and issued travel health notices. Furthermore, while the avian influenza H5N1 situation in Canada and worldwide continued to evolve, PHAC took multiple measures to manage it including procuring vaccines and antivirals, and updating guidance.

PHAC's National Microbiology Laboratory advanced laboratory science and surveillance capabilities in 2024–25, including efforts to strengthen the detection of high-consequence pathogens, to better prepare for and respond to emerging health threats with timely, accurate, and actionable evidence.

Recognizing that antimicrobial resistance (AMR) poses one of the greatest threats to public health, the Agency supported a project to develop national antimicrobial prescribing guidelines and published reports, dashboards, and surveillance products to provide critical evidence to detect and respond to AMR threats, and to promote responsible antimicrobial use.

To outline Canada's progress towards reducing the health impacts of Sexually Transmitted and Blood-borne Infections (STBBI), PHAC published the 2023-2024 Progress Report on STBBI. The Agency also updated guidance and ran campaigns to build the capacity of health professionals and emphasize the importance of routine screening and stigma reduction.

The Agency also worked to expand its existing disease surveillance operations, build on scientific advancements, and effectively share its data and research to support Canadians and decision-makers in responding to public health threats.

For more information on PHAC's Core responsibility 2: Infectious disease prevention and control, read the 'Results – what we achieved" section of its departmental results report.

Core responsibility 3: Health security

Actual spending: $296,341,343
Actual human resources: 747

PHAC leveraged lessons learned from its responses to public health events to address new and emerging threats, which included updating the Health Portfolio Strategic Emergency Management Plan to ensure a more coordinated and timely response to emergencies. The Agency also outlined strategic goals to respond effectively and equitably to future public health emergencies through the National Emergency Strategic Stockpile's Comprehensive Management Plan; implementation of this plan commenced in 2024–25.

As Canada is experiencing longer wildfire seasons and more frequent and extreme fire behaviour, PHAC updated the Wildfires in Canada: Toolkit for Public Health Authorities to support public health authorities in the mitigation, preparedness, response, and recovery to human health risks associated with wildfires.

The Agency monitored and strengthened compliance with the regulations related to human pathogens and toxins while promoting safe and secure biosafety and biosecurity practices across the country. PHAC

also worked with other countries and strengthened international partnerships, allowing for the exchange of information and best practices to advance global health security.

Additionally, PHAC monitored and mitigated communicable disease health risks related to travel. The Agency engaged key stakeholders on preparedness to respond to travel-related public health risks, and developed tools to support the development of operational plans for responding to suspected cases of communicable disease at ports of entry. PHAC supported healthcare professionals through the development of evidence-based travel health guidelines, and supported travellers by publishing new and updated Travel Health Notices and developing proactive messaging to raise awareness of travel health risks.

For more information on PHAC's Core responsibility 3: Health security, read the 'Results – what we achieved" section of its departmental results report.

From the Minister

I am honoured to present the 2024–25 Departmental Results Report for the Public Health Agency of Canada (PHAC). This report underscores PHAC's commitment to advance health equity across our communities and reflects its foundation as a science-based organization, serving as a trusted source of public health information for Canadians.

PHAC collaborated with partners in 2024–25 to advance key priorities, including improving mental health and suicide prevention measures. This included funding Canada's first National Suicide Prevention Action Plan and working with the Canadian Mental Health Association to ensure all Canadians have access to the 9-8-8 Suicide Crisis Helpline.

The Agency continues to respond to the ongoing toxic illegal drug supply and overdose crisis by tracking and interpreting data to better understand the impacts of opioids and/or stimulants on the lives of Canadians. The Agency also provides updated modelling to inform decision makers at all levels – federal, provincial, territorial and municipal to guide and align response efforts and save lives. PHAC specifically worked to support communities and populations at greater risk of substance-related harms, including young Canadians through investments in the Youth Substance Use Prevention Program. Additionally, PHAC supported initiatives encouraging healthy living behaviours and physical activity, which are key in the prevention of certain chronic diseases. It announced investments for projects to scale-up promising interventions to prevent family violence and made great strides in its work to support Autistic people, their families and caregivers.

As multiple viruses circulated including influenza (flu), respiratory syncytial virus (RSV), measles, invasive group A streptococcal disease, and SARS-CoV-2 (COVID-19), the Agency continued to leverage lessons learned from the COVID-19 pandemic to strengthen its readiness and ability to rapidly detect, identify, assess, prevent and mitigate threats to human health. Vaccination is key in managing these threats. Canada's Chief Public Health Officer released the 2024 annual report titled Realizing the Future of Vaccination for Public Health that outlines a vision and framework to maximize the benefits of vaccination for every individual in Canada, at every stage of their life. Throughout the year, PHAC also supported initiatives to provide credible vaccination information and expand access to vaccination in communities across Canada. To enhance domestic biomanufacturing capabilities, PHAC has facilitated the establishment of a state-of-the-art mRNA vaccine production facility in Laval, Quebec, which is anticipated to begin producing mRNA vaccines in 2025. With the increasing impact of climate change on health, PHAC addressed ongoing challenges related to climate-sensitive diseases and food-borne illnesses that can cause negative health outcomes and put some populations at greater risk. Furthermore, PHAC continued its efforts to reduce the emergence and spread of Antimicrobial Resistance (AMR), which poses one of the greatest threats to health in Canada and globally.

With the ever-present potential for new outbreaks of communicable diseases to arise both domestically and internationally, PHAC maintained its readiness posture and provided domestic and international health security leadership to respond to public health emergencies. The Agency continued its work to monitor the spread of disease, as well as other public health threats such as antimicrobial resistance, tuberculosis and polio. To safeguard the health of Canadians amidst Canada's growing biomanufacturing and life sciences sector, PHAC promoted compliance with biosafety and biosecurity regulations, supporting stakeholders in meeting regulatory requirements.

The Agency recognizes that social determinants can negatively impact the health of some populations more than others. Throughout its work, PHAC applied a health equity lens, increasing access to opportunities and conditions that support community resilience and optimal health for all, while also supporting global One Health objectives. PHAC also integrated intersectional Sex and Gender-Based Analysis Plus and health equity considerations into numerous policies, programs, tools and resources that are designed to be inclusive of the specific needs of diverse populations.

Lastly, the Agency collaborated with provincial, territorial and municipal governments, and Indigenous partners to advance national public health policy and planning, maintaining the strong, strategic partnerships that allow us to advance shared objectives.

The results in this report reflect the unwavering dedication and commitment of PHAC's employees to deliver efficient, innovative and tangible results. I look forward to continued collaboration with our partners to protect the health of Canadians.

The Honourable Marjorie Michel, P.C., M.P.

Minister of Health

Results – what we achieved

Core responsibilities and internal services

Core responsibility 1: Health promotion and chronic disease prevention

In this section

Description

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

Quality of life impacts

Health promotion and chronic disease prevention activities contribute to the Health Domain ("Self-rated health," "Self-rated mental health," "Health-adjusted life expectancy," "Children vulnerable in early development," and "Physical activity") of the Quality of Life Framework for Canada. All activities in this core responsibility also support the Good Governance Domain ("Confidence in institutions") and activities supporting community-based interventions contribute to the Society Domain ("Sense of belonging to local community" and "Someone to count on"). The fairness and inclusion lens is integrated through the application of Sex- and Gender-Based Analysis Plus (SGBA Plus) and an equity-informed approach in program design and implementation, and the sustainability and resilience lens is applied with long-term considerations incorporated into program planning.

In addition to directly contributing to the above-mentioned Quality of Life domains, health promotion and chronic disease prevention activities also bring co-benefits for other aspects of quality of life. For example:

- investing in mental health promotion and support not only directly improves health-related outcomes, but also contributes to broader economic and social prosperity through improved productivity, sustained employment opportunities and improved social support;

- supporting resources for the autistic community and better data and surveillance on their needs and experiences will contribute to creating more accessible environments, stronger social connections and good governance and confidence in institutions; and
- investing in community-based programming focused on priority populations facing health inequalities and inequities such as Indigenous Peoples, newcomers to Canada, people living on low incomes, and racialized communities, leads to greater fairness and inclusion.

Progress on results

This section details the department's performance against its targets for each departmental result under Core responsibility 1: Health promotion and chronic disease prevention.

The Agency is in the process of updating its Departmental Results Framework and will be making amendments to its Departmental Results Indicators to better align with PHAC's emerging core mandate and improve the Agency's ability to regularly report on results. These changes will come into effect for the 2026–27 Departmental Plan.

Table 1.1: Result 1.1: Canadians have improved physical and mental health

Table 1.1 shows the target, the date to achieve the target and the actual result for each indicator under Result 1.1: Canadians have improved physical and mental health in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
% of low-income children in very good or excellent health[a]	At least 80%	Mar. 31, 2025	2022–23: 84.1% (CHSCY 2019) 2023–24: 84.1% (CHSCY 2019) 2024–25: 84.1% (CHSCY 2019)
% of population who have high psychological well-being[b]	At least 75%	Mar. 31, 2025	2022–23: 75% (CCHS 2019) 2023–24: 75% (CCHS 2019) 2024–25: 75% (CCHS 2019)

[a] This indicator relies on data from the Canadian Health Survey on Children and Youth (CHSCY), with the results from 2019 being the most recent. Data from the 2024 CHSCY cycle are required to align with the 2019 CHSCY geographical coverage. The 2024 CHSCY release is expected in the fall of 2025.

[b] High psychological well-being is an indicator of positive mental health and it measures the number of participants surveyed with a mean score of 20 or higher on a scale of 0 to 28, based on the six psychological well-being questions contained in the Canadian Community Health Survey (CCHS) Mental Health Continuum Short-Form (MHC-SF). This is for adults 18+ only—improved psychological well-being may be measured differently for youth and children. The most recent Canadian Community Health Survey (CCHS) data available with all six questions required for the calculation is 2019, new results will be calculated when data is available.

Table 1.2: Result 1.2: Canadians have improved health behaviours

Table 1.2 shows the target, the date to achieve the target and the actual result for each indicator under Result 1.2: Canadians have improved health behaviours in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
% increase in average minutes/day of physical activity among adults[ab]	At least 20% above baseline (with a baseline of 25 min/day, a 20% increase represents 30 min/day)	Mar. 31, 2025	2022–23: +13.8% (28 min/day) (CHMS 2018–19) 2023–24: +13.8% (28 min/day) (CHMS 2018–19) 2024–25: +13.8% (28 min/day) (CHMS 2018–19)
% increase in average minutes/day of physical activity among children and youth[ab]	At least 10% above baseline (with a baseline of 58 min/day, a 10% increase represents 64 min/day)	Mar. 31, 2025	2022–23: +0.9% (58.3 min/day) (CHMS 2018–19) 2023–24: +0.9% (58.3 min/day) (CHMS 2018–19) 2024–25: +0.9% (58.3 min/day) (CHMS 2018–19)

[a] This indicator relies on data from the Canadian Health Measures Survey (CHMS), and the results from CHMS 2018–19 are the most recent. CHMS data collected from 2022-2024 will be released in fall 2025, after which updated results will be published. Actual results based on age standardized data.
[b] The results used in the 2024–25 Departmental Plan are based on age-standardized data using the 2011 Canadian population. As a result, they differ slightly from previously reported results, which were based on crude estimates. These age-standardized results have been repeated for consistency; however, future reporting will return to using crude estimates.

Table 1.3: Result 1.3: Chronic diseases are prevented

Table 1.3 shows the target, the date to achieve the target and the actual result for each indicator under Result 1.3: Chronic diseases are prevented in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
% increase in years lived in good health by seniors[a]	At least 4% (HALE at age 65 = 17.0 years. The baseline value for the % increase in years lived in good health by seniors is 14.9 years.)	Mar. 31, 2025	2022–23: 1% (15 years) (Statistics Canada, 2010–12 to 2015–17) 2023–24: 1% (15 years) (Statistics Canada, 2010–12 to 2015–17) 2024–25: 1% (15 years) (Statistics Canada, 2010–12 to 2015–17)

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Age-standardized rate per 1,000 of new diabetes cases (types combined, excluding gestational diabetes) among people in Canada age 1 year and older[b]	At most 6.2 (cases per 1,000 Canadians age 1 and older)	Mar. 31, 2025	2022–23: 6.9 per 1,000 ages 1 and older (CCDSS 2022–23) 2023–24: 6.9 per 1,000 ages 1 and older (CCDSS 2022–23) 2024–25: 6.9 per 1,000 ages 1 and older (CCDSS 2022–23)
% of adults who are obese[c]	At most 28%	Mar. 31, 2025	2022–23: 24.4% (CHMS 2018–19) 2023–24: 24.4% (CHMS 2018–19) 2024–25: 24.4% (CHMS 2018–19)
% of children and youth who are obese[d]	At most 13%	Mar. 31, 2025	2022–23: 10% (CHMS 2018–19) 2023–24: 10% (CHMS 2018–19) 2024–25: 10% (CHMS 2018–19)

[a] This indicator relies on data from Statistics Canada. The results from 2015 to 2017 are the most recent and will be used until new data is available.

[b] This indicator measures the number of new cases of diabetes diagnosed in the population in a particular year over the total population at risk for diabetes in a particular year. Data comes from the Canadian Chronic Disease Surveillance System (CCDSS), and the most recent results will be used until new data is available. Many CCDSS measures, such as chronic disease incidence, were influenced by the COVID-19 pandemic. CCDSS measures should be used cautiously when making inferences about population health during the COVID-19 pandemic. Estimates are age-standardized to the 2011 Canadian population.

[c] This indicator measures the number of adults aged 18 and older that are classified as obese according to Body Mass Index. For adults, obesity is defined as BMI>= 30.0 kg/m^2. This indicator relies on data from the 2018–19 Canadian Health Measures Survey (CHMS), which are the most recent. CHMS data collected from 2022-2024 will be released in fall 2025, after which updated results will be published. Actual results based on crude rate.

[d] This indicator measures the number of children and youth aged 5 to 17 that are classified as obese according to Body Mass Index. This indicator relies on data from the 2018–19 Canadian Health Measures Survey (CHMS), which are the most recent. CHMS data collected from 2022-2024 will be released in fall 2025, after which updated results will be published. Actual results based on crude rate.

The Results section of the Infographic for PHAC on GC Infobase provides additional information on results and performance related to its program inventory.

Details on results

The following section describes the results for Health promotion and chronic disease prevention in 2024–25 compared with the planned results set out in PHAC's departmental plan for the year.

Result 1.1: Canadians have improved physical and mental health

Results achieved

Supporting the mental health of Canadians

The Agency recognizes the vital connection between mental health and overall well-being, and it worked in 2024–25 to improve the accessibility of mental health resources in Canada. PHAC funded 15 projects through the Mental Health Promotion Innovation Fund to provide innovative, community-based programs for children and youth, their caregivers, and communities. Additionally, the Agency funded the implementation of the Parental Experiences Survey. Data collection was completed in 2024–25 and will be released by Statistics Canada in early 2026. This data will inform knowledge gaps in parental mental health experiences including perinatal depression, anxiety, Post-traumatic Stress Disorder (PTSD), and Obsessive-Compulsive Disorder.

PTSD can affect individuals from all walks of life, and have debilitating effects on individuals, families, caregivers, and workplaces. In 2024–25, PHAC undertook a review of the effectiveness of the Federal Framework on PTSD and found that progress had been made towards implementing the Framework's priority areas, and helped align federal efforts by:

- improving tracking of PTSD rates in collaboration with Statistics Canada;
- funding projects that identified gaps in PTSD treatment guidelines; and
- developing and distributing PTSD educational materials through a time-limited $50 million investment to address PTSD and trauma in those most affected by the COVID-19 pandemic through Budget 2021.

PHAC also supported a total of 55 projects that promoted mental health and prevented mental illness in populations disproportionately impacted by the COVID-19 pandemic, including youth; older adults; First Nations, Inuit, and Métis; and Black and other racialized Canadians. Projects delivered and evaluated mental health promotion and prevention interventions, including resilience building, peer support, mental health literacy, and training and resources for service providers.

To examine how various social and structural determinants (e.g., income, education, and systemic discrimination) influence mental health outcomes among different populations, PHAC published the Inequalities in mental health, well-being and wellness in Canada report. By documenting these inequalities and their evolution over time, the report offers critical insights that inform PHAC's initiatives aimed at improving mental health for all Canadians.

Black Canadians face significant social, structural, and economic challenges that have negative implications for their mental health, including experiences of discrimination, systemic socioeconomic and other disadvantages, and a lack of access to culturally-appropriate services. In 2024–25, PHAC's Promoting Health Equity: Mental Health of Black Canadians Fund (MHBC Fund) supported 29 new Black-led, community-based projects across Canada. These projects aim to address the underlying root causes that impact mental health and develop culturally focused mental health supports for diverse Black communities in Canada. The MHBC Fund also coordinated a Ministerial Roundtable with members of the MHBC Working Group to inform PHAC on the direction and priorities for the MHBC Fund and how best to address evidence gaps such as regional differences and considerations across the life course.

Strengthening suicide prevention measures

Every life lost to suicide leaves a lasting impact, and the ripple effect it creates on families, friends, and communities can be devastating. PHAC strives to make sure that everyone in Canada has access to suicide prevention resources and supports – whenever and wherever they need them. In May 2024, PHAC released Canada's first National Suicide Prevention Action Plan, with the aim of increasing collaboration with partners across the country to strengthen Canada's collective response to suicide. In December 2024, PHAC published the 2024 Suicide Prevention Progress Report to highlight achievements and progress since the release of the Action Plan.

November 30, 2024, marked one year since the launch of the 9-8-8: Suicide Crisis Helpline, which is made possible through over $48 million in funding provided by PHAC in 2024–25. In its first year, 9-8-8 responders answered more than 300,000 calls and texts providing people across Canada with access to culturally competent and trauma-informed suicide prevention supports regardless of their location in the country. In 2024–25, the Agency announced $7.5 million in funding for Kids Help Phone to continue its work providing mental health counselling and crisis support. Since the funding agreement with Kids Help Phone was established in November 2024, they have supported youth 104,773 times through text-based crisis support and 72,716 times through its phone and chat based counselling support service.

From September 2024 to March 2025, PHAC ran the "Out of Frame" national advertising campaign to promote resources for mental health, substance use and suicide prevention, including the 9-8-8 Suicide Crisis Helpline. The campaign generated 140 million impressions, resulting in 30.6 million completed video views and driving nearly 290,000 clicks to PHAC's online mental health support. A post-campaign evaluation found:

- ads prompted 19% of respondents to search for services and supports at a later time;
- awareness of the 9-8-8 helpline reached 27%; and
- 66% of respondents would call or text 9-8-8 for themselves or someone else if needed.

PHAC is committed to providing funding to crisis and distress line services that meet the needs of everyone who calls or texts, including populations with higher rates of suicide, such as Indigenous Peoples, members of 2SLGBTQI+ communities, newcomers, veterans, older adults, and those living in rural and remote communities. In May 2024, $4.5 million in funding was announced for 26 projects through the Distress Line Equity Fund to address gaps in equity, diversity, and inclusion within Canada's crisis and distress line sector.

Furthering initiatives to support healthy aging

The Agency is a leader in coordinating the Government of Canada's efforts to support the United Nations (UN) Decade of Healthy Ageing (2021-2030) and continued to promote the uptake and implementation of the Age-Friendly Communities Initiative across Canada. PHAC held nine meetings of the Pan-Canadian Age-Friendly Reference Group in 2024–25 to facilitate the exchange of age-friendly information, resources, and best practices across provinces, territories, and municipalities leading age-friendly work throughout Canada. In collaboration with provinces, two new age-friendly communities were recognized under the Pan-Canadian Age-Friendly Recognition Framework, supporting more older adults to lead healthy and active lives and stay involved in their communities.

In 2024–25, the Agency promoted public health messaging on social media regarding the health benefits of physical activity, minimizing sedentary behaviour, and achieving sufficient sleep for older adults. The 10 posts garnered high levels of engagement, with 3,067 impressions per post, 97 link clicks, 135 likes and 48 shares.

Supporting those affected by dementia and advancing prevention efforts

Recognizing that dementia continues to have a significant and growing impact on Canadians, the Agency advanced the implementation of Canada's national dementia strategy in 2024–25. PHAC published the Dementia awareness resources toolkit to share dementia information and resources that were developed during PHAC's national public education campaign to expand awareness of dementia risk reduction, reduce stigma, and enable communities to be more dementia-inclusive. PHAC also conducted a public opinion research project on dementia-inclusive communities in 2024–25. The research project sought to better understand the role of local governments in the provision of dementia-inclusive community measures, focusing on the built environment.

The 2024 Annual Report to Parliament on the dementia strategy provided the most recent data available for a consistent set of data points tracked over time that are aligned with the strategy's objectives. This includes data points on dementia incidence and prevalence, risk factor prevalence, quality of life, and dementia research spending. The report also highlighted results from PHAC-funded dementia projects and shared information about projects funded through other federal government departments such as the Canadian Institutes of Health Research, Employment and Social Development Canada, Health Canada, and Indigenous Services Canada, as well as projects led by non-governmental organizations.

With over $3 million in funding provided through the Dementia Community Investment (DCI), PHAC supported nine community-based projects aimed at optimizing the health and well-being of people living with dementia and family/friend caregivers. One of these projects was the Canadian Dementia Learning and Resource Network (CDLRN), which published the Dementia Interventions Playbook, showcasing the work of DCI projects, their successes, and providing tools and resources for other organizations undertaking dementia-related projects. The 10 projects funded in 2024–25 contributed to an increased knowledge of dementia and its risk and protective factors through community-based intervention research. Among the 1,829 project participants, 89% reported increased knowledge or skills, and 82% reported adopting positive behavioural changes.

Supporting Autistic people, their families and caregivers

In September 2024, the Agency published the Framework for Autism in Canada, which aims to advance best practices to support Autistic people, their families and caregivers. It also released Canada's Autism Strategy, a multi-year action plan to support the federal implementation of the Framework. In March 2025, over $6.3 million in funding over five years was announced for the Sinneave Family Foundation to establish and lead the National Autism Network in partnership with Autism Alliance of Canada. The National Autism Network will provide a forum for the ongoing engagement of the autism community on policies and programs that affect them, including through the creation of advisory bodies. It will bring together the skills and resources of autism organizations, stakeholders and other experts to share knowledge, expertise and best practices on autism priorities.

Additionally, the Agency continued to support the Autism and Intellectual Disabilities Knowledge Exchange Network (AIDE Canada) to provide Autistic people, their families, and caregivers with access to online resources, an inventory of services and supports, employment opportunities, and local programming across Canada. AIDE Canada has six hub locations across the country that provide a direct point of in-person access to obtain resources and support on autism.

As part of PHAC's work to advance national autism surveillance, PHAC contributed funding to the 2023 Canadian Health Survey on Children and Youth. This data has been released, providing updated autism prevalence estimates. PHAC also completed a national pilot with all provinces and territories to include autism in the Canadian Chronic Disease Surveillance System. Results confirmed the feasibility of monitoring prevalence and newly diagnosed autism cases over time, across jurisdictions. Additionally, to better understand the ongoing impacts of the COVID-19 pandemic on Autistic people and their caregivers, PHAC funded the 2023 Pandemic Canadian Autism Needs Assessment Survey conducted by Autism Alliance of Canada. Collectively, these new data can help inform more inclusive public health actions to better meet the needs of the Autistic community.

Result 1.2: Canadians have improved health behaviours

Results achieved

Improving the understanding and prevention of substance-related harms

Substance-related harms remain an urgent public health crisis in Canada. PHAC continued to release quarterly national data in 2024–25 and conduct research to inform decision makers and guide response efforts. The Agency published:

- An analysis of the multi-drug combinations in opioid- or stimulant-related toxicity deaths in Canada, covering data from January 2018 to December 2023;
- new data on overdoses and deaths involving opioids and/or stimulants from January 2016 to September 2024; and
- updated modelling on apparent opioid toxicity deaths during the overdose crisis.

PHAC, in collaboration with Statistics Canada, is also working with provincial and territorial Chief Coroners and Chief Medical Examiners to improve availability, timeliness, and comparability of data in the Canadian Coroner and Medical Examiner Database. In 2024–25, infrastructure and processes needed to report on additional substances, beyond opioids and stimulants as well as multi-drug toxicity, were established. This reporting will improve our understanding of the toxic drug crisis, our ability to monitor trends in substances contributing to death (including multi-substance combinations and emerging substances), as well as our capacity to meet international reporting requirements. Additionally, PHAC and Statistics Canada established the Overdose Crisis Data Program to complement surveillance data and build capacity for improved analysis on those most impacted by the crisis. These insights are critical for informing and tailoring effective policy and program responses.

In 2024–25, PHAC continued its efforts to enable healthy school environments and collaborated with Physical and Health Education (PHE) Canada to support schools and communities in implementing best practices to prevent substance-related harms among youth. This work focused on approaches that enhanced resiliency in youth, promoted health equity, identified some of the root causes of substance

use, and reduced stigma and harms in youth across the country. It also influenced school communities to think upstream about their approach to preventing youth substance use. Additionally, PHAC supported the Students Commission of Canada to create targeted knowledge tools and resources for sexual and gender minority young adults, including men who have sex with men, transgender and nonbinary young adults, and rural and remote 2SLGBTQI+ older youth and young adults. By leveraging the expertise and networks of the Students Commission of Canada, PHAC was able to reach diverse segments of the 2SLGBTQI+ community.

PHAC continued to implement the Youth Substance Use Prevention Program (YSUPP) as part of the Canadian Drugs and Substances Strategy Horizontal Initiative led by Health Canada. This program is aimed at supporting communities to develop a tailored approach to substance use prevention that is informed by local data of the community's identified needs and risk factors for youth substance use. In 2024–25, PHAC supported 12 projects in Nova Scotia, Ontario, Saskatchewan, Alberta and British Columbia. Recipients have included Indigenous-led organizations, urban organizations reaching racialized youth, and organizations from rural and remote communities. While YSUPP funds a limited number of projects directly, its impact extends far beyond those sites. Each project is generating evidence on effective, community-based prevention approaches, and the results are being shared through knowledge exchange networks, including a national community of practice with approximately 200 members. Many of these members represent communities not funded by YSUPP, helping broaden the program's reach. By supporting diverse contexts such as Indigenous-led organizations, urban centres, and rural and remote communities, the program is also identifying approaches that can be adapted and scaled to meet the needs of different populations. In this way, YSUPP is not only strengthening local practice but also building broader knowledge that will help to enhance national capacity to prevent youth substance use and related harms.

Supporting tobacco cessation and prevention for Canadians

In support of Canada's Tobacco Strategy, which is designed to help achieve a target of less than 5% tobacco use by 2035, PHAC announced funding for 4 new tobacco prevention and cessation projects through the Healthy Canadians and Communities Fund (HCCF). These projects focus on population groups that are more likely to use tobacco (e.g., 2SLGBTQI+ communities, Indigenous Peoples, people living on low incomes, and racialized communities) and help lower the risk of developing chronic diseases, such as cancer. For example, Public Health and Education (PHE) Canada's multi-year (2021-2024) pilot project Students Together Moving to Prevent Tobacco Use (STOMP) project engaged 250 students to help them better understand the factors that influence tobacco use and support them in making informed decisions about smoking. Solutions identified by this cohort of students were then implemented in 14 pilot school sites across Canada, reaching more than 8,000 students in grades 7 to 12. The STOMP hub has been promoted at several conferences and shared via newsletters, brochures and social media campaigns to bring awareness of the program and its resources to other schools.

To address the ongoing health threat posed by high rates of nicotine vaping among youth, the Chief Public Health Officer (as part of the Council of Chief Medical Officers of Health) provided policy recommendations for federal and provincial/territorial jurisdictions that aim to protect young people from encouragements to use nicotine vaping products.

Advancing concussion prevention, detection and management

In June 2024, PHAC announced the final winner of the Detecting Concussions Using Objective Indicators challenge. One million dollars was awarded to HealthTech Connex for their Index of Concussion Exposure (ICE) Tool. With this prize, the organization is now engaged in developing its solution by building on the existing prototype to support diagnosis and prognosis for recovery, advance the strength of the ICE tool data model, and optimize its artificial intelligence performance to help deliver real-time evaluations of concussion severity. This innovative work supports Canada's efforts to improve the detection and management of concussions, as well as preventing serious health outcomes associated with concussions.

Fostering positive early development and stronger beginnings for Canadians

Investing in healthy growth and development in the early stages of life leads to many long-term positive impacts at the individual and societal level, and is key to cultivating health habits that benefit individuals throughout their lives. In 2024–25, PHAC continued to invest in prevention and early intervention programs that support the development and lifelong adoption of healthy behaviours for vulnerable and hard-to-reach populations. Through the Community Action Program for Children (CAPC), the Canada Prenatal Nutrition Program (CPNP) and the Healthy Early Years (HEY) program, PHAC provided funding to improve early healthy child development, strengthen community capacity and promote and create partnerships in communities to support pregnant mothers and people, new parents, children and their families who face challenges that may put their health at risk. In 2024–25, CAPC and CPNP funded over 600 projects across Canada, with activities that included sharing public health resources, nutritional education and support, community kitchens, parenting support programs, and early childhood health and development activities, among others. The HEY program supported 51 projects which served approximately 22,000 children, parents and guardians, pregnant women and people and caregivers living in official language minority communities.

The Agency also promoted the health and well-being of school-aged youth through the School Health Grant for Youth. This grant provided micro-funding to youth to develop their own initiatives that encourage and promote healthy living in their schools. In 2024–25, this grant funded 93 youth recipients.

The Agency developed and shared information, tools, and guidance for parents, caregivers, and healthcare providers. This included the updated Perinatal Health Indicators Data Tool, which supports the national monitoring of key maternal and infant outcomes, and the updated Breastfeeding Dashboard, which offers an overview of adoption of this positive early development and chronic disease prevention behaviour across the country and various sub-populations.

The Agency also supported positive parenting from preconception through childhood via the Nobody's Perfect program. This program offered education and support for child health, development, and behaviour, as well as promoted parenting and coping skills. As part of this support, PHAC funded a project in 2024–25 to help develop and deliver a virtual training component for Nobody's Perfect Program facilitators.

Investing in Indigenous early learning and childcare

In 2024–25, PHAC continued to support, with over $33 million, the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program, a national, community-based early intervention program that focuses on culturally-appropriate early childhood development for First Nations, Inuit, and Métis children and their families living off-reserve. Through targeted investments and collaborative action, PHAC advanced key priorities aligned with the Indigenous Early Learning and Child Care (IELCC) Framework while strengthening program outcomes and delivery nationwide.

To improve program quality and sustainability, PHAC invested approximately $9.1 million in improving program infrastructure – comprising $2.3 million in major infrastructure projects and $6.8 million in minor repairs and renovations. These investments were guided by the newly finalized AHSUNC Long-term Capital Plan, developed by the National Aboriginal Head Start Association of Canada (NAHSAC), to ensure safe, culturally relevant, and sustainable sites for children and families. These improvements directly addressed site health and safety concerns, supported continuity of service delivery, and enhanced the physical environments where programming takes place.

PHAC also made meaningful progress in advancing governance structures in collaboration with the NAHSAC, including the development of new models that uphold Indigenous leadership, accountability, and decision-making. These efforts are intended to strengthen Indigenous self-determination and ensure the program continues to reflect and respond to the needs and priorities of urban and northern Indigenous communities.

In addition, PHAC continued to establish capacity-building initiatives that equip AHSUNC funding recipients with the tools, resources, and training needed to successfully manage the program's evolving administrative and accountability requirements. These supports help recipients strengthen financial management, enhance program delivery, and meet enhanced reporting expectations, contributing to the long-term effectiveness and sustainability of the AHSUNC program.

Preventing and addressing family and gender-based violence

Child maltreatment, intimate partner violence, and the mistreatment of older adults are serious public health concerns that are strongly linked to negative physical and mental health outcomes. As part of the federal Gender-based Violence Strategy, PHAC continued to support the delivery and testing of interventions to prevent violence and promote healthy relationships. In 2024-25, the Agency announced funding to support youth dating violence prevention efforts. These efforts aim to provide youth with the knowledge and skills to develop and maintain healthy relationships throughout their lives, and to prevent the long-lasting health and social consequences of youth dating violence, including physical injury, mental health impacts, and higher risk of substance use. PHAC's investment in youth dating violence prevention has two areas of focus:

1. Supporting the delivery and testing of interventions designed to meet the needs of underserved populations to determine what works in reaching underserved communities. For example,

L'Anonyme is delivering and testing Iris, a health promotion intervention focused on sexual education, with neurodivergent youth in community-based settings in Montreal.

2. Supporting the scale-up of interventions that already have a strong evidence base. For example, the University of Windsor is scaling up the Enhanced Assess, Acknowledge, Act Sexual Assault Resistance program with community-based organizations in Ontario and British Columbia.

In support of the Government of Canada's ongoing commitment to reconciliation and the well-being of Indigenous Peoples, PHAC announced an investment of over $5 million over five years for five Indigenous focused projects that are designed to meet the unique needs of Indigenous youth and families. These projects will provide over 1,270 Indigenous children, youth, and families, as well as service providers, with culturally relevant tools to support safe, healthy relationships. For example, Ilitaqsiniq is an Indigenous-led organization adapting and delivering two family strengthening programs in six communities across Nunavut. The interventions use interconnected, culturally specific programming to build knowledge and skills in parenting, communication, engagement with children, and family dynamics.

In support of the Truth and Reconciliation Commission's Call to Action #2 and to inform the policies and programs aimed at improving child and family health in Canada, the Agency worked with partners to collect data on children placed in out-of-home care through the Canadian Child Welfare Information System (CCWIS). In collaboration with provinces, territories, Indigenous partners and others, the second CCWIS report will be published in 2025–26. The report will leverage recent updates to CCWIS data to address knowledge gaps about time trends in the prevalence of out-of-home care among children and youth in Canada.

Result 1.3: Chronic diseases are prevented

Results achieved

Addressing Post COVID-19 condition

Post COVID-19 condition (or long COVID) is when the symptoms of COVID-19 persist for more than 12 weeks after the infection. The Agency collaborated with Statistics Canada to conduct two national surveys – the Canadian COVID-19 Antibody and Health Survey (CCAHS–2) and the CCAHS Follow-Up Questionnaire (CCAHS-FQ). A report on results released from CCAHS-2 in 2024–25 revealed that over half of adults with longer-term symptoms of COVID-19 reported noticeable limitations in their daily activities.

The Agency also funded the development of the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC). The CAN-PCC project aimed to address 6 topic areas covering the full spectrum of PCC and health systems involved in supporting and managing this condition. The guidelines were developed in consultation with health professionals, public health leaders and equity-denied populations. They use the best available evidence and include resources for healthcare professionals, the general public, as well as policymakers, allowing everyone to make informed decisions about their health.

Monitoring risk factors and reporting on chronic disease

Effectively monitoring risk factors and regularly reporting on chronic diseases are essential steps in identifying trends, improving prevention strategies, and enhancing public health outcomes. The

Canadian Risk Factor Atlas (CRFA) is an interactive database that shows the prevalence of several key chronic disease risk factors by various geographic breakdowns and sociodemographic characteristics (including age and sex). PHAC updated the database in 2024–25 to include comprehensive trend analyses providing critical evidence to support programs and policies that help prevent chronic disease.

In August 2024, the Agency announced an investment of more than $6.5 million to seven organizations through the Enhanced Surveillance for Chronic Disease Program to carry out projects that increase our ability to gather health-related data and collect missing data needed to expand our knowledge in the areas of substance-related harms, mental health and mental illness, and longer-term impacts of COVID-19 including post-COVID condition and chronic disease.

Additionally, the Agency continued to monitor and report on over 20 chronic diseases, including diabetes and cardiovascular diseases, through the Canadian Chronic Disease Surveillance System and worked in collaboration with provinces and territories to develop an interactive report on diabetes to be published in 2025–26. Further, the Agency contributed to the development of the Canadian Institute for Health Information's report on lower limb amputations associated with diabetes and published a synthesis of reviews on the contextual factors related to the development of type 1 and type 2 diabetes. This work may help health professionals, researchers, and policymakers to improve surveillance, develop policies and programs, and allocate funding.

Advancing an understanding of and increasing awareness of breast cancer screening and prevention

In 2024–25, PHAC supported four initiatives to advance breast cancer data disaggregation to better understand trends, with the objective of improving screening programs and increasing awareness of breast cancer screening and prevention.

- The Canadian Partnership for Tomorrow's Health generated better data to inform breast cancer screening practices in Canada, which will help provide a better understanding of the diverse breast cancer screening needs of Canadians.
- Statistics Canada was able to further analyse disaggregated data (e.g., age group, racialized population, Indigenous identity, immigration status, disability) on mammography participation and breast cancer outcomes, which helped to fill identified data and evidence gaps, such as the lack of disaggregated and race-based data.
- The Canadian Cancer Society launched an enhanced and expanded public awareness and social media campaign to provide those who may be at higher risk of breast cancer with important information about breast cancer screening.
- PHAC conducted public opinion research to better understand the barriers to breast cancer screening experienced by women across Canada, particularly for Indigenous and Black women, as well as newcomers to Canada.

In February 2025, PHAC also hosted an event entitled "Closing the Gap: Action for Equity in Breast Cancer Screening," which brought together experts, partners, those with lived experiences, and other stakeholders to discuss barriers to and solutions for equitable breast cancer screening across Canada. Collectively, these initiatives helped to identify gaps in breast cancer screening participation and outcomes, enhanced understanding among screening programs and healthcare providers about disparities related to breast cancer (which may help them to tailor their programs and practices), and

increased awareness of screening programs available to Canadians. Ultimately, these initiatives will enable breast cancer screening and prevention efforts to be more equitable for all women in Canada.

Helping Canadians prevent diabetes

Diabetes is one of the most common chronic diseases in Canada, impacting approximately 3.8 million people, with almost 250,000 new cases diagnosed each year. In 2024–25, PHAC engaged a variety of stakeholders to facilitate continued action on addressing diabetes, as part of implementing the Framework for Diabetes in Canada. Evidence shows that some population groups are at higher risk of developing type 2 diabetes, such as racialized populations and those experiencing marginalization. To help address this, PHAC invested in several initiatives that support diabetes education, prevention, and early detection, including:

- support to Diabetes Québec to develop culturally appropriate learning materials on diabetes for individuals of North African descent living in Québec, including the adaptation and translation of 19 pamphlets and three videos in Arabic;
- continued support to the National Indigenous Diabetes Association (NIDA) to advance its nation-wide engagement process on the challenges and needs of First Nations, Inuit, and Métis in Canada regarding diabetes. As part of its work, NIDA developed a comprehensive, trauma-informed, culturally grounded strategy to guide national engagement that reached over 800 individuals to date; and
- continued support to Diabetes Canada to work with key stakeholders to develop an inventory of successful diabetes programs, interventions, and projects for dissemination, adoption, and customization across the country. This initiative helped reach over 2,000 people to catalyze discussion and action to address diabetes in Canada through engagement activities. These include the Diabetes Health Equity Summit in Atlantic Canada, which helped inform health equity in relation to diabetes care and management, and the Urban Diabetes Summit where strategies to address disparities and improve diabetes care in urban settings were identified.

In July 2024, seven finalists were announced for the Type 2 Diabetes Prevention Challenge. Innovators were invited to develop and implement community co-designed approaches that address the barriers and influences that can increase the risk of type 2 diabetes. Each finalist received $600,000 to demonstrate the effectiveness of their concept. In winter 2026, up to two winners will each receive a $1.25 million grand prize.

Encouraging healthy living behaviours: physical activity and healthy eating

Promoting healthy living through regular physical activity and healthy eating is important for preventing chronic diseases and improving overall health and well-being. PHAC is working with a variety of organizations to help Canadians develop healthy habits early on and supporting them throughout their lives. In 2024–25, through the HCCF, PHAC supported 46 multi-year, multi-sectoral projects that focused on supporting Canadians who face health inequalities and who are at higher risk of developing chronic diseases. Examples include:

- Carte proximité, fermière et solidaire's "Rencontres-Cuisines" project, which increased the purchasing power of households with low-income experiencing food insecurity by distributing rechargeable prepaid cards through a network of community organizations. In 2024–25, the

project enabled 1,745 households in Montreal to purchase fresh and healthy food and reduced moderate and severe food insecurity by 34%. Of the project participants, 95% reported buying and consuming more fruits and vegetables, 97% felt that the quality of their diet had improved, and 74% reported better physical health.

- Sport for Life's "Physical Literacy for Communities (PL4C)" project, which supported leaders who work with children aged 2 to 18 to better understand physical literacy, potentially leading to improved teaching, instruction, and learning experiences for those children. Physical literacy training was provided to more than 13,000 leaders in 19 communities across Canada, and more than 200 partners were engaged to provide guidance and help with project implementation. Additionally, more than 50,000 children and youth were assessed using the PLAY tools, a suite of tools developed by PL4C to assess physical literacy in children and youth.

The Agency also funded ParticipACTION's Let's Get Moving Initiative to implement a national public education campaign and increase daily physical activity among Canadians who are less active. This included the annual national Community Challenge, which encouraged everyone in Canada to get active and compete for a grand prize of $100,000 to support physical activity and sport initiatives in their community. Over 591,000 people and 1,250 communities across Canada participated in the challenge that took place in June 2024, with Hay River, Northwest Territories winning the Challenge as Canada's Most Active Community.

In June 2024, the former Minister of Sport and Physical Activity hosted a Ministerial Stakeholder Forum on Physical Activity with key physical activity stakeholders in Canada. The forum brought together 21 multisectoral stakeholders to share current initiatives, priorities, and perspectives related to physical activity. The discussions will be used to help inform future Government of Canada programs and policies, and to identify new ways of working together to increase the overall impact of physical activity initiatives.

Strengthening health by addressing social determinants

Bringing together communities to help address the social determinants of health is part of the government's commitment to advance health equity in Canada. Through the Intersectoral Action Fund (ISAF), PHAC continued to fund 16 existing community-based projects in 2024–25 to improve health conditions and the systems and structures that shape them. PHAC also funded 12 new projects, selected through the open solicitation launched in 2024–25. These projects ensured health, equity, and well-being are included in local decision-making. Together, these projects are driving meaningful, community-led change by addressing the root causes of health and social inequities.

The projects funded through the ISAF have demonstrated a strong benefit to communities beyond their immediate recipients. With an intersectoral focus, an expected result of the program is change at the community, policy, and systems level, through the work of diverse partnerships and collaboration structures beyond local contexts. For example:

- Projects have established advisory committees, working groups, and inter-organizational communities of practice to mobilize action on the social determinants of health in settings beyond original project sites;
- Projects have produced a wide range of knowledge resources and tools – including policy briefs, collaborative models, and equity frameworks – which are being shared with policymakers,

practitioners, and the public across Canada. Many projects have influenced policy and practice in sectors outside of health, and several have already seen their approaches adopted or adapted by other organizations and municipalities;

- The majority of projects funded have also reported strengthened partnerships and enhanced capacity for intersectoral collaboration, suggesting that the impacts of these projects are not only sustainable but also scalable. These projects are contributing to a growing body of knowledge and action that can inform similar efforts in other regions; and
- The ISAF continues to fund a knowledge exchange and transfer project administered through the Tamarack Institute for Community Engagement to further share best practices uncovered through ISAF project results.

Additionally, to improve health behaviors and outcomes among diverse populations across Canada, PHAC released the Inventory of interventions to reduce health inequalities, which provides a comprehensive, evidence-based repository of interventions aimed at addressing the social determinants of health surrounding unhealthy eating, physical inactivity, and tobacco and alcohol use. By focusing on actionable solutions, the inventory aids in the development and adaptation of public health interventions that target root causes of health disparities.

Resources required to achieve results

Table 2: Snapshot of resources required for Health promotion and chronic disease prevention
Table 2 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	$396,402,964	$402,036,643
Full-time equivalents	648	653

The Finances section of the Infographic for PHAC on GC Infobase and the People section of the Infographic for PHAC on GC Infobase provide complete financial and human resources information related to its program inventory.

Related government priorities

This section highlights government priorities that are being addressed through this core responsibility.

Gender-based Analysis Plus[1]

The Agency disaggregated public health surveillance data by sociodemographic factors when available to conduct detailed analyses on the impact of mental health, substance-related harms, and healthy living on diverse population groups. PHAC also applied SGBA Plus in public health programming to

[1] Gender-based analysis plus (GBA Plus) is a Government of Canada Priority, and is required for government decision-making and evaluation processes. The term "GBA Plus" is used throughout the Government of Canada, while the Health Portfolio uses the term "SGBA Plus" to emphasize the fact that differences between women, men and gender-diverse individuals can be biological (sex related) and/or socio-cultural (gender related).

ensure equitable and inclusive outcomes for Canadians. In fall 2024, PHAC's Positive Mental Health Surveillance Indicator Framework was strengthened to allow for the examination of the impact of sex and gender by incorporating sex-specific estimates for all positive mental health outcomes in its data tool (which allows for users to disaggregate by sex, gender, age group, and highest level of education among others), providing a better understanding of the inequities in positive mental health.

The HCCF worked with funded projects to improve the collection and use of disaggregated data to support SGBA Plus. The HCCF co-hosted an SGBA Plus webinar for funding applicants in April 2024 which integrated content from PHAC's Integrating Health Equity into Funding Proposals: A Guide for Applicants to offer concrete guidance to applicants on how to apply SGBA Plus or similar frameworks to their funding proposals. The HCCF also hosted a knowledge exchange session titled, "Strengthening Health Equity Data Collection and Reporting Practices" in January 2025. The event brought together representatives of new, current, and past HCCF funding recipients to exchange information on challenges and promising practices in collecting and reporting health equity data.

As part of its 2024 funding opportunity, the ISAF provided applicants with SGBA Plus-related resources to support a stronger understanding of SGBA Plus among prospective applicants. Additionally, ISAF prioritized funding projects that were led by or serving equity-denied groups, including Indigenous, Black and other racialized communities, as well as people living on low incomes. Funding recipients were asked to describe how SGBA Plus was integrated into their projects and were encouraged to collect and share disaggregated data for their project reports, where possible.

The MHBC Fund updated its evaluation guidance documents to provide a resource for funding recipients to improve their understanding of SGBA Plus. These documents describe the importance of collecting disaggregated, intersectional, and race-based sociodemographic data to capture the lived experiences of diverse subgroups such as youth, older adults, 2SLGBTQI+ individuals, Black Francophone populations, Black women and Black newcomers. Collecting and reporting on this type of data creates a deeper understanding of health equity gaps, amplifies underrepresented voices and helps PHAC make informed decisions that improve the design and delivery of culturally adapted and accessible mental health services.

Projects funded through the Mental Health Promotion Innovation Fund were supported to improve disaggregated data collection and use to support SGBA Plus by developing and piloting a Health Equity Integration Tool to ensure the integration of SGBA considerations, equity processes, and to address challenges.

United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals

In alignment with UN SDG 3: Good Health and Well-being, PHAC promoted health and well-being by conducting public health surveillance and research, and supporting community-based projects. PHAC's public health surveillance identifies populations most affected and undertakes data collection and analysis to monitor physical and mental health, including positive mental health, mental illness, suicide and self-harm, family violence, and related risk and protective factors.

In 2024–25, PHAC supported the development of the UN Secretary General's 2025 Progress Report: Progress on the prevention and control of non-communicable diseases and the promotion of mental health and well-being by providing technical content on Canada's progress in achieving SDG Goal 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.

PHAC has also been actively preparing to advance Canada's domestic priorities and international cooperation related to chronic disease prevention and positive mental health promotion for the Fourth UN High-Level Meeting on Noncommunicable Diseases and the promotion of mental health and well-being taking place in New York on September 25, 2025. This includes participating in:

- negotiations for the scope, structure, title, themes and expectations for the UN High-Level Meeting;
- web-based consultations led by the World Health Organization on key priorities for the next High-Level meeting and in preparation for the International dialogue on sustainable financing for noncommunicable diseases and mental health; and
- regional consultations led by the Pan American Health Organization.

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

Program inventory

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

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

Additional information related to the program inventory for Health promotion and chronic disease prevention is available on the Results page on GC InfoBase.

Core responsibility 2: Infectious disease prevention and control

In this section

Description

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

Quality of life impacts

Infectious disease prevention and control initiatives contribute to the Health Domain ("Self-rated health" and "Health-adjusted life expectancy"), the Environment Domain ("Natural disasters and emergencies," and "Climate change adaptation"), the Prosperity Domain ("Investment in in-house research and development"), and the Good Governance Domain ("Confidence in institutions" and "Misinformation") of the Quality of Life Framework for Canada. A fairness and inclusion lens is integrated through the application of SGBA Plus and an equity-informed approach in program design and implementation. A sustainability and resilience lens is applied through long-term considerations that are incorporated into program planning.

Preventing and controlling infectious diseases also brings co-benefits to other quality of life aspects for Canadians. Examples include:

- efforts to improve vaccination rates and uptake of other prevention measures provide an enabling environment for greater economic investment in research and development within Canada into diagnostics, treatment, control strategies, and products;
- modernizing public health data, countering mis- and dis-information, and making scientific evidence and data readily available strengthens vaccine confidence and contributes to building confidence in institutions; and
- gathering information and addressing the impacts of climate change on human health in Canada contributes to creating more sustainable and resilient communities.

Progress on results

This section details the department's performance against its targets for each departmental result under Core responsibility 2: Infectious disease prevention and control.

The Agency is in the process of updating its Departmental Results Framework and will be making amendments to its Departmental Results Indicators to better align with PHAC's emerging core mandate and improve the Agency's ability to regularly report on results. These changes will come into effect for the 2026–27 Departmental Plan.

Table 3.1: Result 2.1: Infectious diseases are prevented and controlled

Table 3.1 shows the target, the date to achieve the target and the actual result for each indicator under Result 2.1: Infectious diseases are prevented and controlled in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
% of 2-year-old children who have received all recommended vaccinations[a]	At least 95%	Dec. 31, 2025	2022–23: 71.4% (2021) 2023–24: 71.4% (2021) 2024–25: 71.4% (2021)

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Proportion of national vaccination coverage goals met for children by 2 years of age[b]	Exactly 7	Dec. 31, 2025	2022–23: 0/7 (2021) 2023–24: 0/7 (2021) 2024–25: 0/7 (2021)
Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV)[c]	At most 0.6 (cases per 100,000 population)	Dec. 31, 2030	2022–23: 4.7 Cases per 100,000 (2022) 2023–24: 6.2 Cases per 100,000 (2023) 2024–25: 6.2 Cases per 100,000 (2023)
Rate of a key antimicrobial resistant infections identified among people in hospitals[d]	At most 0.7 (per 1,000 patient admissions for MRSA Blood Stream Infections)	Jun. 1, 2025	2022–23: 0.81 Cases per 1,000 admissions 2023–24: 0.90 Cases per 1,000 admissions 2024–25: 0.90 Cases per 1,000 admissions (2023)

[a] This indicator relies on data from the Childhood National Immunization Coverage Survey (CNICS). The 2021 results are the most recent and will be used until new data is available. While data is typically collected biennially, there were delays in implementing the 2023 cycle of the CNICS survey due to changes in procurement. The planned implementation will take place in 2025, and new results are expected in 2027.

[b] The National Immunization Strategy has set a vaccination coverage goal of 95% for each of seven childhood vaccines. This indicator relies on data from the CNICS. The 2021 results are the most recent and will be used until new data is available. While data is typically collected biennially, there were delays in implementing the 2023 cycle of the CNICS survey due to changes in procurement. The planned implementation will take place in 2025, and new results are expected in 2027.

[c] In Canada, health and health care are the responsibility of provincial and territorial governments, and other partners, including different levels of government, hospitals, and non-government organizations. As a result, the lowering of this rate is a shared, common goal among all stakeholders. Data for 2024–25 is not currently available. The results from 2023–24 are the most recent and will be used until new data is available.

[d] This indicator relies on rate information from the Canadian Nosocomial Infection Surveillance Program (CNISP). Based on WHO and Global Antimicrobial Resistance Surveillance System Requirements, which collects data related to healthcare-associated infections including antimicrobial resistant organisms from Canadian acute-care hospitals. The methodology for this indicator was changed as of 2018 to collect data only on methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections and not on all (total) MRSA infections, which included blood and non-blood infections such as skin or soft tissue, respiratory, etc. The results from 2023–24 are the most recent and will be used until new data is available.

Table 3.2: Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively

Table 3.2 shows the target, the date to achieve the target and the actual result for each indicator under Result 2. 2: Infectious disease outbreaks and threats are prepared for and responded to effectively in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
% of foodborne illness outbreaks responded to within 24 hours of notification	At least 90%	Mar. 31, 2025	2022–23: 94% 2023–24: 99% 2024–25: 99%
% of new pathogens of international concern that Canada has the capacity to accurately test for	At least 90%	Dec. 31, 2025	2022–23: 100% 2023–24: 99% 2024–25: 95%

The Results section of the Infographic for PHAC on GC Infobase provides additional information on results and performance related to its program inventory.

Details on results

The following section describes the results for Infectious disease prevention and control in 2024–25 compared with the planned results set out in PHAC's departmental plan for the year.

Result 2.1: Infectious diseases are prevented and controlled

Results achieved

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

Vaccination is one of the greatest public health achievements in modern history, enabling people to live longer, healthier lives. However, its full utility in confronting today's health threats remains unrealized as gaps in vaccine uptake, access and evidence persist. In October 2024, Canada's Chief Public Health Officer released her annual report titled "Realizing the Future of Vaccination for Public Health", which outlines a vision and framework to maximise the benefits of vaccination for every individual in Canada, at every stage of their life.

Keeping up to date on recommended vaccinations helps reduce the risk of severe illness, keeps communities healthy, and reduces the burden on our healthcare system. Through the Immunization Partnership Fund (IPF), PHAC supported community-driven initiatives across Canada in providing credible vaccination information and helping to expand access to vaccination in communities that face social and structural inequities. In 2024–25, PHAC announced a two-year investment of $10 million in the IPF to fund 38 projects to develop and implement community-centered, culturally safe, evidence-

informed and equity-promoting initiatives. These projects promote and build awareness of the importance of vaccination, help build vaccine literacy, strengthen vaccine confidence and uptake, and reduce barriers to vaccination.

As part of its efforts to address significant gaps in childhood vaccine coverage rates, PHAC continued advertising and marketing activities to promote childhood vaccination to parents and guardians of children aged 0-6 years and those planning a pregnancy. Ads across digital platforms achieved more than 250 million views, leading to 661,200 visits to Canada.ca/childhood-vaccines web content. A vaccination information card was included in the Canada Revenue Agency's annual Canada Child Benefit statements mailed to over 1 million Canadian households with children. Also, vaccination messages were featured on digital displays in Service Canada and Passport offices, reaching over 1 million in-person visitors across locations.

According to an evaluation of PHAC's Vaccination Activities completed in 2024–25, available data shows that PHAC's communication and public education campaigns are reaching their targeted audiences. The evaluation also noted that PHAC's activities provided evidence-based information to partners, stakeholders and Canadians to make informed choices about vaccinations.

In 2024–25, the Agency continued its renewal efforts of the National Immunization Strategy (NIS) through extensive engagement with FPT partners, Indigenous partners, and key immunization partners. The NIS provides an overarching strategy to facilitate a coordinated national approach to address the current and evolving challenges in the immunization landscape, such as limited resources, declining vaccine confidence and uptake, and the increasing cost of immunization programs. As part of the renewal, five priority areas were identified within the broader framework of 11 immunization pillars, providing a roadmap for jurisdictions to guide efforts on the most pressing issues across the country. As part of PHAC's commitment to address gaps in meaningful engagement with First Nations, Inuit, and Métis experts, a review of the Interim Strategy by Indigenous public health experts was facilitated by the National Collaborating Centre for Indigenous Health. Through this process, improvements were recommended for the next renewal process in 2030.

Throughout 2024–25, the National Advisory Committee on Immunization (NACI) issued guidance on various vaccines to respond to current and emerging issues, including updated recommendations to support evidence-based immunization policy and program decisions in Canada. These included:

- Updated guidance for mpox (formerly monkeypox) in May 2024 recommending a two-dose vaccination series among adults at high-risk of exposure in response to the ongoing mpox outbreak.
- A statement on the seasonal influenza vaccine for 2024–25 in July 2024 that included a recommendation for the use of either quadrivalent or trivalent influenza vaccines for all individuals six months of age and older, with particular emphasis on those at high risk of infection, severe disease, or transmission to others, as well as supplemental guidance on influenza vaccination in adults aged 65 and older.
- Guidance on the use of COVID-19 vaccines for 2025 to summer 2026 in January 2025 recommending updated vaccines which contain the latest selected strain for both previously vaccinated and unvaccinated individuals at increased risk of SARS-CoV-2 infection or severe disease in response to the evolving SARS-CoV-2 variants.

- Preliminary guidance on the use of human vaccines against avian influenza in a non-pandemic context in February 2025.

The full list with links to recent statements and publications related to vaccine guidance can be found on the website NACI: Statements and publications.

PHAC continued to monitor the delivery of the Vaccine Injury Support Program (VISP), administered through separate contribution agreements with OXARO and the Government of Quebec.

Reviews of claims under both programs are carried out by teams of medical experts, using internationally accepted industry processes. Establishing the causality between a vaccine and an injury and determining the severity and permanency of an injury is complex and can sometimes be a lengthy process.

In anticipation of a planned review of the program in year five (2025–26), in 2024–25 PHAC began a review of the program to date, including lessons learned and best practices from comparable international injury compensation programs. This review will inform improvements to the program so that it meets the needs of Canadians and is delivered in a fair, efficient, and cost-effective manner.

Advancing studies on vaccine safety and effectiveness

In 2024–25, PHAC monitored data from national and international studies on vaccines and vaccine preventable diseases including COVID-19, seasonal influenza, RSV, and measles. PHAC estimated national vaccine effectiveness against severe COVID-19 outcomes including hospitalization, ICU admission, and death using the screening method to fill research gaps and inform vaccination policy and decision-making.

PHAC also supported two sentinel surveillance networks to estimate vaccine effectiveness of seasonal influenza, COVID-19, and RSV vaccine products. These included the Canadian Sentinel Physicians Surveillance Network to gather general pediatric data, and SPRINT-KIDS to gather high-risk pediatric hospital data. Additionally, PHAC worked with its partners to explore establishing an integrated surveillance network to monitor vaccine effectiveness for severe outcomes in adults and older adults who are at increased risk.

In 2024–25, PHAC also provided $7 million in funding for vaccine safety monitoring. This funding:

- advanced the understanding of adverse events following immunization in a Canadian context;
- enhanced capacity within Canada to monitor vaccine coverage within specific underserved populations; and
- gave PHAC a greater ability to mobilize external resources quickly and effectively to address emerging vaccine safety issues or other immunization surveillance evidence gaps.

The Agency continued to modernize and update the Canadian Adverse Events Following Immunization Surveillance System (CAEFISS) to support national vaccine safety surveillance, continue to enhance monitoring and investigation of potential safety signals, and improve collaboration with provincial and territorial partners via the Vaccine Vigilance Working Group. Additionally, the Advisory Committee on Causality Assessment completed a more in-depth assessment of cases of myocarditis following vaccination with COVID-19 vaccines reported to CAEFISS and Health Canada; a report describing the results of the assessment is completed and is pending publication. Findings from such causality

assessments help increase existing knowledge and evidence on the safety profile of vaccines, improve reporting practices for adverse events following immunization and support health care providers in providing vaccination advice to their patients.

Reducing the emergence and spread of Antimicrobial Resistance

Antimicrobial resistance (AMR) occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines used to treat infections. AMR poses one of the greatest threats to health in Canada and globally. In response, FPT Ministers of Health and Agriculture released the Pan-Canadian Action Plan on AMR (PCAP), a five-year, One Health blueprint to address the threats of AMR. In September 2024, PHAC highlighted PCAP achievements in the Year 1 Progress Report. Internationally, PHAC participated in the United Nations High-Level Meeting on AMR and endorsed the Political Declaration.

PHAC continued to monitor and report on AMR and antimicrobial use (AMU) trends through publication of the 2024 Canadian Antimicrobial Resistance Surveillance System Key Findings, AMR and AMU dashboards, the Enhanced Surveillance of Antimicrobial-Resistant Gonorrhea report, and healthcare-associated infection data to support public health interventions.

The Canadian Nosocomial Infection Surveillance Program (CNISP) launched Phase I of symptomatic urinary tract infection surveillance in long-term care facilities. CNISP also further expanded its surveillance in rural, northern, and community hospitals, enhancing the representativeness of Canadians in its surveillance data. Several manuscripts and webinars have been developed as a result of the findings of the project. These translate surveillance findings into public-facing, actionable information by highlighting trends, risk factors and gaps in infection prevention and control and antimicrobial use in long-term care homes and rural, northern, and community hospital settings. This allows healthcare professionals and local policy makers to implement targeted interventions to reduce the incidence and impact of AMR.

In 2024–25, PHAC led over 80 engagements with provincial and territorial partners, industry and other key stakeholders to develop Canada's model for an AMR Economic Pull Incentive Pilot Project. In collaboration with Health Canada and other government departments, the project aims to secure access to 1-2 high priority human antimicrobial drugs. PHAC also invested $843,225 over three years to support the development and dissemination of national antimicrobial prescribing guidelines for different syndromes in humans. These guidelines are expected to help optimize prescribing practices and reduce unnecessary or inappropriate use of antimicrobials in people in Canada, which is one of the key drivers of AMR.

PHAC also conducted new analyses and reporting on AMR in farm environments, retail seafood, and in bovine respiratory disease bacterial pathogens. PHAC expanded its One Health surveillance network to enhance its ability to monitor AMR by capturing a wider range of data for both people and animals. AMRnet added one provincial laboratory to include a total of eight province and territories for human data and six for its veterinary pilot.

Through the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS), the Agency increased access to timely surveillance data by:

- updating interactive data dashboards for Veterinary Antimicrobial Sales Reporting;

- publishing a new dashboard for farm antimicrobial use; and
- collaborating with PHAC's FoodNetCanada surveillance system to increase reporting of AMR in water.

CIPARS also contributed to the World Health Organization's Global Antimicrobial Resistance Surveillance System, the World Organisation for Animal Health's database of antimicrobial agents intended for use in animals, and the International Food and Agriculture Organization Antimicrobial Resistance Monitoring System.

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

PHAC is committed to meeting the WHO's global Sexually Transmitted and Blood-borne Infections (STBBI) targets through the Government of Canada's STBBI Action Plan (2024-2030) and the Pan-Canadian STBBI Framework for Action. These efforts focus on prevention, diagnosis, and treatment to reduce the health impacts of STBBI. In August 2024, PHAC published the 2023-2024 Progress Report on STBBI, detailing Canada's response to mpox, participation in the 2022 International AIDS Conference, and the HIV self-testing initiative. PHAC developed reports, manuscripts, infographics, and dashboards that provided information on Canada's progress toward reducing the health impacts of STBBI in Canada by 2030.

The Agency also updated STBBI guidance in 2024–25, including:

- the STI-associated syndromes guide and STBBI prevention guide, which were revised to incorporate sexual transmission and clinical considerations for mpox, HPV, and sexually transmitted enteric infections such as Shigella;
- the Gonorrhea guide for treatment and follow-up; and
- the guide for screening for chlamydia and gonorrhea for non-pregnant adults and adolescents, reflecting recently published recommendations.

In winter 2025, PHAC ran a campaign to promote the Undetectable = Untransmittable (U=U) initiative, helping to build the capacity of health professionals to promote U=U with patients and integrate U=U into clinical practice. Information and resources were promoted through digital platforms such as The Rounds, the Canadian Pharmacists Association, LinkedIn, and health news outlets. An e-newsletter was also shared with 217 health-related groups and organizations. These efforts resulted in almost 3,000 visits to the HIV for health professionals webpage.

Additionally, PHAC granted $150,000 to the University of British Columbia to develop a free, bilingual, and accredited continuing medical education course: Treatment as Empowerment: Advancing HIV Care with U=U. The course teaches health professionals about the science of U=U and how to effectively spread the message in a clear, stigma-free manner. Since its launch in November 2024, nearly 390 people have registered. PHAC also collaborated with Canadian and global community-based organizations and governing bodies to develop U=U University (UUU). Led by Prevention Access Campaign, UUU provides a series of modules to support advocates, decision-makers, and health professionals in implementing and scaling up U=U awareness activities in their workplaces.

Also in winter 2025, the Agency ran a campaign promoting sexual health discussion and emphasizing the importance of routine screening and stigma reduction for syphilis and other STIs. The campaign included ads on popular websites, a new campaign page, webinars, a podcast, a statement from the Council of

Chief Medical Officers of Health during Sexual Health Week, and three educational videos. The campaign content was displayed over 25.6 million times across platforms, with nearly three million video views and 1.8 million audio listens. Addressing social and structural determinants of health and health inequities remains crucial in promoting a downward trend in national rates of syphilis cases (to read about the latest rates, see PHAC's infographic for Infectious syphilis and congenital syphilis in Canada, 2023 published in February 2025).

Sharing public health information

To advance sharing of surveillance data and research, in 2024–25 the Agency published and updated several resources, including interactive dashboards on vaccination during pregnancy and COVID-19 vaccination coverage among vulnerable and hard-to-reach populations, as well as the Notifiable Diseases Online tool with data on nationally notifiable infectious diseases for 2022. Additionally, PHAC collaborated with the National Advisory Committee on Infection Prevention and Control to develop guidelines and notices on the transmission of infectious diseases in healthcare settings. PHAC released updated guidance for infection prevention and control in health care settings for COVID-19 cases and developed notices for measles, avian influenza, and for suspected, probable, or confirmed mpox cases within healthcare settings.

In 2024–25, PHAC presented on vaccination coverage at several national conferences, including the Canadian Immunization Conference 2024, the Health Canada Science Forum 2025, the Canadian Paediatric Society Annual Conference, the Health Data User Conference, and Journées annuelles de santé publique (in French only). Results for vaccination coverage among older adults were also presented at the Canadian Translational Geroscience Network and the Society for Epidemiologic Research Annual Meeting in Texas. Engaging with experts in the field, both nationally and internationally, through presentations and attendance at important conferences such as these, demonstrate PHAC's commitment to evidence-based practice as it promotes the exchange and dissemination of new surveillance information, research findings, and programmatic insights on vaccination coverage. This informs and directs evidence-informed decision-making, which is critical for developing effective public health policy and plans.

In May 2024, the Agency celebrated the 50th anniversary of the Canada Communicable Disease Report (CCDR), a bilingual, peer-reviewed journal on infectious diseases. In 2024–25, 56 articles were published, providing practical and authoritative information on infectious diseases to clinicians and public health professionals as well as researchers and policy-makers. As an example, in one of the issues articles published included peer-reviewed studies on vaccination coverage, parental intentions for COVID-19 vaccines in children, determinants of influenza non-vaccination among children, and determinants of COVID-19 vaccination among Indigenous children, as well as five articles and two infographics related to STBBI. These publications covered epidemiologic data and clinical recommendations on bacterial sexually transmitted infections, as well as HIV and syphilis. Summaries of several statements released by NACI were also published in the CCDR to improve accessibility and distribution of NACI recommendations to health professionals and the public.

PHAC also developed strategies to support health data literacy and enhance public trust in PHAC's collection, sharing, analysis, and use of public health data, including a coordinated FPT effort to develop a set of communication, education, and consultation tools for engaging with Canadians on their health data. In 2024–25, PHAC hosted seven webinars that were open to the public which promoted health

data literacy and public trust in PHAC's data practices. Topics included epidemiological data and surveillance practices and definitions related to STBBI, healthcare-associated infections, AMR, and tuberculosis. Additionally, the Agency established Canada's first national baseline for measuring public health system readiness, contributing to the Government of Canada's commitment to shared health indicators.

In 2024–25, PHAC has continued to advance Open Science by administering the Federal Open Science Repository of Canada. As of March 2025, 600 full-text scientific articles and reports from PHAC authors and programs have been added, making them findable and accessible to all users. In collaboration with the Federal Science Libraries Network, PHAC also supported transformative read and publish subscription agreements with scientific publishers to enable access to journals and reduce barriers to publication.

Advancing health systems and interoperability

PHAC remains committed to ensuring that public health data are discoverable, accurate, interoperable, and re-used wherever possible. In 2024–25, PHAC supported the Shared Pan-Canadian Interoperability Roadmap developed by Canada Health Infoway, which outlines a framework for a more connected health system through the adoption of common standards. Common standards will assist in ensuring that data flows where it needs to go to protect Canadian's health and respond to public health threats.

Integrating public health data helps Canada's health systems work more effectively, allowing for faster and better-informed responses to public health events. In support of the Working Together to Improve Health Care for Canadians Plan, the Agency worked with FPT partners to address data-sharing challenges, including the need to better connect public health systems, address privacy concerns, and advance health equity. Through the Joint FPT Action Plan on Health Data and Digital Health, significant progress was made to deliver on data commitments contained in the Plan. In 2024–25:

- FPT Ministers of Health approved a common approach to strengthening public health data sharing, and a modern public health information sharing agreement is in development. This marks a significant step forward in enabling coordinated, data-driven public health responses, improving transparency across jurisdictions, and laying the groundwork for future technological innovation to better serve public health needs.
- The Agency launched two proof-of-concept initiatives to test the technical feasibility for data access. These include a federated data architecture to connect immunization registries across provincial and territorial governments to ensure timely access to data for responding to public health events, as well as a technological solution to automate access to standardized data and explore linking public health with clinical data for new epidemiological insights.

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

Results achieved

Expanding technical and data infrastructure to address public health threats

In 2024–25, the Agency continued to implement activities funded under the Detect, Understand, Act framework to strengthen the infrastructure that protects public health. PHAC's efforts enabled comprehensive vaccine surveillance in Canada, covering COVID-19, influenza, routine adult and

childhood immunizations, and other emerging or specific vaccine preventable diseases like mpox. Vaccine surveys for specific populations helped to identify priority groups with lower vaccine uptake, inform tailored educational material, and address hesitancy among these priority populations. Information collected on sociodemographic factors and knowledge, attitudes, and beliefs helped address mis- and disinformation, which impact vaccine confidence and uptake.

Expanding existing disease surveillance operations

PHAC has expanded existing surveillance operations and capacity for COVID-19, vaccine preventable diseases, invasive bacterial diseases, prion diseases, and other emerging respiratory diseases to address public health threats. In 2024–25, PHAC launched:

- Canada's integrated respiratory virus surveillance report, adding COVID-19 to the respiratory virus surveillance system to provide critical and timely information to the public and decision-makers on trends in respiratory virus activity; and
- the National Enhanced Invasive Group A Streptococcus (iGAS) Surveillance System with its FPT partners to monitor disease and enable timely detection of changes in epidemiological or laboratory-based indicators in Canada.

Furthermore, PHAC expanded wastewater surveillance to newly prioritized locations, including remote and Indigenous communities in the Yukon, Northwest Territories, Northern Quebec, Atlantic Canada, and Ontario. This expansion reduced health inequities by improving early detection of SARS-CoV-2 and other pathogens of concern (such as influenza, RSV, mpox, and antimicrobial resistance) in regions with limited access to clinical testing. PHAC introduced standardized reporting tools and secure, automated data sharing systems, enabling public health leaders to more quickly interpret results and respond to emerging threats. Surveillance data is accessible to Canadians and decision-makers through the national wastewater monitoring dashboard, supporting a responsive and equitable public health system.

PHAC also advanced several initiatives to modernize the Canadian Creutzfeldt-Jakob Disease Surveillance System between 2022 and 2025, including digital management to promote efficient and accurate data capture, analysis, and reporting to reduce the risks of prion disease transmission. This includes the development of a new electronic information management system that will be implemented in 2025–26.

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

PHAC's pandemic response demonstrated the value of timely science advice in informing public health guidance and practice, highlighting the Agency's role as a trusted source of science-supported information for Canadians, and the importance of fostering public trust and countering mis- and dis-information. Since the COVID-19 pandemic, the NACI secretariat has adopted innovative methods, including the use of Artificial Intelligence, for semi-automated literature screening review of scientific evidence. Initially used as an emergency protocol for COVID-19 literature, it has since been adapted to improve situational awareness of seasonal and H5N1 influenza and mpox.

PHAC is also collaborating with the WHO to create a data pipeline for evidence collection. The approach uses Artificial Intelligence to automate processes and thereby resolve efficiency issues related to the collection and updating of evidence for public health threats. This work is ongoing and will benefit teams

across PHAC that conduct literature reviews on topics such as infectious diseases, vaccine effectiveness, post-COVID-19 conditions, and other emerging public health issues.

Advancing and leveraging laboratory science and leadership

PHAC's National Microbiology Laboratory (NML) is a world-class laboratory facility, recognized globally for protecting the health of Canadians and supporting international public health through scientific innovation and leadership. PHAC advanced laboratory science and surveillance capabilities in 2024–25, including efforts to strengthen the detection of high-consequence pathogens, to better prepare for and respond to emerging health threats with timely, accurate, and actionable evidence. In 2024–25, the Agency:

- implemented the NML Science Plan 2024–2027, establishing a framework to guide ongoing priorities and reaffirming PHAC's commitment to scientific excellence and long-term public health preparedness;
- commissioned new mobile laboratories capable of on-site high containment pathogen detection and characterization, enhancing PHAC's capacity to respond to biological security threats;
- generated critical evidence on the effectiveness of antiviral treatments against circulating mpox virus strains, supporting data-driven public health interventions; and
- advanced research on neurodegenerative diseases by demonstrating how prion infections can accelerate Alzheimer-like changes in the brain, providing new insights that support strategies for diagnosis, treatment, and preparedness for emerging public health threats.

The Agency continued to advance genomic sequencing and surveillance infrastructure – improving FPT data sharing turnaround times and quality to enable faster outbreak detection – as highlighted in the Evaluation of PHAC's Corporate Data and Surveillance Modernization Activities. The NML worked with provincial and territorial labs to expand routine genomic testing, originally developed for SARS-CoV-2, to now track multiple important infectious diseases like influenza, RSV, tuberculosis, and invasive group A streptococcal disease. Further, the Canadian Public Health Laboratory Network has been supporting a significant increase in genomics capacity in provincial and territorial labs across Canada. For example, the number of published influenza genomic sequences from Canadian human clinical samples has doubled in 2024–25, providing timely information to the WHO for vaccine composition recommendations.

PHAC also leveraged the tools and expertise developed for COVID variant monitoring, such as ongoing biweekly reporting of circulating COVID-19 variants, to expand the rapid and routine genomic data sharing between the federal and provincial Canadian laboratories for these additional infectious diseases, ensuring a coordinated response to monitor the spread of diseases more effectively.

Finally, in 2024–25, PHAC further developed predictive modelling work to identify and assess climate-sensitive infectious diseases. Additional modelling work was conducted on importation modelling and scenario-based modelling to quantify possible effects of imported measles cases on transmission in Canada.

Advancing work to mitigate the impacts of climate change, including climate sensitive infectious diseases

PHAC supports the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change as well as the National Adaptation Strategy and associated Government of Canada Adaptation Action Plan, including through its Infectious Disease and Climate Change Program. In 2024–25, PHAC advanced an internal Agency-wide Climate Change and Public Health Plan that outlines its role and approach to addressing the key public health impacts of climate change, which is anticipated to be finalized in 2025–26.

PHAC used mathematical modeling to quantify determinants of disease spread, anticipate the course of outbreaks, and project future risks of climate change. In 2024–25, modeling studies leveraged a variety of data sources to identify where and when mosquito- and tick-borne diseases were likely to emerge or spread under changing climate conditions. These efforts have helped to advance understanding of the ecology and epidemiology of mosquito- and tick-borne diseases in Canada. Additionally, PHAC launched new dashboards on tick-borne and mosquito-borne diseases to provide timely and accessible surveillance information and case updates during periods of high transmission. The Canadian Notifiable Disease Surveillance System also now includes three emerging tick-borne diseases: Babesiosis, Powassan virus, and Anaplasmosis.

PHAC also enhanced vector-borne disease education and knowledge resources by leveraging surveillance data to develop information products such as surveillance reports, publications, awareness resources, digital advertising, virtual and travelling tick exhibits, infographics, and interactive maps. PHAC developed 17 seasonal social media campaigns to raise awareness among priority populations to provide information to help them take measures to protect themselves. There has been a 110% increase in visits to PHAC's zoonoses website content since 2023 and PHAC continues to work on developing useful and reliable public information.

Additionally, PHAC coordinated assessment of zoonotic disease events, including climate-sensitive infectious diseases, to inform decision-making on current and emerging risks. For example, the Infectious Disease and Climate Change Program contributed expertise to risk assessments on Oropouche virus, an emerging vector-borne disease.

Reducing the impact of foodborne illness outbreaks

Every year, people in Canada are exposed to foodborne illness pathogens that can lead to both mild and severe illness. PHAC is responsible for responding to outbreaks of enteric illness transmitted through food, water, contact with animals, or other routes when the outbreak spans more than one province/territory or involves Canada and another country.

PHAC collaborates with its provincial and territorial public health partners, the Canadian Food Inspection Agency and Health Canada, as well as its international partners to investigate the source of enteric outbreaks. Overall, PHAC conducted 2,415 assessments of 274 new lab-identified clusters of human enteric illness as well as other existing clusters of human enteric illness to determine if additional investigation was required. In 2024–25, PHAC led the response in 12 multi-jurisdictional outbreaks of enteric illness, identifying five outbreak sources, which contributed to the product recalls in the Canadian marketplace. PHAC informed consumers about the outbreaks under investigation and shared

guidance for the public on how to prevent foodborne illness. Communications activities included updates to Public Health Notices, social media posts and outreach to daycares, retirement residences, and other stakeholders. These actions helped to prevent additional illnesses among the Canadian population. Canadians can learn more about enteric illness outbreak investigations and advice on what they can do to protect their health by subscribing to PHAC's Public Health Notices.

Through its foodborne disease surveillance systems, PHAC collected, analyzed and shared critical data to inform foodborne disease prevention initiatives. These efforts included:

- publishing the FoodNet Canada Integrated Findings Report and an interactive data dashboard with trends from 2015-2022 to increase access to surveillance data and trends;
- implementing time-limited and targeted sampling of veal and investigating known sources of illness (such as poultry products) to adapt to emerging sources of foodborne pathogens;
- launching a study of chronic complications of non-typhoidal salmonellosis in all FoodNet Canada sentinel sites to determine the associated risk factors and long-term burden of foodborne illness;
- providing timely and reliable data via weekly reports and the National Enteric Surveillance Program annual report; and,
- distributing the Enhanced National Listeriosis Surveillance Program Annual Report to key FPT partners to inform their public health actions and help reduce invasive listeriosis outbreaks.

PHAC celebrated the 20th Anniversary of FoodNet Canada in 2025, marking two decades of collaboration, innovation and impact on foodborne disease in Canada.

PHAC also assessed the impact of food safety policy changes and identified a 23% decrease in human salmonellosis incidence rates, attributed to new Canada Food Inspection Agency requirements for manufacturers to reduce contamination in frozen breaded chicken products. In July 2024, PHAC published the Foodbook 2.0 Report summarizing population-level food, water and animal exposure information collected across Canada from January 2023 to January 2024. Data from Foodbook 2.0 will inform timely enteric illness outbreak response, and support risk assessments and public health interventions.

Reducing the incidence of tuberculosis while addressing its impact

Tuberculosis (TB) remains a public health challenge in Canada which disproportionately impacts Indigenous Peoples and people born outside of Canada. Among Indigenous Peoples, Inuit, particularly those living in Inuit Nunangat, face the highest rates of TB. The disproportionate impact of TB among these priority populations is rooted in the historical and ongoing impacts of colonialism and related structural inequities and remains a public health priority. In 2024–25, PHAC released the Government of Canada's Tuberculosis Response (2025): Working Towards TB Elimination. The response lays the foundation for our ongoing collaborative work towards the goals of eliminating TB in Inuit Nunangat by 2030, and across the country by 2035. It also paves a path forward for the work of the Indigenous and FPT TB Task Group in creating a TB elimination strategy for Canada.

PHAC provided epidemiological, laboratory, operational, and logistical support for TB outbreaks and community-wide screening initiatives. For example, for the Pangnirtung and Naujaat community-wide screening initiatives, PHAC mobilized a total of 18 epidemiologists, laboratory technicians, and

biologists. The Agency also worked with Health Canada to improve access to TB medications in Canada and supported access to essential TB medicines, including rifapentine, through the Urgent Public Health Need program.

To help raise awareness about TB in Canada, PHAC developed information highlighting key facts about TB for health professionals and the public. This included social media messages, a video, and a national webinar. This work empowers individuals to recognize early symptoms and encourages collective action on TB.

Preparing for and responding to infectious disease outbreaks and pandemics

PHAC and its partners are focused on keeping Canadians safe and taking measures so that Canada is prepared for potential public health threats. In 2024–25, the avian influenza H5N1 situation in Canada and worldwide continued to evolve, with the first domestically acquired human case occurring in British Columbia in November 2024. PHAC published guidance on the Public health management of human cases of avian influenza and associated human contacts, and updates to Guidance on human health issues related to avian influenza in Canada as well as information on Avian Influenza for the general public. In 2024–25, PHAC secured an initial supply of 870,000 doses of GSK's human vaccine against avian influenza by leveraging an existing agreement to secure access to a supply of influenza vaccine in the event of a pandemic. In consultation with other public health experts, PHAC updated antiviral guidance for human health issues related to avian influenza in Canada and collaborated with FPT partners to secure sufficient supply of recommended antivirals through the National Antiviral Stockpile. This vaccine has been made available to provinces and territories to help protect the health and livelihoods of workers at higher risk of exposure to the virus, including veterinarians, laboratory workers, wildlife officers, and poultry and livestock workers, among others.

To enhance domestic biomanufacturing capabilities, the Government of Canada has also invested in the establishment of a state-of-the-art mRNA vaccine production facility in Laval, Quebec. The facility, developed in partnership with Moderna, is anticipated to begin producing mRNA vaccines in 2025, pending final regulatory approvals. This investment also supports strategic collaborations with Canadian researchers and companies to drive innovation in mRNA research and development. As a result of these efforts, Health Canada has certified the facility as Good Manufacturing Practices compliant and authorized one product to date.

PHAC published updates to its guidance for Mpox: Public health management of human cases and associated human contacts in Canada in August 2024 and February 2025, and revised to align with the latest and evolving mpox epidemiology and evidence. The Agency enhanced its capability to monitor mpox trends in Canada to inform public health actions aimed at eliminating person-to-person transmission. PHAC performs wastewater surveillance for mpox and results are available on Health Infobase's Mpox Wastewater Monitoring Dashboard. PHAC activated an Emergency Response Cell (ERC) in response to the declaration of the global upsurge in mpox. During this ERC activation, PHAC increased surveillance and monitoring efforts to inform domestic response and international support. Additionally, in 2024–25 Canada donated 200,000 doses of vaccine to support international efforts to control active mpox outbreaks in Africa.

There was a sharp increase in measles cases globally in 2024–25 compared to 2023, and in Canada this trend has continued with more cases reported in the first three months of 2025 than in any previous

year since elimination was achieved in 1998. In response, PHAC coordinated its efforts with its FPT and international partners and developed information for the public, conducted risk assessment activities, and issued travel health notices. In 2024–25, PHAC:

- updated the measles national case definition and developed national guidance to provincial and territorial public health partners through the publication of the Process for contact management for measles cases communicable during air travel;
- implemented measles-specific messaging into the existing childhood vaccination advertising campaign to reach parents of children 0-6 years;
- supported impacted provinces and territories by mobilizing field epidemiologists in response to requests for assistance and by ensuring adequate vaccine supply; and,
- procured additional doses of measles, mumps and rubella (MMR) vaccines to boost provincial and territorial supply and support immunization campaigns in areas affected by outbreaks.

In 2024–25 PHAC continued work on the development of Canada's Pandemic Preparedness Plan, engaging in FPT consultations and reaching several important milestones, including the FPT Health Ministers committing to work together on a plan to advance pandemic preparedness. The FPT Pandemic Preparedness Task Group also provided advice and technical expertise on various aspects of the Plan. Additionally, a tailored process was developed for engagement of Indigenous partners, allowing flexibility to choose which parts of the Plan they want to engage on, and how and when they wish to be engaged. In 2024–25, PHAC reached out to Indigenous partners, including representatives from National Indigenous Organizations, to determine interest in engagement.

Resources required to achieve results

Table 4: Snapshot of resources required for Infectious disease prevention and control

Table 4 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	$1,032,945,934	$644,696,934
Full-time equivalents	2,080	2,015

The Finances section of the Infographic for PHAC on GC Infobase and the People section of the Infographic for PHAC on GC Infobase provide complete financial and human resources information related to its program inventory. Details explaining this variance are available later in this report under Analysis of the past three years of spending.

Related government priorities

This section highlights government priorities that are being addressed through this core responsibility.

Gender-Based Analysis Plus

In 2024–25, the Agency integrated SGBA Plus considerations into its efforts to prevent, control, and reduce the spread of infectious disease. It also expanded the accessibility, availability, and cultural

relevance of public health resources to reach populations that are disproportionately impacted and are at an increased risk of becoming infected with an infectious disease.

PHAC supported numerous programs and initiatives that integrated cultural competencies and social determinants of health to improve health outcomes for people who live in Canada. Such initiatives included those funded under the HIV and Hepatitis Community Action Fund and Harm Reduction Fund and the IPF. The IPF invested $5 million in 38 community-driven projects that support priority populations, particularly those experiencing or facing systemic and structural inequities, to increase vaccine confidence, access, and uptake for all vaccines throughout their lifetimes. The IPF also focused on funding gender-balanced and inclusive initiatives at the local, regional, and national levels. This work directly benefited people disproportionately impacted by vaccine-preventable illnesses, with over 6,700 vaccinations being received by priority populations including Black, Indigenous, and other racialized people. It also supported healthcare providers, older adults, children and youth, pregnant women and people, and members of the 2SLGBTQI+ community. Furthermore, as part of the routine childhood vaccination campaign, the Parent's Guide to Vaccination and related factsheets were translated into 17 different languages to better reach diverse populations.

The collection and use of data disaggregated by socio-demographic and socio-economic factors was strengthened in routine public health surveillance efforts, including epidemiological and knowledge products disseminated via FluWatch and the Respiratory Virus Detection Surveillance System. These efforts support projects in considering and assessing socio-demographic and socio-economic factors. For example, a suite of questions were incorporated in the reporting and performance measurement requirements for the Infectious Disease and Climate Change Fund to identify projects that reduce systemic barriers to health equity among priority populations.

PHAC incorporated SGBA Plus considerations into public health guidance and best practice documentation for the STBBI program. In 2024–25, PHAC collaborated with its provincial and territorial partners and key populations to enhance the collection of race, ethnicity, and other equity data for nationally notifiable STBBI. In addition, the Agency established focused working groups to support the development of best practices and integration of equity in STBBI surveillance. This included the Black Expert Working Group for National HIV Surveillance and the First Nations, Inuit, and Métis Working Group for National HIV and Syphilis Surveillance. In order to effectively reach key priority groups, particularly Indigenous populations, the 2024–25 syphilis campaign leveraged Indigenous Link to promote STBBI and syphilis resources to thousands of Indigenous communities and organizations. The campaign also tailored content towards youth using relatable, conversational messaging to reduce stigma and spark curiosity about STBBI testing.

PHAC also disseminated information to commemorate national and international awareness days, including World AIDS Day, Indigenous AIDS Awareness Week, Sexual Health Week, World Hepatitis Day, and World TB Day. This information addressed stigma and discrimination for key population groups to strengthen Canada's STBBI and TB response.

United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals

PHAC's work to improve public health surveillance, strengthen infection prevention and control measures, and reduce transmission of disease in Canada supported UN SDG 3: Good Health and Well-being. PHAC collaborated with its partners to increase knowledge and reduce barriers to accessing

health services, and worked to lower rates of vaccination hesitancy in key populations. The Agency facilitated FPT use of existing mechanisms to enable provincial and territorial governments to provide free routine vaccinations via provincial and territorial government immunization programs, as well as through certain federal departments responsible for healthcare delivery to their populations, and the National Immunization Strategy for 2025-2030.

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

Program inventory

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

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

Additional information related to the program inventory for Infectious disease prevention and control is available on the Results page on GC InfoBase.

Core responsibility 3: Health security

In this section

Description

Prepare for and respond to public health events and emergencies; address health and safety risks associated with the use of pathogens and toxins; and address travel-related public health risks.

Quality of life impacts

Health security contributes to the Health Domain ("Self-rated health" and "Health adjusted life expectancy"), the Environment Domain ("Natural disasters and emergencies"), the Prosperity Domain ("Investment in in-house research"), and the Good Governance Domain ("Confidence in institutions," and "Canada's place in the world") of the Quality of Life Framework for Canada. The fairness and inclusion lens is integrated through SGBA Plus and an equity-informed approach in program design and implementation, and the sustainability and resilience lens is applied as long-term considerations are incorporated into program planning.

PHAC's ongoing efforts to prepare for public health emergencies (both unintentional and intentional) and protect Canadians from risks associated with the use of pathogens and toxins, as well as travel-related health risks also improves other aspects of the quality of life of Canadians, and supports Canada's overall health security and national security posture. As was witnessed during the COVID-19 pandemic, having a robust public health emergency preparedness and response system is critical to minimizing impacts not only on health but also on the economy and society. A credible and competent public health emergency system contributes more broadly to improving trust in government and federal institutions. By providing the regulatory infrastructure to enable the growing biomanufacturing and life sciences sector, such as licensing, security clearances, and compliance systems, PHAC also contributes to the Canadian economy.

Progress on results

This section details the department's performance against its targets for each departmental result under Core responsibility 3: Health security.

The Agency is in the process of updating its Departmental Results Framework and will be making amendments to its Departmental Results Indicators to better align with PHAC's emerging core mandate and improve the Agency's ability to regularly report on results. These changes will come into effect for the 2026–27 Departmental Plan.

Table 5.1: Result 3.1: Public health events and emergencies are prepared for and responded to effectively

Table 5.1 shows the target, the date to achieve the target and the actual result for each indicator under Result 3.1: Public health events and emergencies are prepared for and responded to effectively in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Level of Canada's readiness to respond to public health events and emergencies as assessed independently by the World Health Organization	At least 4.5 (Rating out of 5)	Mar 31, 2027	2022–23: 4.5 2023–24: 4.75 2024–25: 4.8
% of provincial and territorial requests for assistance (for deployment of Agency staff) responded to within negotiated timelines	Exactly 100%	Mar 31, 2027	2022–23: 100% 2023–24: 100% 2024–25: 100%
% of provincial and territorial requests for assistance (for the provision of supplies) responded to within negotiated timelines	Exactly 100%	Mar 31, 2027	2022–23: 100% 2023–24: 100% 2024–25: 100%
% of provincial and territorial requests for assistance (for inter-jurisdictional mutual aid for health care professionals) responded to within negotiated timelines	Exactly 100%	Mar 31, 2027	2022–23: 100% 2023–24: 100% 2024–25: 100%

Table 5.2: Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced

Table 5.2 shows the target, the date to achieve the target and the actual result for each indicator under Result 3.2: Public health risks associated with the use of pathogens and toxins are reduced in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
% of compliance issues in Canadian laboratories successfully responded to within established timelines	At least 85%	Mar 31, 2027	2022–23: 99% 2023–24: 99% 2024–25: 98%

Table 5.3: Result 3.3: Public Health risks associated with travel are reduced

Table 5.3 shows the target, the date to achieve the target and the actual result for each indicator under Result 3.3: Public Health risks associated with travel are reduced in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Level of Canada's capacity for effective public health response at designated points of entry into Canada[a]	At least 4 (Rating out of 5)	Jun 1, 2028	2022–23: 5 2023–24: 5 2024–25: 5
% of inspected passenger transportation operators that meet public health requirements	At least 95%	Mar 31, 2026	2022–23: 97% 2023–24: 97% 2024–25: 95%

[a] This indicator relies on data from the World Health Organization's Joint External Evaluation (JEE) tool under the International Health Regulations (IHR; 2005). Through the JEE tool, data is captured once every five or more years. The most recent data is from 2018 and will be used until new data is available.

The Results section of the Infographic for PHAC on GC Infobase provides additional information on results and performance related to its program inventory.

Details on results

The following section describes the results for Health security in 2024–25 compared with the planned results set out in PHAC's departmental plan for the year.

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

Results achieved

Preparing Canada to respond to public health events

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

The work to integrate important lessons learned from COVID-19 and other public health events into key emergency management plans continued in 2024–25, following the launch of a renewed Health Portfolio Emergency Response Plan in 2023–24. Updates were made to the Health Portfolio Strategic Emergency Management Plan, clarifying roles and responsibilities of Health Portfolio partners to enhance operational readiness., reduce duplication of effort, and ensure a more coordinated and timely response to emergencies. To prepare Canada from a broader perspective, working with its closest neighbors PHAC adopted the North American Preparedness for Animal and Human Pandemics Initiative, a platform to strengthen regional prevention, preparedness for, and response to a broad range of health security threats that include pandemics of any origin and beyond. It is the latest iteration of a long-standing trilateral collaboration framework among Canada, Mexico, and the United States first launched in 2007 to prepare for human and avian influenza viruses with pandemic potential.

In June 2024, at the World Health Assembly, Canada joined consensus with all other WHO Member States to adopt the amendments to the International Health Regulations (IHR). The Agency also continued negotiations to establish a Pandemic Agreement, including by advocating on key provisions related to prevention, One Health, health systems strengthening and health equity.

PHAC also advanced efforts to strengthen the National Emergency Strategic Stockpile (NESS) and enhance its response capabilities to promote the timely availability of medical countermeasures (e.g., vaccines, therapeutics, personal protective equipment, biomedical devices) and essential social service supplies (e.g., cots, blankets) needed to respond to emergencies. This included ongoing advancement in areas such as lifecycle management practices and enhancements to data systems such as the launch of the NESS Response Hub – a web-based platform designed to facilitate the secure sharing of information related to NESS emergency management among provincial and territorial jurisdictions and other government departments. Additionally, in July 2024, PHAC released the National Emergency Strategic Stockpile's Comprehensive Management Plan, which outlines strategic goals and objectives to further improve pan-Canadian readiness to respond effectively and equitably to future public health emergencies. Implementation of this plan commenced in 2024–25.

Overall, an evaluation of PHAC's Emergency Preparedness and Response Program completed in fall 2024 concluded that PHAC is better prepared to respond to public health events than it was five years ago.

Updating tools and methods supporting risk and capability assessments

In 2024–25, PHAC relaunched its capability assessment cycle. The renewed cycle focuses on identifying priority public health threats over the next five years, and assessing the ability of the Agency to manage

and respond to those threats. Through expert consultations, five key threats (Infectious Disease, Radiological/Nuclear, Chemical, Chronic, and Natural Hazards) have been prioritized. Work has begun to develop realistic, hypothetical scenarios that will support a structured assessment of the Agency's emergency management capabilities. This work enables the Agency to identify and address gaps in emergency management capacity and supports evidence-informed decision-making.

Addressing recommendations from the Independent Review of the GPHIN

The Global Public Health Intelligence Network (GPHIN) is a PHAC-managed network that monitors media sources worldwide and provides early warning for potential public health threats. In response to the recommendations made by the 2021 GPHIN Independent Review Panel, PHAC identified 36 commitments to strengthen GPHIN operations and modernize its technology platform. PHAC has made significant progress over the last three years to meet those commitments in the areas of risk assessments, strengthening partner relations, reviewing existing products, and adding new products. The improvements have better equipped the GPHIN Program to detect and share information about potential public health threats with domestic and international partners. PHAC continues to work in collaboration with international partners to protect the health and safety of Canadians and worldwide.

Maintaining a trained public health emergency workforce to support public health across Canada

A well-trained, specialized workforce is the cornerstone of an effective public health response. In 2024–25, PHAC placed 28 public health officers and 13 field epidemiologists within provincial and territorial health systems. These professionals enhanced surveillance, supported outbreak investigations, and addressed pressing public health issues such as the resurgence of syphilis, vaccine safety, substance-related harms, improvements in mortality surveillance, and the impacts of climate change. During this period, 11 field epidemiologists were also mobilized to respond to nine distinct outbreaks, including tuberculosis, pertussis, syphilis, and avian influenza.

In 2024–25, eight new emergency management learning activities were launched, focusing on the Incident Management System, Exercises in the Health Portfolio, and bite-sized training sessions for executives. Additionally, courses and other important emergency management resources were consolidated into an easy-to-access portal available on employee desktops, which received 26,617 site visits over the course of the year.

In addition, as Canada is experiencing longer wildfire seasons and more frequent and extreme fire behaviour, PHAC updated the Wildfires in Canada: Toolkit for Public Health Authorities. The toolkit summarizes information and brings together existing resources to support public health authorities in the mitigation, preparedness, response, and recovery to human health risks associated with wildfires.

The Agency strengthened federal risk communications knowledge and practices by launching a self-paced online risk communications training program for employees, delivering expert presentations to internal and external partners, providing expert advice through multiple working groups, and contributing to academic and interdepartmental knowledge-sharing on best practices in public health messaging.

Maintaining operational readiness and a scalable response infrastructure

In 2024–25, PHAC acted swiftly and effectively in response to public health events and emergencies, translating planning into action and ensuring a coordinated, whole-of-government approach to public health emergencies. Specifically, PHAC successfully implemented the updated Health Portfolio Emergency Response Plan in response to multiple public health events including highly pathogenic avian influenza, Marburg virus disease, mpox, mass immigration, measles, and cyclical events such as wildfires.

PHAC's readiness was improved in 2024–25 by updating tools and methods supporting emergency response structures. Significant strides were made in strengthening the following capabilities.

- All Standard Operating Procedures for public health response were enhanced to reflect current best practices and operational needs and were rigorously tested to ensure their effectiveness in real-world scenarios.
- In preparation for the G7 Leaders' Summit held in June 2025 in Kananaskis, Alberta, planning and readiness activities were undertaken to ensure PHAC could support potential public health needs during major events. Lessons learned were identified, enabling the systematic capture and application of insights. Many of these lessons, drawn from the COVID-19 pandemic and other response activities, have already been implemented to strengthen current practices.
- A renewed, evergreen Concept of Operations was developed to more accurately reflect current response structures, operational procedures, and event triggers and will serve as a critical reference for future planning, training, and response activities.

Strengthening public health collaboration between governments in response to public health emergencies

When emergencies occur, public health authorities in Canada can count on collaboration mechanisms managed by PHAC to provide assistance. PHAC maintains the FPT Public Health Response Plan for Biological Events (PHRPBE) on behalf of the Pan-Canadian Public Health Network. In 2024–25, PHAC, with input from provincial and territorial partners, continued to oversee important updates to this national response plan for the FPT health sector by incorporating lessons learned from recent emergency responses to further strengthen formal coordination of FPT responses and decision-making, when necessary.

The Operational Framework for Mutual Aid Requests (OFMAR) is a non-binding mechanism that provinces and territories can leverage to facilitate the sharing of healthcare professionals and resources across jurisdictions during events and emergencies. PHAC operationalized the OFMAR to support real-time surge coordination in alignment with the PHRPBE. PHAC successfully coordinated two OFMAR requests in 2024–25 demonstrating the framework's practical value in streamlining interjurisdictional support and enhancing the equitable deployment of federal surge resources. The OFMAR provides a transparent, structured process for assessing, approving, and mobilizing mutual aid requests, reinforcing Canada's public health emergency response system through strengthened collaboration and improved readiness.

In addition to the OFMAR, PHAC receives domestic and international Requests for Assistance (RFAs) for technical expertise support during public health events, most often in the areas of epidemiology, data

management and analysis, and infection prevention and control. Domestic RFAs are received from local, provincial and territorial public health authorities, or other federal government departments. International RFAs are received through the Global Outbreak Alert Response Network. In 2024–25, PHAC received 10 domestic and 23 international RFAs. Two international and all 10 domestic RFAs were supported with mobilization, with a total of 18 PHAC staff mobilized for a total of 399 mobilization days.

Reinforcing Canada's global leadership in health

In 2024–25, the Agency continued to advance global health security and governance with bilateral and multilateral partners. As a member of the WHO Executive Board, Canada represented and advocated for priority areas of good governance, health equity, and health emergencies. PHAC convened G7 health partners in March 2025, under the theme of Intersectoral Action for Health, to exchange knowledge and advance policy dialogues in support of Canada's 2025 G7 Presidency. As part of the Health Portfolio, PHAC signed a memorandum of understanding with South Africa to facilitate information sharing and collaboration on genomic surveillance, health systems strengthening, infectious disease prevention, and health research initiatives. The Agency also launched a Canada-European Union health policy dialogue series, focused on cooperation on priority areas, including health security, pandemic preparedness, and climate-related health risks.

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

Results achieved

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

PHAC has continued to monitor and strengthen compliance with the *Human Pathogens and Toxins Act* and *Regulations* (HPTA/R) to safeguard public health and meet the demands of Canada's growing biomanufacturing and life sciences sector. Through enhanced regulatory oversight alongside proactive stakeholder engagement, PHAC promoted safe and secure biosafety practices across the country.

PHAC continued to verify that individuals and organizations authorized to conduct controlled activities with human and terrestrial animal pathogens and toxins met regulatory requirements. The regulatory oversight processes associated with this are central to safeguarding public health by promoting and enforcing biosafety, biosecurity, and accountability in facilities across Canada. PHAC effectively managed these regulatory functions, processing a total of 484 licence applications and 124 HPTA Security Clearance applications, conducting 156 inspections of licensed biocontainment facilities across Canada, and reviewing 69 Plan for Administrative Oversight submissions from organizations applying for or renewing licences.

Canada's biomanufacturing and life sciences sector continued to expand in 2024–25, fueled by investment in high-containment and higher-risk research and production facilities. PHAC supported the sector through early engagement and targeted guidance for upgraded and new facilities preparing to meet regulatory requirements prior to becoming operational. In 2024–25, PHAC completed 52 pre-licensing activities, representing a 136% increase over the previous year.

Strengthening Biosafety and Biosecurity

In December 2024, PHAC, in collaboration with the Canadian Food Inspection Agency, published the Biosecurity Addendum to the Canadian Biosafety Standard, Third Edition, which strengthens the national biosecurity framework by introducing enhanced biosecurity requirements for Containment Level 4 facilities (Canada's highest containment level for work involving the most dangerous biological agents). The Addendum will come into effect on January 5, 2026, as a condition of applicable licences and permits. At the same time, minor updates were made to the Canadian Biosafety Standard, Third Edition to align terminology and clarify key biosecurity concepts. PHAC also published the Canadian Biosafety Guideline - Containment Level 1: Physical Design and Operational Practices, Biosafety Advisory on Avian Influenza A (H5N1) and the Biosafety Directive on New and Emerging Influenza A Viruses.

Promoting compliance with biosafety and biosecurity regulations reduces the risk of laboratory releases, protecting both communities and the environment. As such, PHAC continuously develops and shares scientific, technical, and regulatory resources that support stakeholders in meeting their obligations under the HPTA and HPTR. PHAC's Biosafety and Biosecurity Stakeholder live webinar series continues to be a cornerstone of its outreach and education efforts. In 2024–25, PHAC delivered 8 webinars, each offered in both English and French, reaching a total of 4,280 participants. The PHAC Training Portal expanded to 156,888 users (a 16.1% year-over-year increase) and averaged more than 250,000 monthly interactions. This included a total of 40,188 registrations for biosafety and biosecurity courses and 5,219 completions of related e-learning modules. New classroom resources were introduced to support K–12 educators, and the portal continued to serve as a centralized hub for e-learning, with contributions from 10 PHAC groups, Health Canada, and the Canadian Food Inspection Agency. The Agency also continued to strengthen stakeholder engagement through a range of communication tools, including quarterly newsletters and urgent eBlasts that deliver timely updates on emerging issues and regulatory requirements.

Advancing global health security priorities in biosafety and biosecurity

PHAC has continued working with other countries and international partners to strengthen global health security. In 2024–25, PHAC was redesignated as a World Health Organization Collaborating Centre for Biosafety and Biosecurity, enhancing its ability to support global health security through Canadian expertise. PHAC also strengthened collaboration with U.S. counterparts at the CDC's Division of Regulatory Science and Compliance, holding quarterly meetings to exchange information and best practices in biosafety and biocontainment.

PHAC continued as secretariat and co-chair of the International Experts Group of Biosafety and Biosecurity Regulators (IEGBBR). With support from Global Affairs Canada, the group advanced capacity building in Africa and Asia, strengthened partnerships, responded to international inquiries, and developed a proposal on regulating emerging technologies. These efforts reinforced IEGBBR's global leadership and laid the foundation for future collaboration.

Finally, PHAC demonstrated global leadership while advancing Canada's commitments to global polio containment by leading international efforts as Chair and Secretariat of the WHO's International group of National Authorities for Containment, a coalition of over 20 countries. Through this role, PHAC supported the implementation of the Global Action Plan for Poliovirus Containment, contributed to global biosafety strategies at WHO meetings in Geneva, and strengthened domestic capacity.

Result 3.3: Public health risks associated with travel are reduced

Strengthening border operations and quarantine services

In 2024–25, PHAC continued to administer and enforce the *Quarantine Act* for international travellers to prevent the introduction and spread of communicable diseases. Quarantine officers were present during core business hours at the four major Canadian airports (Vancouver, Calgary, Toronto, and Montreal) and there was 24/7 virtual support across all ports of entry through the Central Notification System (including air, land, rail and marine ports of entry). PHAC continued to advance a new case management platform to support the administration of the *Quarantine Act* during day-to-day operations, while maintaining readiness for emergency response, and improving the Agency's ability to receive and share information.

Throughout the country, quarantine officers responded to 585 calls from partners for potential public health events at the border, which included conducting 7486 health assessments for symptomatic travellers. PHAC also created a web-based notification process for marine conveyance operators to fulfill their obligations under the *Quarantine Act* and received 732 maritime declarations of health from cruise ships. PHAC regularly engaged key stakeholders on preparedness to respond to public health risks associated with travel across Canada's borders, including port authorities, industry, other government departments (such as Canada Border Services Agency and Transport Canada), and health authorities. This engagement, coupled with lessons learned from the COVID pandemic, continues to inform ongoing PHAC efforts to advance the program's maturity by updating policies and operational procedures to more effectively support the front line staff and deliver nationally consistent programming for the travelling public and regulated parties such as conveyance operators.

To strengthen communicable disease readiness at Canada's ports of entry, PHAC continued to work with partners towards the development of Communicable Disease Response Plans, which are multi-stakeholder tactical response plans that provide details for processing possibly infectious travellers.

Furthermore, a national Reservist Pilot Program was developed which aims to strengthen readiness and resilience at ports of entry during public health events. By increasing surge capacity and streamlining recruitment and deployment, the program enhances operational flexibility and readiness. The program was piloted in the Atlantic Region where it successfully demonstrated its effectiveness, supporting border operations through local, cross-regional, and virtual deployments of quarantine officers.

Identifying and mitigating public health risks related to travel

To identify and mitigate public health risks related to international travel, PHAC delivered timely, evidence-based travel health information across multiple platforms. This included regular updates to destination-specific travel advice and advisories as well as updated or expanded content on the Government of Canada's travel.gc.ca website. In 2024–25, PHAC published 18 new and 59 updated travel health advice products (e.g., Travel Health Notices). PHAC's travel health resources reached millions of users, with updated content in 2024–25 covering emerging topics such as climate change and travel, adventure travel, sexual health and travel, as well as travel advice for influenza, HIV, pertussis, and Oropouche virus disease. Strategic social media amplified key messages, with 219 posts covering topics such as vaccination, insect bite prevention, mass gatherings, sun and food safety, cruise travel, and advice for travel considerations for children or pregnant individuals. PHAC also developed proactive messaging to raise awareness of travel health risks at ports of entry and key traveller touchpoints.

PHAC collaborated with stakeholders to develop and share travel health messaging informed by public opinion research, which assessed the attitudes of 3,200 Canadian participants travelling internationally, as well as an intercept survey assessing audience demographics and use of the health content on travel.gc.ca. This data informed its three-year promotion and outreach strategy (2023–2026), including a resource-sharing platform, signage at Service Canada passport offices and content for targeted audiences.

PHAC environmental health officers continued to work to promote, implement, and enforce environmental public health requirements, such as the *Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations* and *Food and Drugs Act*, through the delivery of over 750 public health compliance and enforcement activities on domestic and international passenger conveyances and their ancillary services. PHAC updated inspection guidelines for cruise ships, engaging with new and current cruise ship operators in its work to address travel-related public health risks. Environmental health officers provided 24/7 support to respond to emergencies aboard conveyances to ensure rapid mitigation of health risks during critical incidents, and coordinated ongoing surveillance activities to monitor public health risks aboard cruise ship conveyances. These efforts ensured the timely identification of potential outbreaks and contributed to evidence-based decision-making.

PHAC supported healthcare professionals through the Committee to Advise on Tropical Medicine and Travel (CATMAT), an expert advisory body that develops evidence-based travel health guidelines for healthcare professionals. In 2024–25, CATMAT published guidance on dengue vaccination, updated its recommendations for malaria chemoprophylaxis, and collaborated with key partners on initiatives such as developing recommendations for mpox vaccination and recommendations on the prevention and management of Oropouche virus. The Agency also administered the Yellow Fever Vaccination Centre Designation Program, fulfilling Canada's International Health Regulations obligations, providing program support to over 1800 vaccination centres across Canada.

Resources required to achieve results

Table 6: Snapshot of resources required for Health security

Table 6 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	$284,433,537	$296,341,343
Full-time equivalents	754	747

The Finances section of the Infographic for PHAC on GC Infobase and the People section of the Infographic for PHAC on GC Infobase provide complete financial and human resources information related to its program inventory.

Related government priorities

This section highlights government priorities that are being addressed through this core responsibility.

Gender-Based Analysis Plus

The NESS continued to incorporate SGBA Plus considerations in decisions about the type and mix of medical assets that may be required to support public health emergency management to accommodate diverse needs of individuals where possible and integrated SGBA Plus into its response to public health events. This included:

- tailoring approaches to consider the needs of priority populations during emergency response activities;
- updating and delivering training on adapting epidemiological methods to be inclusive of all genders and sexual orientations; and,
- integrating health equity, diversity and inclusion considerations into the Applied Epidemiology and Public Health Emergency Management curriculums to equip responders to work in ways which address existing health inequities.

PHAC also applied SGBA Plus analysis in the development of its Pathogen Safety Data Sheets (PSDS), which provide science-based guidance on over 220 regulated pathogens for laboratory professionals. Where relevant, the PSDSs include population-specific health risks (such as increased susceptibility among older adults or by sex) supporting more inclusive, risk-informed biosafety practices in laboratories across Canada.

United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals

PHAC's efforts to strengthen response capacity, enhance coordination, and support domestic/ international assistance advanced UN SDG 3: Good Health and Well-being. By strengthening its response capacity and coordination with FPT partners, the Agency supported public health, thereby reducing the impact of health crises on communities and thus promoting overall well-being. Health security initiatives also contributed to strengthening the capacity of all countries for early warning, risk reduction, and management of local and global health risks.

As part of the targets to achieve SDG 6: Clean Water and Sanitation, PHAC administered the *Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations* by conducting inspections and assessments on international and interprovincial airplanes, trains, cruise ships, ferries and buses to protect the health and safety of travellers. These inspections confirmed that passenger transportation operators were compliant with the Regulations, that the water they transported was safe for travelling public consumption, and that any required actions were addressed in a timely manner.

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

Program inventory

Health security is supported by the following programs:

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

Additional information related to the program inventory for Health security is available on the Results page on GC InfoBase.

Internal services

In this section

Description

Internal services refer to the activities and resources that support a department in its work to meet its corporate obligations and deliver its programs. The 10 categories of internal services are:

- Management and Oversight Services
- Communications Services
- Legal Services
- Human Resources Management
- Financial Management
- Information Management
- Information Technology
- Real Property
- Materiel
- Acquisitions

Progress on results

This section presents details on how the department performed to achieve results and meet targets for internal services.

Recruiting and retaining talent

PHAC strives to attract and retain a diverse, bilingual, and representative workforce. To achieve this, the Agency continued to include bias-, discrimination-, and barrier-free practices for recruitment and onboarding. As part of the Government of Canada's goal to make Canada barrier-free by 2040 and in support of the Accessibility Strategy for the Public Service of Canada, PHAC advanced the Agency's 2022-2025 Accessibility Plan. PHAC developed clear performance indicators to measure improvements to accessibility and released its 2024 Accessibility Progress Report. Additionally, hiring targets for Indigenous Peoples are based on Workforce Availability (WFA) and PHAC aims to meet or exceed this

benchmark through its employment equity efforts. As of April 1, 2025, WFA for Indigenous Peoples at PHAC is approximately 4%, and representation is slightly below WFA, with a gap of -4 Indigenous employees.

Committed to inclusion, equity and opportunity, the Agency supported the growth and advancement of all employees. In 2024–25, PHAC:

- participated in the Mosaic Leadership Development Program facilitated by the Office of the Chief Human Resources Officer, aimed at increasing representation of equity-seeking groups in executive positions;
- actively promoted Mentorship Plus, pairing mentors with employees from equity-seeking groups to develop their skills, boost their visibility, and guide their career mobility. In 2024–25, PHAC successfully recruited 45 new participants, making a total of 91 active mentee-mentor relationships at PHAC;
- conducted specialized recruitment activities, including initiating career development sessions for employees;
- implemented the Career Advancement Strategy for Black and Racialized Employees, where a candidate-focused process was run using inclusive and innovative assessment tools to allow candidates more choice in how they are assessed, along with other awareness and education sessions;
- offered more than 1,500 second official language training opportunities to improve the proficiency of PHAC employees to communicate and provide services to Canadians in both official languages; and
- launched a Manager Learning Series in partnership with the Canada School of Public Service to support the development of key management and leadership competencies, which was completed by 116 managers.

Staffing volumes and opportunities were limited over the last six months as the department was preparing for a reduced budget, and at-level development opportunities increased to give employees opportunities in new roles. A staffing exception and review process was established where a higher level of approval was required for external staffing. Equity and inclusion considerations were part of this process, with priority given to internal employees.

Additionally, despite a 9% reduction in substantive positions and a 16% decrease in executive roles in 2024–25, PHAC made notable progress in advancing equity in leadership. Targeted efforts led to significant increases in representation among equity seeking groups at the EX level:

- Persons with Disabilities: +50%
- Black Persons at EX-1 level: +9%
- Persons with Disabilities at EX-1 level: +32%

These trends suggest that deliberate and strategic actions, including talent development pipelines, are contributing to measurable improvements in workforce representation and leadership diversity. Overall, while opportunities for further progress remain, the data demonstrates that PHAC's inclusion and equity initiatives are producing positive results.

Supporting diversity and inclusion

PHAC's greatest asset is its skilled and engaged workforce, specializing in science, regulations, and other core competencies essential to delivering excellence in programs and services. The Agency remained committed to the Clerk's Call to Action on Anti-Racism, Equity, and Inclusion in the Federal Public Service, the Call to Action forward direction message to deputies, the Deputy Minister Commitments on Diversity and Inclusion, and the President of the Treasury Board's Priorities for actions to increase diversity and inclusion in the public service.

In 2024–25, PHAC submitted its first self-assessment on actions undertaken to advance a renewed conversation on values and ethics to the Clerk of the Privy Council, demonstrating accountability and a commitment to continuous improvement. This laid the foundation for revitalizing PHAC's Values and Ethics (V&E) Program and launching a revised Code of Conduct, which includes practical tools and examples to navigate ethical situations and highlights key areas such as equity, reconciliation, inclusion, mental health, and scientific integrity. Senior leaders across the Agency engaged over 2,100 employees at all levels (e.g., executives, executive committees, champions, networks, etc.) in robust V&E discussions in 2024-25. By the end of 2024-25:

- 79% of PHAC employees had completed the mandatory V&E employee training; and
- 65% of PHAC managers had completed the mandatory V&E manager training.

PHAC also empowered strong employee networks, recognizing their vital role in advancing inclusion, anti-racism, and reconciliation efforts across the organization. Network members contributed to policy and program development, co-led awareness activities, and participated in senior-level discussions through their respective Champions. Through the Indigenous Employee Network, PHAC promoted awareness of Indigenous-led development programs, including the Indigenous Career Management for Employees initiative led by Indigenous Services Canada. In 2024–25, six Indigenous PHAC employees participated in this program. By year-end, three remained in the program, while the others transitioned to roles within other government departments.

The Agency continued to ensure employees were informed and engaged through a range of internal communications tactics, including via accessible and inclusive town halls, newsletters and messages from the Deputy Heads and other senior officials. Results in 2024–25 included 35 all-staff messages, nine newsletters, and eight all-staff events, reaching thousands of employees.

The Centre for Ombuds and Resolution continued to offer employees a safe space to share their experiences and explore options, recourse and resources for resolving work-related issues without fear of reprisal. The Centre continued to raise awareness of systemic issues and trends to people with the authority to act and fostered collaborative approaches to managing workplace issues. In addition, it offered a range of services to build skills in conflict management, communication, emotional intelligence as well as tools to foster a more inclusive workplace.

Supporting the mental health and wellness of employees

Prioritizing the well-being and mental health of employees is crucial for fostering a productive, engaged, and resilient workforce, where individuals feel valued and empowered to thrive both professionally and personally. In 2024–25, PHAC advanced its Multi-Year Mental Health and Wellness Strategy, aligned with the National Standard for Psychological Health and Safety in the Workplace. These efforts aimed to

foster a healthy, respectful, and safe work environment by addressing both physical and psychological well-being.

Additionally, the Centre for Ombuds and Resolution provided an independent, confidential, and informal safe space where all PHAC employees can explore options, recourse, and resources to resolve a range of issues that could hinder workplace well-being.

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

Following consultations with diverse public health partners across the country, PHAC launched the Vision for Public Health Surveillance 2030, an initiative to envision what public health surveillance in Canada should look like by 2030. The Agency is dedicated to advancing this vision and has initiated a number of key actions to implement it, including upgrading its outbreak management platform and simplifying data submission for external partners, reviewing its surveillance systems and enhancing access to public health data, and commissioning an update of the Core Competencies for Public Health in Canada, which will help support essential public health functions, including surveillance. These efforts will ensure public health surveillance remains timely, equitable and capable of informing effective public health action.

PHAC also completed a renewed Data Strategy that reflects a modern, integrated approach to public health data, supporting more timely, equitable, and coordinated action. The Strategy is now in implementation and is aligned with today's public health priorities and broader government initiatives. Highlights of the renewed strategy include:

- clear and collaborative governance, including strengthened advisory bodies and integrated leadership;
- advanced data interoperability and integration through alignment with national and international standards;
- embedded equity, anti-racism, Indigenous data sovereignty, and disaggregated data practices; and
- the introduction of a formal evaluation framework to monitor implementation and support continuous improvement.

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

The Agency provided inclusive, timely, culturally appropriate and evidence-based information (evidence is based on scientific research, lived experience and community knowledge) to Canadians to help them make informed decisions on their health and safety through stakeholder and community engagement, public statements, news releases, press conferences, social media, content on Canada.ca, marketing, advertising, outreach, and partnerships. This included the publication of 58 news releases and statements along with 18 Ministerial events, over 1,000 responses to media enquiries and 78 media interviews on Agency-led activities and issues. It ensured visibility and awareness of the Agency's actions and priorities that were further supported by regular posts on the Healthy Canadians social media accounts. These channels featured 6,000 social media posts, resulting in 38 million impressions and 2.4 million followers across all platforms for both the Agency and Health Canada. Nearly 860,000 copies of PHAC and HC publications were distributed across Canada.

Working towards transparency, openness and collaboration in Agency science policy

PHAC aims to protect and promote the health of Canadians by addressing public health priorities through science, innovation, effective service delivery, and strong collaboration. In 2024–25, PHAC released its inaugural Science Strategy, which depicts a forward-looking science plan to advance health, well-being and equity for all people and communities in Canada.

Public health threats like the COVID-19 pandemic show the critical need to quickly mobilize scientific expertise to support timely, relevant, and evidence-based decisions that protect the health of Canadians. To help PHAC identify science experts who can provide science advice on public health issues, the Agency launched the PHAC Expert Roster. This will complement existing in-house expertise at PHAC and strengthen Canada's public health response capabilities. Expert selection considers equity, diversity, and inclusion, both in terms of the diversity of skills and the diversity of the Canadian population.

Anti-Racism in Science

In January 2021, the Clerk's Call to Action on Anti-Racism, Equity, and Inclusion in Federal Public Service called upon the public service to reflect on the treatment of Indigenous, Black and racialized minorities and take concrete action to remove systemic racism from our institutions and culture. In response, PHAC developed a number of interventions targeting diversity and inclusion, and committed to the continuation of initiatives combatting racism, including addressing racism in science.

In 2024–25, the Agency developed an Anti-Racism in Science Strategy, including a framework and action plan. The action plan serves as a strategic approach to systematically address, prevent, and eliminate systemic racism and racial biases within scientific practices, policies, and operations within the Agency by 2030. It outlines key priority areas and measures needed to achieve science excellence and health equity through application of anti-racism principles in organization values and culture, scientific methodologies, and nurturing a diverse and inclusive scientific workforce.

Modernizing Financial and Corporate Management Services

The Agency is dedicated to fostering innovation while ensuring strong financial stewardship of public funds. In 2024–25, PHAC modernized its internal financial and corporate functions to strengthen management and program delivery, ensuring value for money for all Canadians. The Agency:

- Strengthened financial budgeting, resource allocation, and business planning through the implementation of a Financial Accountability and Budget Management Framework, enhanced monitoring and assessments of internal controls, and the rollout of standardized Power BI reports and training to enhance financial literacy and support evidence-based decision-making.
- Enhanced financial oversight mechanisms, aligning financial data with program outcomes, and automating key financial processes using business intelligence tools.
- Strengthened PHAC's capacity to anticipate and mitigate risks by refreshing its Corporate Risk Profile to align with the evolving public health context. This update supported the integration of enterprise risk management into decision-making, priority setting, and resource allocation.
- Improved the management and delivery of Grant and Contribution programming through ongoing modernization initiatives aimed to streamline processes, increase transparency, improve digital delivery, and enhance client services.

- Streamlined and standardized administrative services by enhancing internal tools and processes, reducing duplication, and improving communication and service efficiency across the Agency.
- Conducted a pilot of Microsoft Copilot to investigate the impact of a generative artificial intelligence (AI) tool on the department's workforce to inform future procurement decisions for the Agency.
- Modernized digital solution delivery, guided by the Agency's Digital Strategy, by deploying advanced business intelligence tools and platforms that support agile operations and data-informed decision-making.

Resources required to achieve results

Table 7: Resources required to achieve results for internal services this year

Table 7 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	$154,724,825	$191,839,350
Full-time equivalents	591	620

The Finances section of the Infographic for PHAC on GC Infobase and the People section of the Infographic for PHAC on GC Infobase provide complete financial and human resources information related to its program inventory.

Contracts awarded to Indigenous businesses

Government of Canada departments are required to award at least 5% of the total value of contracts to Indigenous businesses every year.

PHAC results for 2024–25:

Table 8: Total value of contracts awarded to Indigenous businesses[a]

As shown in Table 8, PHAC awarded 1.35% of the total value of all contracts to Indigenous businesses for the fiscal year.

Contracting performance indicators	2024–25 Results
Total value of contracts awarded to Indigenous businesses[b] (A)	$1,497,540.63
Total value of contracts awarded to Indigenous and non-Indigenous businesses (B)	$156,261,174.86
Value of exceptions approved by deputy head (C)	$45,562,556.54

Contracting performance indicators	2024–25 Results
Proportion of contracts awarded to Indigenous businesses [A / (B−C) × 100]	1.35%

[a] "Contract" is a binding agreement for the procurement of a good, service, or construction and does not include real property leases. It includes contract amendments and contracts valued at less than $10,000.00.

[b] For the purposes of the minimum 5% target, the data in this table reflects how Indigenous Services Canada (ISC) defines "Indigenous business" as either:

- owned and operated by Elders, band and tribal councils
- registered in the Indigenous Business Directory
- registered on a modern treaty beneficiary business list.

For 2024–25, deputy head-approved exceptions were applied for pharmaceutical and other medicinal products and for laboratory equipment, their repair and maintenance, and the associated laboratory supplies.

Pharmaceutical products are procured through pharmaceutical companies that tightly guard confidential information to protect their intellectual property rights and are often the only global supplier. There is currently no Indigenous business capacity capable of meeting the government's needs for the highly specialized and technical products.

The Agency's laboratory programs rely on innovative specialized scientific equipment, and consumables released to market within a highly regulated environment. There is currently no Indigenous business capacity capable of meeting the government's needs for the highly specialized scientific platforms/laboratory equipment.

In its 2025–26 Departmental Plan, PHAC estimated that it would award 5% of the total value of its contracts to Indigenous businesses by the end of 2024–25. However, given the challenges due to the specialized and technical nature of the Agency's procurements, it was unable to meet its target and awarded 1.35% of the total value of contracts to Indigenous businesses. Despite these challenges, the Agency remains committed to the objective of increasing opportunities for Indigenous businesses through government procurement.

This commitment is supported by continued implementation of the following measures:

- Reporting quarterly on progress towards the target to senior management, contracting authorities, and business owners.
- Updating resources for business owners and contracting authorities on commitments, policy requirements, guidance, checklists, tools, and strategies as appropriate to increase opportunities for Indigenous businesses.
- Integrating procurement planning with departmental planning processes before the start of the fiscal year to support early identification of potential opportunities for Indigenous businesses.
- Participating in inter-departmental working groups and meetings to develop guidance and share best practices.

- Increasing awareness among business owners, contracting authorities and senior management, including promoting mandatory training requirements on Indigenous considerations in procurement for new hires.

Spending and human resources

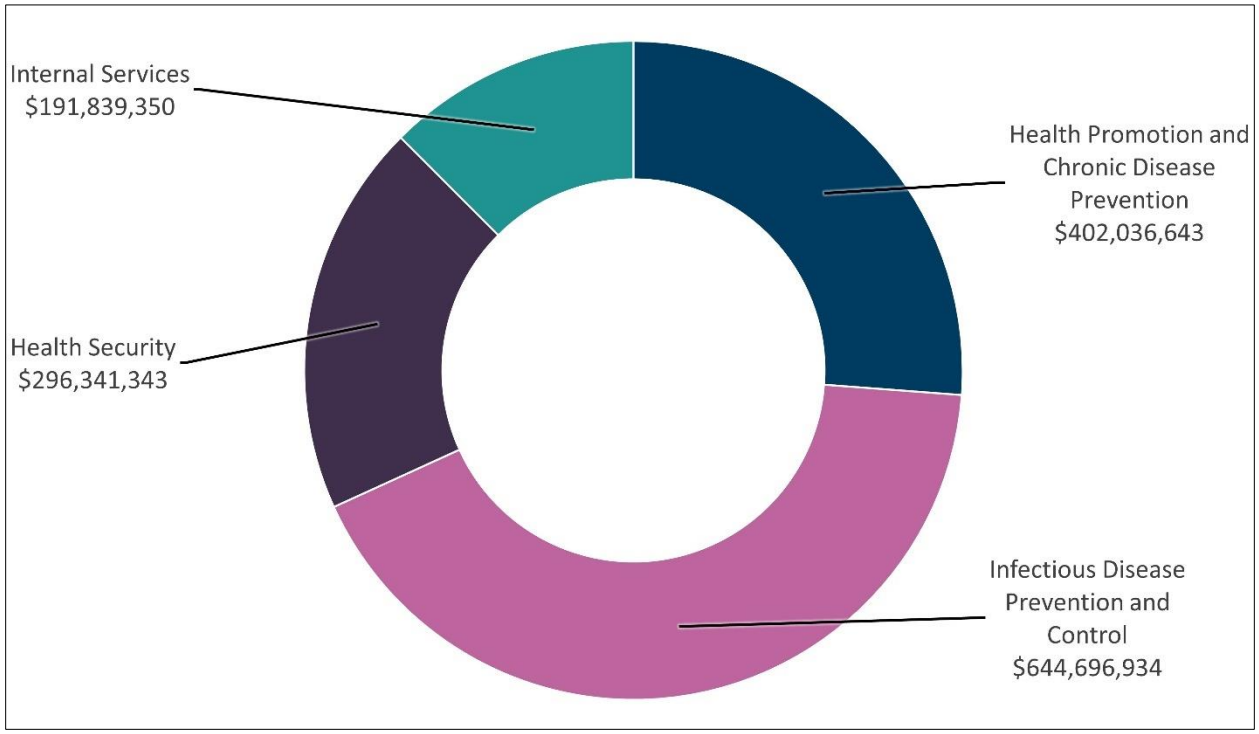
In this section

Spending

This section presents an overview of the department's actual and planned expenditures from 2022–23 to 2027–28.

Graph 1: Actual spending by core responsibility in 2024–25

Graph 1 presents how much the department spent in 2024–25 to carry out core responsibilities and internal services.



Text version of Graph 1

Core responsibilities and internal services	2024–25 actual spending
Core responsibility 1 – Health promotion and chronic disease prevention	$402,036,643
Core responsibility 2 – Infectious disease prevention and control	$644,696,934
Core responsibility 3 – Health Security	$296,341,343
Internal services	$191,839,350

Analysis of actual spending by core responsibility

In 2024–25, the Agency's spending was primarily driven by the following activities:

- Strengthening Canada's ability to detect and respond to public health events and emergencies through data and risk assessment.
- Payments to provinces and territories for the COVID-19 Proof of Vaccination Fund to provide consistent tracking of COVID-19 vaccination history (more information on this program can be found in the Supplementary Information Tables).
- The domestic production of vaccines in the event of a future pandemic or other health emergency.
- Supporting Canada's three-digit suicide prevention and emotional distress line.
- Maintaining sufficient supply of pandemic influenza vaccines.

Refocusing Government Spending

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

As part of meeting this commitment, PHAC identified the following spending reductions.

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

During 2024–25, PHAC worked to realize these reductions through the following measures:

- Right-sizing programs related to the Surveillance and Risk Assessment Initiative to better reflect operational needs outside an emergency state by:
    - halting planned staffing actions;
    - scaling back planned data acquisitions;
    - reducing the number of agreements for knowledge creation, translation and guidance activities; and
    - reducing reagent procurement and associated IT infrastructure and prioritizing distribution to the provinces and territories.

- Optimizing the use of innovative and hybrid tools and methodologies and streamlining service delivery models by:
    - conducting comprehensive reviews of operations and reallocating resources internally;
    - reducing external contracts with an increased focus on internal resources; and
    - shifting to an increased use of virtual solutions and reducing the frequency of in-person meetings.
- Downscaling and phasing out activities from the Agency's peak pandemic posture while minimizing stakeholder impacts;
- Thorough oversight and governance over contract processes to pivot from certain professional service contracts to work conducted internally while maintaining service delivery standards; and
- Prioritizing virtual engagements and meetings and reducing the number of in-person lab inspections in favour of virtual inspections as applicable.

Budgetary performance summary

Table 9: Actual three-year spending on core responsibilities and internal services (dollars)

Table 9 shows the money that PHAC spent in each of the past three years on its core responsibilities and on internal services.

Core responsibilities and internal services	2024–25 Main Estimates	2024–25 total authorities available for use	Actual spending over three years (authorities used)
Health promotion and chronic disease prevention	396,402,964	426,669,654	2022–23: 406,844,196 2023–24: 448,472,690 2024–25: 402,036,643
Infectious disease prevention and control	1,032,945,934	1,206,936,050	2022–23: 4,514,633,198 2023–24: 3,399,916,165 2024–25: 644,696,934
Health security	284,433,537	372,285,288	2022–23: 624,448,818 2023–24: 346,451,222 2024–25: 296,341,343
Subtotal	**1,713,782,435**	**2,005,890,991**	**2022–23: 5,545,926,212** **2023–24: 4,194,840,077** **2024–25: 1,343,074,920**
Internal services	154,724,825	193,826,535	2022–23: 239,851,505 2023–24: 233,691,286 2024–25: 191,839,350
Total	**1,868,507,260**	**2,199,717,526**	**2022–23: 5,785,777,716** **2023–24: 4,428,531,363** **2024–25: 1,534,914,270**

Analysis of the past three years of spending

Agency spending has continued to decline across most areas over the last years with the gradual expiry of temporary budgetary authorities related to its pandemic response including support for the Surveillance and Risk Assessment Initiative. Additional decreases in spending were realized as part of the Refocusing Government Spending initiative announced in Budget 2023.

The Health Promotion and Chronic Disease Prevention core responsibility recognized a decrease in spending in 2024–25, which is primarily attributable to the gradual expiry of the COVID-19 mental health initiatives. Additional funding for the Indigenous Early Learning and Childcare program partially offset this decrease. In contrast, increased spending for 2023–24 was driven by investments in mental health support, including the 9-8-8: Suicide Crisis Helpline, a new funding initiative for the Agency, and the Distress Line Equity Fund. Investments were also made in 2023–24 for the Dementia Strategic Fund.

Under the Infectious Disease Prevention and Control core responsibility, a noticeable reduction in spending was observed in 2024–25 primarily due to the decrease in investments related to COVID-19 response activities, including the procurement and distribution of COVID-19 vaccines and therapeutics, the Sero-Surveillance Consortium Initiative, and innovative research and procurement of testing technologies related to the pandemic. Contributing to the spending reduction in 2023–24 was the conclusion of funding to support the mpox outbreak. These reductions were partially offset by the increase in investments for the domestic production of vaccines in the event of a future pandemic or other health emergency.

Under the Health Security core responsibility, the reduced procurement of medical supplies, medical equipment and personal protective equipment resulted in a reduction of logistical and warehousing requirements. Combined, these factors are the principal reason behind decreased spending in 2024–25. From 2022–23 through 2023–24, decreases in spending are primarily due to the demobilization of border travel and quarantine measures and the reduced requirement for resources that maintained the Agency's pandemic response.

As the Agency continues to refocus its priorities away from the COVID-19 pandemic response, the reduced requirement for resources resulted in reduced spending on Internal Services in 2024–25. The increase in actual spending for Internal Services in 2024–25 compared to planned spending is primarily due to a reallocation of funds to support key priorities such as digital transformation and modernization, public health communications and capacity building in various operational areas.

The Finances section of the Infographic for PHAC on GC Infobase offers more financial information from previous years.

Table 10: Planned three-year spending on core responsibilities and internal services (dollars)

Table 10 shows PHAC's planned spending for each of the next three years on its core responsibilities and on internal services.

Core responsibilities and internal services	2025–26 planned spending	2026–27 planned spending	2027–28 planned spending
Health promotion and chronic disease prevention	405,030,363	337,916,969	285,852,272
Infectious disease prevention and control	935,835,651	738,598,251	618,410,754
Health security	298,134,719	266,462,303	164,477,011
Subtotal	**1,639,000,733**	**1,342,977,523**	**1,068,740,037**
Internal services	187,490,972	135,916,235	109,303,107
Total	**1,826,491,705**	**1,478,893,758**	**1,178,043,144**

Analysis of the next three years of spending

From 2025–26 through 2027–28, there is a downward shift in planned spending, with a gradual reduction observed in all of the Agency's core responsibilities and internal services. This is primarily due to the reduction of temporary budgetary authorities to establish an agile, resilient, and adaptive workforce in 2025–26 and their expiry in 2026–27. The reduction is slightly offset with an increase from 2025–26 to 2026–27 due to an increase in budgetary authorities for the Agency's ongoing efforts to support its long-term approach to stabilization and sustainability, which ends in 2026–27.

Decreases specific to Health Promotion and Chronic Disease Prevention relate to the expiry of budgetary authorities for 9-8-8: Suicide Crisis Helpline, Preventing Family Violence, Diabetes, and the Mental Health Promotion Innovation Fund, including the Promoting Health Equity: Mental Health of Black Canadians program.

Decreases to planned spending observed in Infectious Disease Prevention and Control are explained by the gradual expiry of budgetary authorities for the Surveillance and Risk Assessment Initiative in 2025–26, the procurement of COVID-19 vaccines and influenza vaccines in 2026–27, and a reduction in budgetary funding for the Vaccine Injury Support Program.

Further decreases in planned spending within Health Security reflect a gradual reduction in temporary budgetary authorities for the purchase of medical supplies and equipment, including personal protective equipment.

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

The Finances section of the Infographic for PHAC on GC Infobase offers more detailed financial information related to future years.

Table 11: Budgetary actual gross spending summary (dollars)

Table 11 reconciles gross planned spending with net spending for 2024–25.

Core responsibilities and internal services	2024–25 actual gross spending	2024–25 actual revenues netted against expenditures	2024–25 actual net spending (authorities used)
Health promotion and chronic disease prevention	402,036,643	0	402,036,643
Infectious disease prevention and control	644,696,934	0	644,696,934
Health security	297,339,022	997,678	296,341,343
Subtotal	**1,344,072,599**	**997,678**	**1,343,074,920**
Internal services	191,839,350	0	191,839,350
Total	**1,535,911,949**	**997,678**	**1,534,914,270**

Analysis of budgetary actual gross spending summary

As signatory to the WHO's International Health Regulations (2005), PHAC earns revenue from inspections conducted on international maritime vessels and issuing Ship Sanitation Certificates and Ship Sanitation Exemption Certificates. Fees are charged in accordance with Canada's Service Fees Act. The Agency's revenue from the inspection of maritime vessels in 2024–25 is $1 million.

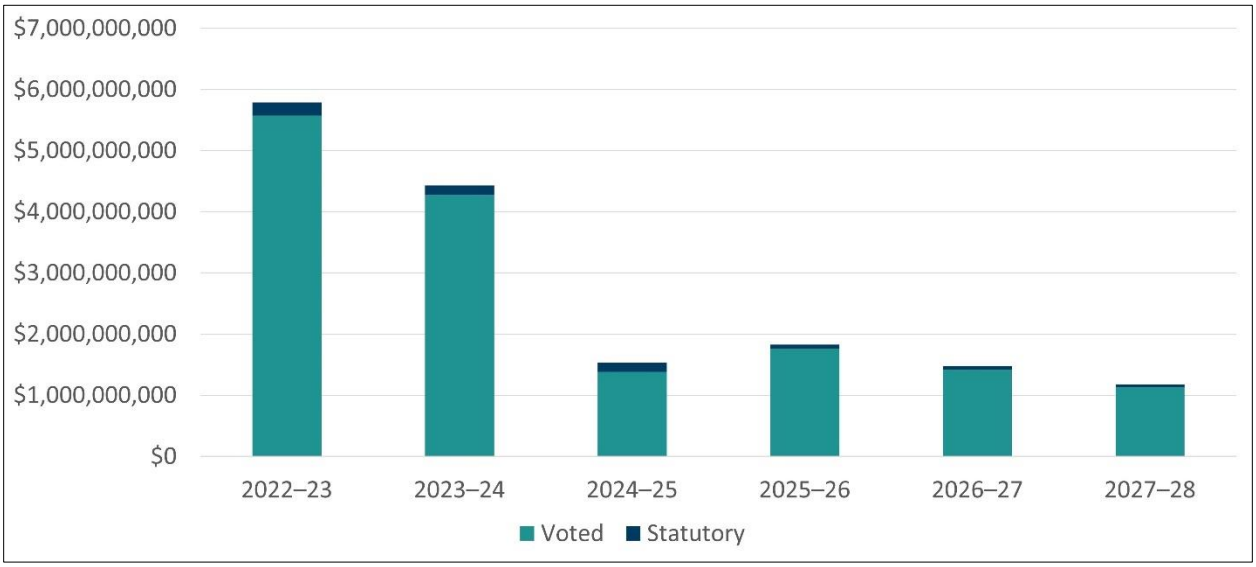
The Finances section of the Infographic for PHAC on GC Infobase offers information on the alignment of PHAC’s spending with Government of Canada’s spending and activities.

Funding

This section provides an overview of the department's voted and statutory funding for its core responsibilities and for internal services. Consult the Government of Canada budgets and expenditures for further information on funding authorities.

Graph 2: Approved funding (statutory and voted) over a six-year period

Graph 2 summarizes the department's approved voted and statutory funding from 2022–23 to 2027–28.



Text version of graph 2

Graph 2 includes the following information in a bar graph:

Fiscal year	Statutory	Voted	Total
2022–23	$216,902,943	$5,568,874,773	$5,785,777,716
2023–24	$155,564,101	$4,272,967,262	$4,428,531,363
2024–25	$155,692,768	$1,379,221,502	$1,534,914,270
2025–26	$65,896,855	$1,760,594,850	$1,826,491,705
2026–27	$61,589,068	$1,417,304,690	$1,478,893,758
2027–28	$49,838,651	$1,128,204,493	$1,178,043,144

Analysis of statutory and voted funding over a six-year period

From 2022–23 to 2023–24, the Agency noted a decrease in spending primarily due to a reduction in activities for key COVID-19 response areas such as the procurement of COVID-19 therapeutics, border testing and travel health measures, isolation sites, bolstering surge capacity to sustain the Agency's pandemic response, the COVID-19 Proof of Vaccination Fund, and medical supplies and equipment including personal protective equipment.

In 2024–25, the Agency observed a further decrease in spending primarily due to the reduction and gradual expiry of budgetary authorities in the following areas:

- Procurement and distribution of COVID-19 vaccines and therapeutics;
- Response to the outbreak of mpox in Canada;
- Procurement of medical supplies and equipment, including personal protective equipment; and

- Support for the Sero-Surveillance Consortium.

This reduction in spending was partially offset by an increase primarily in the following area:

- Strengthening Canada's domestic biomanufacturing capacity by increasing domestic pandemic vaccine production capacity and improving Canada's access to vaccines.

From 2025–26 through 2027–28, planned spending is expected to decline further and is primarily due to the gradual reduction and expiry of temporary budgetary authorities related to establishing an agile, resilient, and adaptive workforce, 9-8-8: Suicide Crisis Helpline, Preventing Family Violence, Diabetes, Promoting Health Equity: Mental Health of Black Canadians Fund, the Surveillance and Risk Assessment Initiative, the procurement of COVID-19 vaccines and influenza vaccines, the Vaccine Injury Support Program, and the purchase of medical supplies and equipment, including personal protective equipment. This reduction is slightly offset with an increase to planned expenditures from 2025–26 to 2026–27 due to an increase in budgetary authorities for the Agency's ongoing efforts to support its long-term approach to stabilization and sustainability, which ends in 2026–27.

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

Consult the Public Accounts of Canada for further information on PHAC's departmental voted and statutory expenditures.

Financial statement highlights

PHAC's Financial Statements (Unaudited) for the Year Ended March 31, 2025.

Table 12: Condensed Statement of Operations (unaudited) for the year ended March 31, 2025 (dollars)

Table 12 summarizes the expenses and revenues for 2024–25 which net to the cost of operations before government funding and transfers.

Financial information	2024–25 actual results	2024–25 planned results	Difference (actual results minus planned)
Total expenses	2,913,452,293	2,226,240,259	687,212,034
Total revenues	15,239,767	14,732,455	507,312
Net cost of operations before government funding and transfers	2,898,212,526	2,211,507,804	686,704,722

Analysis of expenses and revenues for 2024–25

The 2024–25 financial statements show that the Agency's total expenses and net costs of operations before government funding and transfers increased by $686.7 million over the 2024–25 planned results. The increase is due to the additional provision for valuation adjustments from expired, obsolete, surplus or damaged inventory and full amortization of pre-paid expenses. Revenues earned in 2024–25 remained relatively consistent compared to planned results.

The 2024–25 planned results information is provided in PHAC's Future-Oriented Statement of Operations and Notes 2024–25.

Table 13: Condensed Statement of Operations (unaudited) for 2023–24 and 2024–25 (dollars)

Table 13 summarizes actual expenses and revenues and shows the net cost of operations before government funding and transfers.

Financial information	2024–25 actual results	2023–24 actual results	Difference (2024–25 minus 2023–24)
Total expenses	2,913,452,293	5,705,430,411	-2,791,978,118
Total revenues	15,239,767	24,997,329	-9,757,562
Net cost of operations before government funding and transfers	2,898,212,526	5,680,433,082	-2,782,220,556

Analysis of differences in expenses and revenues between 2023–24 and 2024–25

The 2024–25 financial statements underscore the Agency's continued commitment to identifying and addressing emerging public health concerns through strategic investments, targeted programs, and resource allocation. As the Agency shifts its priorities and operations away from the COVID-19 pandemic response, it is renewing its focus on strengthening Canada's ability to detect and respond to public health events and emergencies through data and risk assessment, the domestic production of vaccines in the event of a future pandemic or other health emergency, supporting Canada's three-digit suicide prevention and emotional distress line, and maintaining sufficient supply of pandemic influenza vaccines. In 2024–25, total expenses and net cost of operations before government funding and transfers decreased by $2.8 billion over the previous fiscal year.

The decrease in expenditures can be attributed to reduced procurement of COVID-19 vaccines and therapeutics, medical supplies and equipment, including personal protective equipment, and decreases in spending related to the response to the mpox outbreak in Canada, and support for the Sero-surveillance Consortium.

Revenues earned in 2024–25 decreased by $9.8 million as compared to the previous year. The variance is primarily due to the decrease in gains on foreign exchange valuations on vaccine and therapeutics purchases.

Table 14: Condensed Statement of Financial Position (unaudited) as at March 31, 2025 (dollars)

Table 14 provides a brief snapshot of the amounts the department owes or must spend (liabilities) and its available resources (assets), which helps to indicate its ability to carry out programs and services.

Financial information	Actual fiscal year (2024–25)	Previous fiscal year (2023–24)	Difference (2024–25 minus 2023–24)
Total net liabilities	265,272,639	369,346,653	-104,074,014
Total net financial assets	226,350,217	329,963,367	-103,613,150
Departmental net debt	38,922,422	39,383,286	-460,864
Total non-financial assets	1,777,526,071	3,189,997,256	-1,412,471,185
Departmental net financial position	1,738,603,648	3,150,613,970	-1,412,010,321

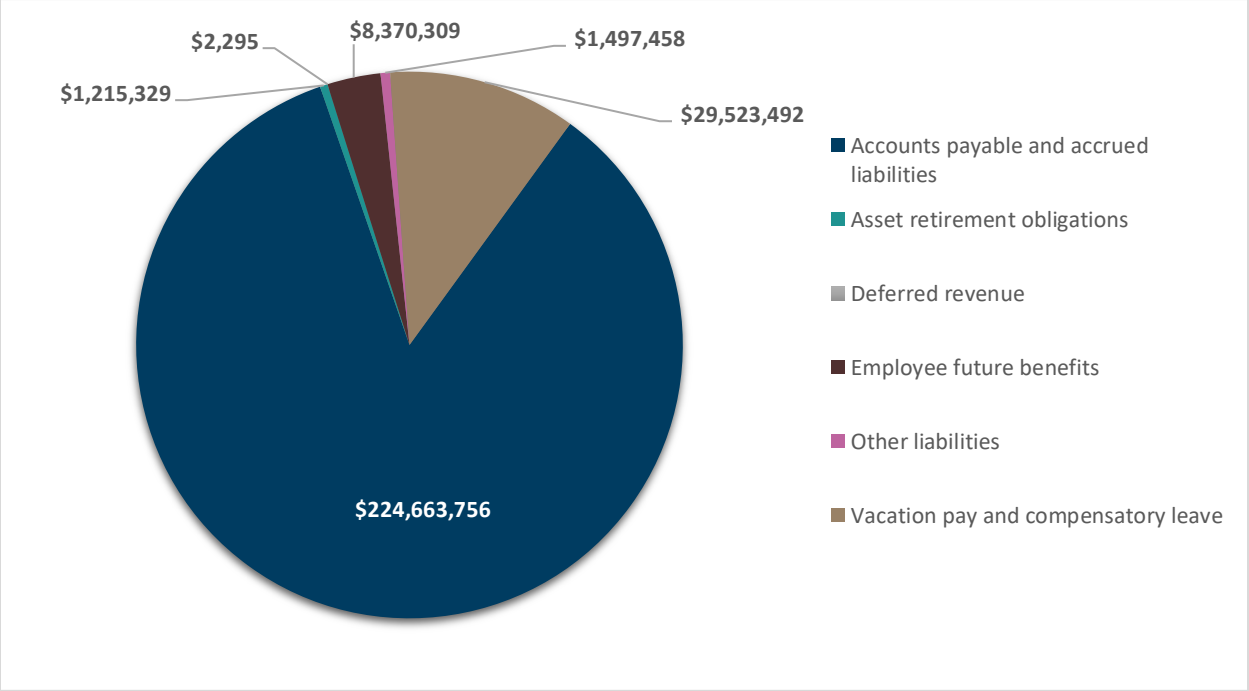
Analysis of department's liabilities and assets since last fiscal year

The Agency's net financial position decreased over the previous year primarily due to:

- A decrease in pre-paid expenses where the contracts for COVID-19 vaccines and therapeutics are now complete;
- A decrease in inventory of COVID-19 therapeutics and vaccines, and medical supplies and equipment, including personal protective equipment as a result of reduced levels of procurement compared to previous years; and
- A reduction in testing technologies related to the pandemic.

Graph 3: Liability by Type

Graph 3 presents the department's liabilities by type and their corresponding dollar values.



Source: Public Health Agency of Canada – Departmental Financial Statements.

Text version of graph 3

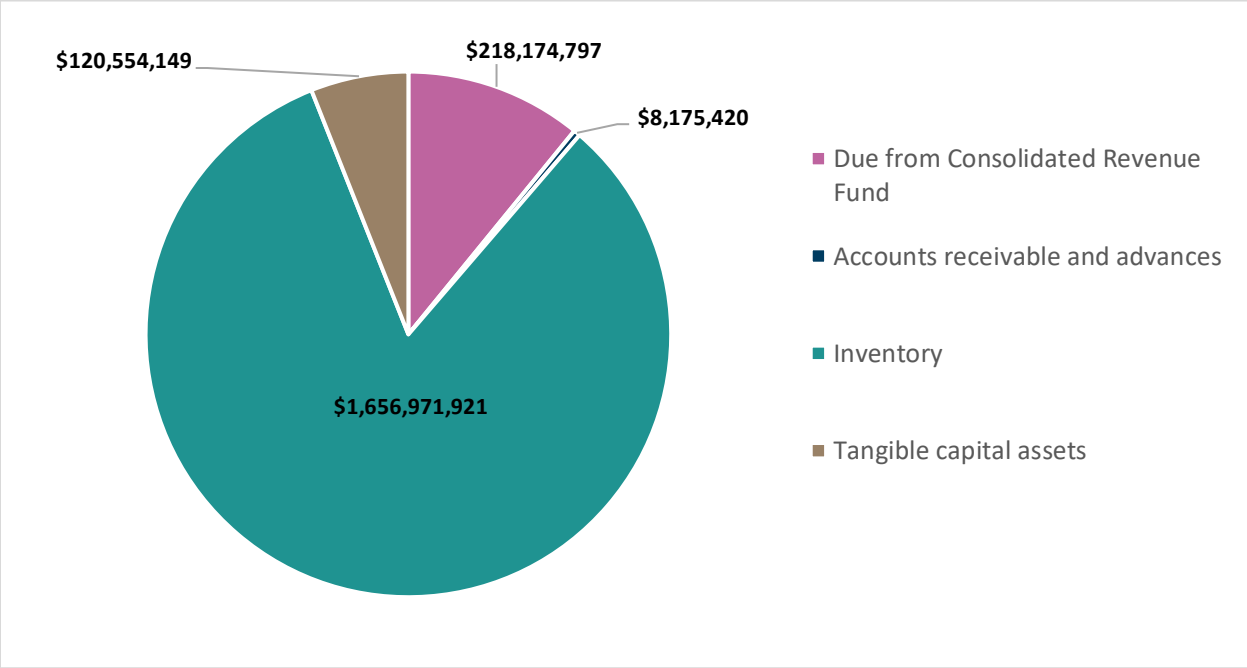
Graph 3 is a pie chart illustrating PHAC's liabilities by type and their corresponding dollar values:

Liability Type	Amount
Accounts payable and accrued liabilities	$224,663,756
Vacation pay and compensatory leave	$29,523,492
Employee future benefits	$8,370,309
Other liabilities	$1,497,458
Asset retirement obligations	$1,215,329
Deferred revenue	$2,295

Total net liabilities were $265,272,638, a decrease of $104,074,014 (39.2%) over the previous year's total. The reduction is mainly due to decreased temporary short-term liabilities and accounts payable at year-end. These short-term liabilities are largely funded by the amount included in the Due from the Consolidated Revenue Fund asset account.

Graph 4: Assets by Type

Graph 4 presents the department's assets by type and their corresponding dollar values.



Source: Public Health Agency of Canada – Departmental Financial Statements.

Text version of graph 4

Graph 4 is a pie chart illustrating PHAC's assets by type and their corresponding dollar values:

Asset Type	Amount
Inventory	$1,656,971,921
Due from consolidated revenue fund	$218,174,797
Tangible capital assets	$120,554,149
Accounts receivable and advances	$8,175,420

Total net assets (including non-financial assets) decreased by $1,516,084,335 since 2023–24 to a total of $2,003,876,287. The variance can be primarily attributed to decreases related to:

- Prepaid expenses related to COVID-19 contracts which are now complete;
- Inventory of COVID-19 pharmaceuticals and vaccines;
- Medical supplies and equipment, including personal protective equipment as a results of reduced levels of procurement; and
- Payables at year end to other government departments and external parties.

Human resources

This section presents an overview of the department's actual and planned human resources from 2022–23 to 2027–28.

Table 15: Actual human resources for core responsibilities and internal services

Table 15 shows a summary in full-time equivalents of human resources for PHAC's core responsibilities and for its internal services for the previous three fiscal years.

Core responsibilities and internal services	2022–23 actual full-time equivalents	2023–24 actual full-time equivalents	2024–25 actual full-time equivalents
Health promotion and chronic disease prevention	653	675	653
Infectious disease prevention and control	1,948	2,096	2,015
Health security	1,282	804	747
Subtotal	**3,883**	**3,575**	**3,415**
Internal services	682	616	620
Total	**4,565**	**4,191**	**4,035**

Analysis of human resources for the last three years

From 2022–23 to 2023–24, the Agency's full-time equivalents (FTEs) decreased due to the gradual reduction in activities for key COVID-19 response areas such as the procurement and distribution of COVID-19 vaccines, medical supplies and equipment, including personal protective equipment, border testing and travel measures, and bolstering surge capacity to sustain the Agency's pandemic response. Further decreases were also observed due to the decrease in budgetary authorities to support health assessments for Afghans and Ukrainians coming into Canada.

As the Agency's time-limited funding winds down, the decrease in the Agency's FTEs from 2023–24 to 2024–25 is primarily driven by the gradual reduction of budgetary authorities to establish an agile, resilient and adaptive workforce. In addition, measures were implemented during the fiscal year in an effort to align available resources to priorities of Canadians. This was achieved by not renewing a majority of terms ending as of March 31, 2025.

Table 16: Human resources planning summary for core responsibilities and internal services

Table 16 shows the planned full-time equivalents for each of PHAC's core responsibilities and for its internal services for the next three years. Human resources for the current fiscal year are forecast based on year to date.

Core responsibilities and internal services	2025–26 planned full-time equivalents	2026–27 planned full-time equivalents	2027–28 planned full-time equivalents
Health promotion and chronic disease prevention	651	796	518
Infectious disease prevention and control	1,303	1,090	966
Health security	582	650	356
Subtotal	**2,536**	**2,536**	**1,840**
Internal services	545	329	327
Total	**3,081**	**2,865**	**2,167**

Analysis of human resources for the next three years

The Agency's FTEs reflect an update to the methodology previously used and is based on workforce affordability. The FTEs gradually decrease from 2025–26 onward. This decrease in overall FTEs from within each core responsibility and internal services is mainly due to the expiration of budgetary authorities to establish an agile, resilient and adaptive workforce in 2026–27.

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

Supplementary information tables

The following supplementary information tables are available on PHAC's website:

- Details on transfer payment programs
- Gender-based Analysis Plus
- Response to Parliamentary committees and external audits

Federal tax expenditures

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the Report on Federal Tax Expenditures. This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs as well as evaluations and GBA Plus of tax expenditures.

Corporate information

Departmental profile

Appropriate minister: The Honourable Marjorie Michel, P.C., M.P., Minister of Health

Institutional head: Nancy Hamzawi

Ministerial portfolio: Health

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

Year of incorporation / commencement: 2004

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

Departmental contact information

Mailing address:

Public Health Agency of Canada
130 Colonnade Road
Ottawa, ON K1A 0K9

Telephone: 1-844-280-5020

Website: Public Health Agency of Canada

Definitions

appropriation (crédit)

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

budgetary expenditures (dépenses budgétaires)

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

core responsibility (responsabilité essentielle)

An enduring function or role of a department. The departmental results listed for a core responsibility reflect the outcomes that the department seeks to influence or achieve.

Departmental Plan (plan ministériel)

A report that outlines the anticipated activities and expected performance of an appropriated department over a 3-year period. Departmental Plans are usually tabled in Parliament in spring.

departmental priority (priorité)

A plan, project or activity that a department focuses and reports on during a specific planning period. Priorities represent the most important things to be done or those to be addressed first to help achieve the desired departmental results.

departmental result (résultat ministériel)

A high-level outcome related to the core responsibilities of a department.

departmental result indicator (indicateur de résultat ministériel)

A quantitative or qualitative measure that assesses progress toward a departmental result.

departmental results framework (cadre ministériel des résultats)

A framework that connects the department's core responsibilities to its departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)

A report outlining a department's accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

Full-time equivalent (équivalent temps plein)

Measures the person years in a departmental budget. An employee's scheduled hours per week divided by the employer's hours for a full-time workweek calculates a full-time equivalent. For example, an employee who works 20 hours in a 40-hour standard workweek represents a 0.5 full-time equivalent.

Gender-based Analysis Plus (GBA Plus) (analyse comparative entre les sexes plus [ACS Plus])

An analytical tool that helps to understand the ways diverse individuals experience policies, programs and other initiatives. Applying GBA Plus to policies, programs and other initiatives helps to identify the

different needs of the people affected, the ways to be more responsive and inclusive, and the methods to anticipate and mitigate potential barriers to accessing or benefitting from the initiative. GBA Plus goes beyond biological (sex) and socio-cultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography (including rurality), language, race, religion, and sexual orientation.

government priorities (priorités pangouvernementales)

For the purpose of the 2024–25 Departmental Results Report, government priorities are the high-level themes outlining the government's agenda as announced in the 2021 Speech from the Throne.

horizontal initiative (initiative horizontale)

A program, project or other initiative where two or more federal departments receive funding to work collaboratively on a shared outcome usually linked to a government priority, and where the ministers involved agree to designate it as horizontal. Specific reporting requirements apply, including that the lead department must report on combined expenditures and results.

Indigenous business (entreprise autochtones)

For the purposes of a Departmental Result Report, this includes any entity that meets the Indigenous Services Canada's criteria of being owned and operated by Elders, band and tribal councils, registered in the Indigenous Business Directory or registered on a modern treaty beneficiary business list.

non-budgetary expenditures (dépenses non budgétaires)

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

performance (rendement)

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

performance indicator (indicateur de rendement)

A qualitative or quantitative measure that assesses progress toward a departmental-level or program-level result, or the expected outputs or outcomes of a program, policy or initiative.

plan (plan)

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

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to the amounts presented in Main Estimates. Departments must determine their planned spending and be able to defend the financial numbers presented in their Departmental Plans and Departmental Results Reports.

program (programme)

An Individual, group, or combination of services and activities managed together within a department and focused on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

A listing that identifies all the department's programs and the resources that contribute to delivering on the department's core responsibilities and achieving its results.

result (résultat)

An outcome or output related to the activities of a department, policy, program or initiative.

statutory expenditures (dépenses législatives)

Spending approved through legislation passed in Parliament, other than appropriation acts. The legislation sets out the purpose and the terms and conditions of the expenditures.

Sex- and Gender-based Analysis Plus (SGBA Plus) (analyse comparative entre le sexe et le genre Plus [ACSG Plus])

The Government of Canada's Health Portfolio has a mandate to apply SGBA Plus to advance health equity, diversity, and inclusion in all its policies, programs, and initiatives. SGBA Plus is an analytical, intersectional approach that is used to assess how determinants of health interact and intersect with each other and broader systems of power, contributing to differences in accessing health resources and health outcomes. Applying SGBA Plus enables the Health Portfolio to formulate responsive and inclusive health research, policies, services, programs and other initiatives to promote greater health equity.

target (cible)

A quantitative or qualitative, measurable goal that a department, program or initiative plans to achieve within a specified time period.

voted expenditures (dépenses votées)

Spending approved annually through an appropriation act passed in Parliament. The vote also outlines the conditions that govern the spending.