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

The Public Health Agency of Canada 2026–27 Departmental Plan

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

Minister of Health

Canada

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Public Health Agency of Canada's 2026–27 Departmental Plan

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At a glance

This departmental plan details the Public Health Agency of Canada (PHAC)'s priorities, plans, and associated costs for the upcoming three fiscal years.

These plans align with the priorities outlined in the Mandate Letter, as well as PHAC's Vision, mission, raison d'être and operating context.

Key priorities

PHAC identified the following key priorities for 2026–27:

- Support the mental and physical health of Canadians through the promotion of improved health behaviours to reduce the risk of chronic disease as well as suicide prevention efforts
- Prepare for and respond to public health events such as infectious disease outbreaks, pandemics, and emergencies
- Increase vaccination rates in Canada overall and reduce gaps in vaccination among populations with lower coverage
- Reduce the emergence and spread of antimicrobial resistance (AMR) and promote responsible use of antimicrobials

- Work with domestic and international partners to strengthen health security and support a strong, sovereign Canada
- Advance data and information management in public health to ensure the responsible collection, use, and sharing of data
- Lead and enable relevant, timely, and credible science and innovation while striving to address mis- and disinformation related to public health

Comprehensive Expenditure Review

The government is committed to restraining the growth of day-to-day operational spending to make investments that will grow the economy and benefit Canadians.

As part of meeting this commitment, PHAC is planning the following spending reductions:

- **2026-27**: $12,700,000
- **2027-28**: $72,600,000
- **2028-29:** $88,800,000

It is anticipated that these spending reductions will involve a decrease of approximately 53 full-time equivalents by 2028–29.

PHAC will achieve these reductions by doing the following:

- improving how it operates and refocusing some programs, while keeping the essential work that protects Canadians' health and safety;
- simplifying how programs are delivered by combining grants and contribution programs into larger funding streams, focusing spending on PHAC's core public health priorities, supporting partners that can clearly show results, and allowing programs to be more flexible and responsive;
- improving how it plans and manages contracts to better match needs and reduce costs; and
- cutting administrative costs by standardizing processes, clarifying roles and responsibilities, making better use of IT systems, and removing duplicate work.

The figures in this departmental plan reflect these reductions.

Highlights for PHAC in 2026–27

Launch of the renewed Canadian Task Force on Preventive Health Services

In 2026–27, PHAC will launch a renewed Canadian Task Force on Preventive Health Services as an External Advisory Body, incorporating recommendations from the 2025 External Expert Review (EER) report to make preventive health care guidelines more inclusive, transparent, and responsive to the needs of Canadians. The Agency will provide secretariat and scientific support to the Task Force to develop clinical practice screening guidelines and resources.

Canada's Pandemic Preparedness Plan

In 1988, Canada was among the first countries in the world to develop a national pandemic plan, which focused on pandemic influenza. Over time, this plan evolved into "Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector" (CPIP). Although its focus is to guide Canada through an influenza pandemic, it still provided a crucial foundation for the COVID-19 pandemic response.

Canada learned a great deal from the COVID-19 pandemic, and gained valuable lessons on how to respond to diseases that could cause a pandemic. Working together with federal, provincial, territorial and First Nations, Inuit and Metis partners, as well as interest holders and subject matter experts, PHAC has used these lessons to build on the CPIP and develop a more comprehensive "Canada's Pandemic Preparedness Plan". This plan will be published in 2026–27, and will focus on guiding Canada through pandemics caused by respiratory infectious diseases. Going forward, PHAC will develop approaches for the ongoing socialization, maintenance and continuous improvement of the Plan.

Advancing international engagement to build Canada's health resilience

The Agency will leverage opportunities to improve the health and well-being of people in Canada and support Canada's role in strengthening global health by deepening existing key multilateral and bilateral relations and exploring relationships with new and emerging partners. In 2026–27, PHAC will deepen collaboration with international partners, including the European Union and the United Kingdom, and ensure that public health priorities and interests are reflected in the negotiation, implementation, and review of trade agreements. PHAC will also conduct surveillance to allow for early detection and risk assessment of domestic and international public health threats, which will trigger notifications and public health alerts, including reporting to the WHO under the International Health Regulations, as needed.

Strengthening Evidence and Public Trust in Public Health

In 2026–27, PHAC will support research to close critical knowledge gaps in public health measures and ensure its guidance is grounded in strong scientific evidence. For example, the Health, Attitudes, and Behavioural Insights Tracker (HABIT) survey will examine public trust in the Agency, science, and experts, along with attitudes toward surveillance, health literacy, artificial intelligence, and emerging health issues such as H5N1 and measles. These insights will deepen understanding of trust levels, reveal how trust influences health behaviours, and support the development of effective, evidence-based communication strategies to guide decision-making.

In 2026–27, total planned spending (including internal services) for PHAC is $1,527,423,768 and total planned full-time equivalent staff (including internal services) is 2,854.

Summary of planned results

The following provides a summary of the results the department plans to achieve in 2026–27 under its main areas of activity, called "core responsibilities."

Core responsibility 1: Health promotion and chronic disease prevention

Planned spending: $341,209,439
Planned human resources: 489

In partnership with provinces and territories, PHAC will strive to mitigate chronic disease and promote better health by conducting public health research and supporting community-based projects. The Agency will support those living with chronic diseases such as dementia, promote mental health and strengthen suicide prevention measures, address diabetes through the Framework for Diabetes in Canada, and support children and adults in adopting healthy behaviours.

More information about Health promotion and chronic disease prevention can be found in the full plan.

Core responsibility 2: Infectious disease prevention and control

Planned spending: $744,827,133
Planned human resources: 1,326

In the coming year, efforts will be directed toward protecting Canadians by reducing the spread of infectious diseases. PHAC will work to improve vaccination coverage rates, combat antimicrobial resistance, prepare for and respond to infectious disease threats, and continue to be a trusted source of science and evidence-based information for Canadians.

More information about Infectious disease prevention and control can be found in the full plan.

Core responsibility 3: Health security

Planned spending: $257,026,945
Planned human resources: 584

Planned initiatives for this year will involve mitigating risks linked to pathogens and toxins, within the purview of *Canada's Human Pathogens and Toxins Act*, including legislative and regulatory improvements, managing health concerns related to travel, and preparing for public health events and emergencies. The Agency will work to strengthen compliance and modernize oversight related to biosafety and biosecurity, monitor and address communicable diseases and other travel-related health risks at the country's borders, and strengthen Canada's readiness for health emergencies.

More information about Heath security can be found in the full plan.

For complete information on PHAC's total planned spending and human resources, read the Planned spending and human resources section of the full plan.

From the Minister

I am pleased to present the 2026–27 Departmental Plan for the Public Health Agency of Canada (PHAC). The Plan outlines priorities for the year ahead and serves as a roadmap to the approaches the Agency uses to help protect public health across the country. Evidence consistently shows that early investments in public health deliver significant benefits—ranging from longer life expectancy and reduced strain on health-care systems, to stronger economic performance that is driven by a healthier population.

Looking ahead, PHAC will continue working with federal, provincial and territorial partners to strengthen cross-sector coordination that promotes healthy living and increases physical activity, striving to prevent chronic disease and enhancing overall physical and mental well-being. The Agency will advance prevention, management, and treatment efforts by continuing to implement the Framework for Diabetes in Canada and supporting diverse community-based projects. Additionally, PHAC will maintain its support for the National Autism Network to address key autism priorities.

PHAC will further strengthen mental health and suicide prevention efforts by supporting key initiatives like the Kids Help Phone and the 9-8-8: Suicide Crisis Helpline, and by funding projects that encourage positive mental health and reduce mental health inequities. The Agency will work to prevent family violence by delivering and testing interventions designed to influence knowledge, skills, attitudes, and behaviours.

Through prevention and education efforts, harm reduction initiatives, as well as improved data and evidence collection, the Agency will guide public health actions to address the illegal drug crisis. In addition, PHAC will continue to respond to the complex and persistent crisis, with a particular focus on supporting communities and populations at increased risk of substance use-related harms.

PHAC's national and international leadership will help prepare for and respond to public health threats, such as outbreaks of communicable diseases. The Agency will lead initiatives focused on increasing vaccination rates across the country, including monitoring coverage and uptake drivers through behavioural science research to guide strategies to address hesitancy, and publishing expert guidance to support provincial and territorial decision making on vaccination policies and programs. PHAC will also track and respond to the spread of sexually transmitted, zoonotic, respiratory, and vaccine preventable infectious diseases, as well as antimicrobial resistance (AMR), tuberculosis, and foodborne illness outbreaks.

Furthermore, PHAC will strengthen its oversight of human pathogens and toxins within the purview of the *Human Pathogens and Toxins Act* to advance health security goals in biosafety and biosecurity. Through the National Microbiology Laboratory, PHAC will work with the international community to contribute to the global public health fight against deadly diseases, such as COVID-19, the Ebola virus, and other emerging infections. PHAC will also continue its efforts to mitigate the spread of AMR through a coordinated One Health approach, identifying linkages between human, animal, plant and environmental health to address threats brought on by AMR. Additionally, the National Emergency Strategic Stockpile will continue to maintain medical asset

capacity, such as personal protective equipment, vaccines and pharmaceuticals to respond to potential public health events in Canada.

PHAC remains committed to scientific excellence and innovation. By promoting greater transparency, openness, and collaboration in its scientific work, the Agency will reinforce its standing as a science-driven organization and a trusted source of public health information for Canadians. This approach will also position PHAC as a key hub for sharing Canada's public health expertise with the global community.

Health equity considerations will guide all the Agency's actions across its policies, programs, and initiatives to facilitate improved access to the conditions and opportunities that are essential for resilience and optimal health.

PHAC is working in 2026–27 to integrate the use of Artificial Intelligence (AI), developing and using AI tools to increase productivity, decrease operating costs, and improve service delivery. As in previous years, PHAC employees will play a central role in delivering the initiatives outlined in this plan. I am grateful for their ongoing efficiency, innovation, expertise, and resilience. I also extend my appreciation to the many public health workers who will help support the well-being of Canadians in 2026–27.

I encourage everyone to read the 2026–27 Departmental Plan to learn more about the Agency's work this upcoming year.

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

Minister of Health

Plans to deliver on core responsibilities and internal services

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 inequalities 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 environments that increase physical activity can also improve the environment by making communities more walkable, creating green spaces, and improving urban design;
- supporting the health and well-being of young children and parents contributes to better overall quality of life in the long term across the population;
- improving mental health across the population, and especially in youth, also improves economic productivity and community cohesion; 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, leading to greater fairness and inclusion.

Indicators, results and targets

This section presents details on the department's indicators, the actual results from the three most recently reported fiscal years, the targets and target dates for Health promotion and chronic disease prevention. Details are presented by departmental result.

Table 1: Result 1.1: Chronic diseases and conditions are monitored and prevented

Table 1 provides a summary of the target and actual results for each indicator associated with the results under Health promotion and chronic disease prevention.

Departmental Result Indicators	Actual Results	2026–27 Target	Date to achieve target
Rate of newly diagnosed diabetes mellitus cases (types combined), excluding gestational diabetes, aged 1 year or older, per 100,000 population [a]	2022-23: 605 per 100,000 (95% confidence intervals (CIs): 603-608) Source: CCDSS 2020-21 2023-24: 703 per 100,000 (95% CIs: 700–706) Source: CCDSS 2021-22 2024-25: 736 per 100,000 (95% Cis: 733-738) Source: CCDSS 2022-23	754 (95% CIs: 750-757)	Oct. 31, 2027
Health-adjusted life expectancy (HALE) at age 65, in years [b]	2022-23: 15.1 years Source: Statistics Canada 2020 2023-24: 15.3 years Source: Statistics Canada 2023 2024-25: 15.3 years Source: Statistics Canada 2023	15.5 years	Mar. 31, 2030

% of adults (18-79 years) in Canada with obesity [c]	2022-23: 24.3% Source: CHMS 2018-19 2023-24: 24.3% (Source: CHMS 2018-19) 2024-25: 24.3% (Source: CHMS 2018-19)	26.2%	Mar. 31, 2030
% of children (5-11 years) and youth (12-17 years) in Canada with obesity [c]	2022-23: 10.1% (Source: CHMS 2018-19) 2023-24: 10.1% (Source: CHMS 2018-19) 2024-25: 10.1% (Source: CHMS 2018-19)	11.7%	Mar. 31, 2030

[a] 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); new data are released annually in October. Diabetes incidence rate should remain below or within the 95% confidence interval of the baseline year (i.e., 750-757). Changes in diabetes incidence may be driven by multiple factors, including (but not limited to) the COVID-19 pandemic, differences in healthcare seeking behaviour, the availability and use of healthcare services, as well as true changes in health status. As such, use caution when interpreting this indicator. Estimates are age-standardized to the 2021 Canadian population. Additional trending over time and disaggregation by age, sex and geography can be found on the Canadian Chronic Disease Surveillance Data Tool and the Health of People in Canada Dashboard.

[b] HALE at age 65 is calculated by Statistics Canada on a periodic basis and data can be found at https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310037001. HALE at age 65 is calculated using two steps. Step 1, the health status of the population (household and institutionalized) is estimated using the Health Utility Index by sex and age group. Step 2, life expectancy is calculated using a modified Sullivan method. Age and sex specific person-years lived are adjusted based on the health status calculated in Step 1. Additional disaggregation by sex and geography can be found on the Health of People in Canada Dashboard.

[c] These indicators rely on measured BMI data from the Canadian Health Measures Survey (CHMS). As of 2025, new data from the CHMS will be reportable every 2 years. The COVID-19 pandemic disrupted data collection for the CHMS, resulting in a gap in reporting between 2018-19 and 2023-24. This indicator measures the number of people that are classified as obese according to Body Mass Index (BMI). For adults, obesity is defined as BMI>= 30.0 kg/m^2. For children, obesity is defined using age and sex specific BMI cut-offs based on the World Health Organization (WHO) definition. Actual results based on crude rate. Additional trending over time and disaggregation by age and sex can be found on the Health of People in Canada Dashboard.

Table 2: Result 1.2: People in Canada are supported to improve their physical and mental health, and health behaviours

Table 2 provides a summary of the target and actual results for each indicator associated with the results under Health promotion and chronic disease prevention.

Departmental Result Indicators	Actual Results	2026–27 Target	Date to achieve target
Percentage of people, aged 18 years or older, who said their health was “very good” or “excellent” [a]	2022-23: 58.8% Source: CCHS 2021 2023-24: 53.8% Source: CCHS 2022 2024-25: 52.2% Source: CCHS 2023	52.0%	Mar. 31, 2027
% of people in Canada (aged 18 years and older) who said their mental health was “very good” or “excellent” [b]	2022-23: 58.7% Source: CCHS 2021 2023-24: 54.8% Source: CCHS 2022 2024-25: 53.8% Source: CCHS 2023	53.7%	Mar. 31, 2027
% of people in Canada (aged 12–17 years) who said their mental health was "very good" or "excellent" [c]	2022-23: 66.2% Source: CHSCY 2019 2023-24: 66.2% Source: CHSCY 2019 2024-25: 58.4% Source: CHSCY 2023	62.0%	Mar. 31, 2027
% of children and youth, aged 5 to 17 years, that accumulate an average of at least 60 minutes of moderate-to-vigorous physical activity per day [d]	2022-23: 43.9% Source: CHMS 2018-19 2023-24: 43.9% Source: CHMS 2018-19 2024-25: 43.9% Source: CHMS 2018-19	48.3%	Mar. 31, 2030
% of adults who meet physical activity recommendations by accumulating at least 150 minutes of moderate-to-vigorous physical activity per week [d]	2022-23: 49.2% Source: CHMS 2018-19 2023-24: 49.2% Source: CHMS 2018-19 2024-25: 49.2% Source: CHMS 2018-19	53%	Mar. 31, 2030

[a] This indicator relies on data from the Canadian Community Health Survey (CCHS) and is reported annually. It measures the percentage of the population who self-rate their health as being "excellent" or "very good" (vs. poor, fair or good) and is expressed as a proportion of the total population. Additional trending over time and disaggregation by age, sex and geography can be found on the Health of People in Canada Dashboard.

[b] This indicator relies on data from the Canadian Community Health Survey (CCHS) and is reported annually. It measures the percentage of the population who self-rate their mental health as being "excellent" or "very good" (vs. poor, fair or good) and is expressed as a proportion of the total population. Additional trending over time and disaggregation by age, sex and geography can be found on the Health of People in Canada Dashboard.

[c] This indicator relies on data from the Canadian Health Survey on Children and Youth (CHSCY) and is measured annually. It reports the number of youth aged 12-17 years who report their mental health is "very good" or "excellent".

[d] These indicators rely on device-measured data from the Canadian Health Measures Survey (CHMS). As of 2025, new data from the CHMS will be reportable every 2 years. The COVID-19 pandemic disrupted data collection for the CHMS, resulting in a gap in reporting between 2018-19 and 2023-24. Both indicators are based on the Canadian 24-Hour Movement Guidelines' age-specific physical activity recommendations for adults (i.e., at least 150 min of moderate-to-vigorous physical activity per week) and children and youth (i.e., at least 60 min of moderate-to-vigorous physical activity per day). Additional trending over time and disaggregation by age and sex for children and youth can be found on the Health of People in Canada Dashboard.

Additional information on the detailed results and performance information for PHAC's program inventory is available on GC InfoBase.

Plans to achieve results

The following section describes the planned results for Health promotion and chronic disease prevention in 2026–27.

Result 1.1: Chronic diseases and conditions are monitored and prevented

Results we plan to achieve

Informing Public Health Policy through Surveillance and Data on Chronic Diseases and Conditions

In 2026–27, PHAC will continue to strengthen national data and surveillance across chronic diseases and conditions throughout the life course. Our partnerships with provinces, territories and hospitals are the backbone of key surveillance systems, including the Canadian Chronic Disease Surveillance System, the Canadian Perinatal Surveillance System, the Canadian Hospital Injury and Prevention Program, the Canadian Paediatric Surveillance Program, and the Cancer in Young People in Canada program. Together, these systems generate national estimates and track trends over time, disaggregated by age and sex, for a range of health outcomes such as diabetes, dementia, cardiovascular disease, childhood cancers, injuries, stillbirths, maternal morbidity, and multimorbidity, among others. PHAC also collaborates with provinces, territories, and cancer stakeholders/partners to monitor cancer trends and generate evidence to inform policy on prevention, screening, and reducing the burden of cancer on Canadians. PHAC will also complement surveillance systems data with national surveys administered by Statistics Canada to expand evidence on priority health issues, including maternal and child health, autism, mental illness, and diabetes.

Through strengthened surveillance activities, PHAC is supporting the implementation of the national frameworks on diabetes, dementia, and autism. For diabetes, PHAC will refine methods to produce more accurate prevalence estimates by type and monitor complications and comorbidities, contributing to the Framework for Diabetes in Canada. For dementia, PHAC will enhance routine data collection on dementia through the Canadian Chronic Disease Surveillance System, supporting Canada's national dementia strategy.

Collectively, these actions will deliver more timely, high-quality surveillance evidence to help inform public health policy, program and actions. This will accelerate progress on national frameworks, support the prevention of chronic conditions, and inform policies related to reducing the burden of chronic diseases and conditions on Canadians. In support of open data, transparency and accessibility of public health information, surveillance findings will be made publicly available through the Health Infobase, which is the primary vehicle for making surveillance data available to the public via interactive data tools, dashboards and visualizations.

Helping people living in Canada prevent diabetes

Diabetes is one of the most common chronic diseases affecting people living in Canada and rates continue to rise globally. In 2026–27, PHAC will work to address diabetes in line with the Framework for Diabetes in Canada. The Framework provides a common policy direction for the efforts of governmental and non-governmental organizations to address diabetes.

The Agency will share the results of funded projects led by Diabetes Canada, Diabète Québec and the National Indigenous Diabetes Association, such as best practices for diabetes prevention and treatment, and learnings from a distinctions-based engagement to address the challenges and needs of First Nations, Inuit, and Métis Peoples in Canada regarding diabetes.

Supporting those affected by dementia and advancing prevention efforts

In Canada, dementia is affecting more people as the population ages. The number of Canadians living with the condition has more than doubled in the last two decades, and its growth is expected to continue. PHAC will advance the implementation of Canada's national dementia strategy, A Dementia Strategy for Canada – Together We Aspire ("Dementia Strategy"), which aims to prevent dementia, advance therapies, and improve the quality of life for people living with dementia and their caregivers. Work to share new resources created through PHAC project funding for use by organizations and individuals across Canada will continue, as will efforts to raise awareness among organizations working on dementia of the extensive data resulting from public opinion research.

PHAC will support community-based projects through $3.4 M in funding for the Dementia Community Investment (DCI) that aim to optimize the health and well-being of people living with dementia and family/friend caregivers, and increase knowledge about dementia and risk and protective factors. Funded projects undertake intervention research to evaluate the effectiveness of their interventions. The program also provides funding support for a knowledge hub to facilitate collaboration among DCI projects and to help share lessons learned with the broader community. The DCI directly supports the implementation of the Dementia Strategy by improving the quality of life for people living with dementia and their caregivers, as well as prioritizing projects which focus

on those at higher risk of developing dementia and those facing barriers to equitable care, including Indigenous Peoples.

Supporting the development of evidence-based practice guidelines for preventive health services in Canada

Preventive health care helps improve the long-term health of people in Canada by detecting, delaying and preventing disease before symptoms appear. In 2026–27, PHAC will launch a renewed Canadian Task Force on Preventive Health Services (Task Force) as an External Advisory Body, replacing the former Canadian Task Force on Preventive Health Care. The renewed Task Force will reflect recommendations brought forward in the 2025 External Expert Review (EER) report Modernizing Preventive Health Care Guideline Development in Canada: A Way Forward. The report provided a series of recommendations on how to make preventive health care guideline development more inclusive, transparent and responsive to diverse health care needs of people in Canada.

Starting in 2026–27, PHAC will provide secretariat and scientific support to the Task Force to develop clinical practice screening guidelines and resources. The guidelines will help shape preventive health services for use by primary care providers, policy makers, and patients. PHAC will also support the Task Force to engage with provincial and territorial partners to put the guidelines into practice.

Driving global health initiatives focused on noncommunicable disease prevention and mental wellness

In 2026–27, PHAC will work with other countries and international organizations, such as the World Health Organization (WHO), to advance global health priorities related to the prevention and control of noncommunicable diseases and the promotion of positive mental health. This includes multilateral discussions following the 2025 4th United Nations High-Level Meeting on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being to guide global and national actions, policies, and investments to reduce premature mortality from noncommunicable diseases and promote mental health.

Result 1.2: People in Canada are supported to improve their physical and mental health, and health behaviours

Results we plan to achieve

Supporting the mental health of Canadians

The Agency places a strong focus on supporting the mental health of Canadians, recognizing its importance to overall well-being. PHAC strives to promote the mental health of Canadians in collaboration with key mental health partners and stakeholders such as other Federal, Provincial and Territorial (FPT) counterparts, the Mental Health Commission of Canada and other mental health organizations.

Taking a holistic approach to mental health, PHAC will continue to lead national public health surveillance that covers a broad range of interrelated topics, including positive mental health,

mental illness, suicide, self-harm, and risk and protective factors such as family violence. This surveillance data, along with supporting research and modelling, will be used to generate timely, evidence-based insights that will strengthen programs and policies to improve mental health and well-being across Canada. PHAC will continue to provide publicly available data tools such as the Positive Mental Health Surveillance Indicator Framework and the Health of People in Canada Dashboard with the goal of informing mental health promotion efforts undertaken by public health professionals.

Since 2019, the Mental Health Promotion Innovation Fund (MHPIF) has supported communities across Canada to test and refine innovative projects designed to strengthen the mental health of young adults, children, youth, caregivers, and the communities around them. These projects not only encourage positive mental health but also work toward breaking down systemic barriers that make some groups more at risk to mental health inequities. Starting in 2026–27, the MHPIF will enter into Phase 3 of its program (April 2026 to March 2029), providing $4.9 million per year to projects to shift from testing and evaluating to scaling up. The interventions proven effective in the earlier phases of the program will be expanded to reach more people and have a greater impact. This stage is about turning promising ideas into lasting change — building sustainable policies and programs that embed mental health promotion into everyday community life.

Healthy emotional and social development in our early years lays the foundation for mental health and resilience throughout the lifespan. Recognizing the mental health challenges faced by youth, Budget 2024 provided PHAC with $7.5 million over three years to support the Kids Help Phone in providing mental health, counselling, and crisis support to young people. In 2026–27, Kids Help Phone will continue to be available 24 hours a day, 7 days a week to provide mental health support for kids, including reaching youth from communities that are disproportionately impacted by structural inequities, such as Indigenous youth, racialized groups, 2SLGBTQIA+ youth, and newcomers to Canada.

Strengthening suicide prevention measures

Suicide remains a pressing public health priority as it represents not only the loss of individual lives, but also deep emotional pain that affects families, friends, and entire communities. Every day, there are people in Canada who struggle with their mental health and some that have thoughts of suicide. Identifying and addressing underlying risk factors, such as mental health challenges, helps to inform effective suicide prevention approaches.

PHAC will continue to advance the implementation of the National Suicide Prevention Action Plan to strengthen Canada's collective response to suicide and its prevention. Since November 30, 2023, all people living in Canada can call or text the 9-8-8: Suicide Crisis Helpline 24 hours a day, seven days a week to reach free, bilingual, suicide prevention crisis support from experienced and well-trained responders. In 2026-27, PHAC will continue to fund the Centre for Addiction and Mental Health (CAMH) to coordinate and deliver 9-8-8 in partnership with 38 local, regional, provincial and national distress lines. This collaboration ensures the provision of trauma-informed and culturally competent suicide crisis support across Canada. PHAC and CAMH will also continue to work with Indigenous partners to strengthen culturally appropriate support across the network.

In 2026–27, PHAC will continue to strengthen national data and surveillance on suicide, including on suicide mortality, self-harm hospitalizations, suicide behaviours and related risk and protective factors. PHAC will continue to report on suicide through publicly available data tools such as the Suicide, Self-Harm, and Suicide-related Behaviours in Canada (Key Statistics), which will contribute to the evidence base used to inform suicide prevention efforts.

Improving understanding and reducing social and health harms of substance use

In Canada, substance-use related harms create serious health, social, and economic challenges, ranging from the immediate dangers of drug poisoning and injury to the lasting impacts of addiction. In 2026–27, PHAC will support prevention efforts through a range of initiatives.

The Youth Substance Use Prevention Program (YSUPP) uses the Icelandic Prevention Model (IPM) to help communities strengthen protective factors that keep youth healthy, resilient, and less likely to experience harms from substance use; this includes providing $20 million over five years in funding to Indigenous-led and community-based organizations so that they may adapt the IPM in ways that fit their own culture and local needs. PHAC will continue working closely with these groups to make sure the model reflects Indigenous experiences, responds to community priorities, and tackles barriers that can make implementation difficult. Starting in 2026–27, YSUPP projects will move from building capacity to full implementation. This next phase focuses on moving planning to practice, showing measurable progress in building protective environments, reducing risks, and improving the conditions that help young people thrive. Communities will use local data to guide their prevention efforts, strengthen collaboration, and create lasting systems of support.

PHAC will provide evidence-informed education to help Canadians make informed choices about substance use, with a focus on the risks of polysubstance use among sexually- and gender-diverse young adults. These efforts will apply a public health lens that promotes health equity, diversity, and trauma-informed approaches, while improving disaggregated data collection to guide better decision-making. To support this, PHAC will continue to address evidence gaps and work with PT partners including Chief Coroners and Chief Medical Examiners to publish timely data and updated modelling on substance-use related harms, including opioid deaths, to inform prevention and response efforts across all levels of government.

Supporting people with autism, their families and caregivers

Autism (also known as autism spectrum disorder or ASD) is a lifelong neurodevelopmental condition. People with autism may also have other disabilities or challenges, and since everyone has different experiences and characteristics, the type and extent of support needed can vary considerably and should be adapted to individuals' needs. The Framework for Autism in Canada (the Framework) outlines principles and best practices to guide national autism policy, programs and activities in Canada. Additionally, Canada's Autism Strategy ("Autism Strategy") supports federal implementation of the Framework by outlining federal-specific short- and medium-term initiatives and builds on existing programs and measures to address key priority areas.

In March 2025, the Minister of Health announced over $6.3 M in funding over five years to establish the National Autism Network (the Network). In 2026–27, PHAC will continue to support the Network which is uniting the expertise and resources of autism organizations and stakeholders, including

people with lived and living experience, to address key autism priorities identified in the Framework and the Autism Strategy. In partnership with the Interdepartmental Steering Committee on Autism and the FPT Working Group on Autism, the Network will co-develop an implementation plan for the Framework and the Autism Strategy, which will include benchmarks and indicators to measure progress in key areas. In 2026–27, the Network will also lead a National Indigenous Autism Gathering to identify distinction-based and Indigenous-led approaches to addressing autism-related priorities. The Gathering will bring together First Nations, Inuit, Metis, and Urban Indigenous participants from across the country to develop an Indigenous-specific vision, mission, guiding principles, and priorities related to autism.

PHAC is strengthening autism surveillance by working with FPT partners to provide accurate data to measure impact of ASD on autistic individuals and their families. PHAC will generate prevalence and outcome data for children and youth through the Canadian Health Survey on Children and Youth (2023–2027), and monitor long-term trends via the Canadian Chronic Disease Surveillance System Data Tool, with disaggregated data by sex, age group, year, and province/territory. Examining these elements will provide a fuller picture of the challenges and needs faced by this population.

Fostering positive early development and stronger beginnings for Canadians

Healthy behaviours in childhood and adolescence tend to carry over into adulthood. To support the development and lifelong adoption of healthy behaviours, PHAC will invest in programs that improve health behaviours and increase overall health and well-being for children and their families, specifically:

- the Community Action for Prenatal and Child Health Program, which merges the existing Community Action Program for Children and the Canada Prenatal Nutrition Program into a streamlined program to promote good health and well-being among pregnant women and people, children from birth to six years of age and their families living in vulnerable situations; and
- the Healthy Early Years Program, which aims to support the healthy development of children living in official language minority communities facing conditions of risk.

PHAC will enhance surveillance of maternal and infant health outcomes to ensure this critical period is systematically monitored and understood. Using national surveys, the Canadian Paediatric Surveillance Program, and the Canadian Perinatal Surveillance System, PHAC will generate timely evidence on key indicators such as maternal morbidity, stillbirths, congenital anomalies, and infant health. This evidence will inform policies and guide targeted interventions and programs towards positive early development for Canadian children and their families.

Investing in Indigenous early learning and childcare

PHAC is prioritizing an Indigenous-led approach that further leverages important investments in Indigenous Early Learning and Child Care (IELCC) through the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program. Through these strategic investments and a commitment to priorities set in partnership with the National Aboriginal Head Start Association of Canada (NAHSAC), the AHSUNC program strives to provide high-quality, culturally responsive,

early learning programming for Indigenous children living off-reserve in urban and northern communities. Annually impacting up to 4,500 young Indigenous children and their families nationwide, the AHSUNC program supports upstream health promotion and positive educational outcomes.

PHAC remains dedicated to its collaborative efforts with Indigenous partners, including the NAHSAC and regional bodies, to further the implementation of the IELCC Framework. PHAC is focused on strengthening and advancing the AHSUNC program through a multifaceted approach, which includes proactive governance initiatives, capacity-building endeavours, and comprehensive program enhancements. These enhancements encompass repairs, renovations, and major infrastructure investments aimed at improving site conditions, ensuring safety, and bringing facilities up to standard.

Preventing and addressing family violence

Child maltreatment, youth dating violence, and intimate partner violence are strongly linked to negative physical and mental health outcomes. Preventing and addressing these issues is a priority for PHAC. In 2026–27, the Agency will continue to support organizations with up to $15.5 million in funding to develop, deliver and test interventions to build the evidence base of effective approaches in the field of family violence.

Funded projects aim to change knowledge, skills, attitudes, and behaviours to prevent violence and abuse and to promote well-being and positive health outcomes. New projects funded in 2026–27 will help address evidence gaps and needs in the prevention of child maltreatment, with a focus on reaching disproportionately affected populations in culturally safe and trauma-informed ways. Additionally, PHAC will continue to support two communities of practice in order to increase the overall impact of funded projects through networking, knowledge mobilization, and capacity building. This includes a new, pan-Canadian, bilingual community of practice focused on preventing and addressing child maltreatment and supporting public health approaches to child welfare. The Agency will also support knowledge dissemination of learnings from over 30 projects that will have ended in the 2025–26 fiscal year.

PHAC also collects data on children placed in out-of-home care through the Canadian Child Welfare Information System (CCWIS) to inform the policies and programs aimed at improving child and family health in Canada. Building on the CCWIS pilot study conducted in Nunatsiavut, PHAC will continue to work towards strengthening partnerships with Inuit and FPT collaborators to produce policy and program-relevant data. PHAC will continue to estimate child maltreatment as new surveys become available to monitor trends over time. These efforts will contribute to a more inclusive and representative understanding of child maltreatment and child welfare experiences.

Promoting physical activity and encouraging healthy living behaviours that prevent chronic diseases

Being physically active is key to good overall health, including both physical and mental health. PHAC is committed to improving the physical activity levels of people living in Canada and recognizes that behavioural, social, psychological, economic, and cultural barriers may lead to an inactive lifestyle. As physical activity is a shared responsibility, PHAC will continue to work with

other federal departments and with PT governments through existing intergovernmental mechanisms to improve coordination and collaboration across sectors to increase physical activity and reduce sedentary living.

In 2026–27, PHAC will promote public health messaging on the benefits of physical activity for all age groups, including the adoption of Canada's 24 Hour Movement Guidelines. PHAC will also continue to be a leader in coordinating the Government of Canada's efforts to support the United Nations (UN) Decade of Healthy Ageing (2021-2030). PHAC's activities will focus on raising awareness, increasing physical activity, building capacity, and encouraging action on healthy ageing.

PHAC remains committed to promoting healthy living among people living in Canada who face health inequalities and are at greater risk of developing chronic diseases, including diabetes, cardiovascular disease, and cancer through the Healthy Canadians and Communities Fund (HCCF). The HCCF supports interventions that address behavioural risk factors for chronic diseases, including physical inactivity, unhealthy eating, and tobacco use. The program also aims to create physical and social environments that support better health among people living in Canada. In 2026–27, the HCCF will support 35 funding recipients. Examples of projects funded by the HCCF include:

- the New Hope Seniors Citizen Centre's Full Circle Garden Program, which aims to engage older adults who face health inequities in a garden-to-plate initiative to increase fruit and vegetable consumption in the region of Notre-Dame-de-Grâce, Québec. Participants are engaged in gardening activities, act as volunteers, and/or access the fresh produce through activities such as weekly basket delivery or collaborations with Meals-on-Wheels, encouraging participants to eat more fruit and vegetables.
- the 8 80 Cities' TowerPOPs: Transforming Underused Spaces to Support Health Equity project, which promotes healthy built environments to increase physical activity among people living in two tower neighborhoods in Ontario, which are home to many newcomers to Canada, people living on low incomes, and racialized communities. Underused spaces in the neighbourhoods are being redesigned and transformed to support community participation and capacity building, increase social, cultural, and nature connection, and increase rates of physical activity and play.

In support of Canada's Tobacco Strategy, the HCCF also supports community-based tobacco use prevention and cessation projects that aim to reach groups with higher smoking rates, including Indigenous Peoples, 2SLGBTQI+ communities, and individuals with low incomes. In 2026–27, the HCCF will continue to support the Southwestern Public Health's Smoking Cessation Partnership Model project, which works towards decreasing tobacco use rates among people living on low income and people with a diagnosis of a mental health condition. Eligible project participants are referred by social service agencies and community organizations to participating pharmacies to receive counseling, nicotine replacement therapy, and follow-up visits to support them to quit tobacco use.

As part of its healthy living work, PHAC will monitor chronic disease risk factors through tools published online, including the Physical Activity, Sedentary behaviour and Sleep Indicators and the

Canadian Risk Factor Atlas. These provide detailed sociodemographic breakdowns for risk factors, such as 24 hour guideline adherence, physical activity, sedentary behaviour, and obesity.

Gender-based Analysis Plus[1]

PHAC will disaggregate surveillance data by socio-demographic and socio-economic factors to analyze mental health, substance-related harms, and healthy living across diverse groups. Frameworks such as the Positive Mental Health Indicator Framework, the Suicide Surveillance Indicator Framework, the Physical Activity, Sedentary behaviour and Sleep Indicators, and the Child Maltreatment Indicator Framework strengthen the Agency's ability to assess health inequities and guide responsive policies and programs.

Through its Health Inequalities Data Tool and Inventory of Interventions to Reduce Health Inequalities, the PHAC-led Pan-Canadian Health Inequalities Reporting Initiative (HIRI) will continue to provide data on health and social inequalities and on strategies to guide equity-informed policy and programs. In alignment with PHAC's core responsibilities, the Health Inequalities Data Tool will continue to provide data on inequalities in diabetes, early childhood development, mental health and well-being, health behaviours, immunization, and conditions that shape community vulnerability to climate change, such as food insecurity. Through HIRI, PHAC will continue to collaborate with Indigenous partners, including the First Nations Information Governance Centre to support Indigenous-led reporting on wellness and well-being.

PHAC will apply SGBA Plus to public health programming to ensure equitable and inclusive outcomes for Canadians. For example:

- The HCCF will help funding recipients collect and use disaggregated data from their projects, share tools and lessons learned, and support peer networking. Improved data will strengthen understanding of diverse health outcomes.
- The Community Action for Prenatal and Child Health Program and Healthy Early Years Program will fund projects and recipients that create culturally safe, and inclusive environments for children (0-6 years of age) and their families facing conditions of risk.
- The Preventing Family Violence Program will encourage funding recipients to include safe and feasible collection of disaggregated data from project participants to inform equity-focused analysis.

The Canadian Task Force on Preventive Health Services will integrate SGBA Plus and equity considerations throughout its guideline development process to ensure that guidelines are inclusive, equitable and take into account Canada's diverse population and health systems.

Also in 2026–27, PHAC will collaborate with federal partners to publish studies on substance-related deaths, examining individual and area-level factors and substance combinations through the Overdose Crisis Data Program (OCDP) – a joint initiative with Health Canada and Statistics Canada that securely integrates datasets for social and intersectional analysis.

Planned resources to achieve results

Table 3: Planned resources to achieve results for Health promotion and chronic disease prevention

Table 3 provides a summary of the planned spending and full-time equivalents required to achieve results.

Resource	Planned
Spending	$341,209,439
Full-time equivalents	489

Complete financial and human resources information for PHAC's program inventory is available on GC InfoBase.

Program inventory

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

- Health Promotion
- Mental Health, Suicide, Substance Use, and Safe Relationships
- Chronic Diseases and Conditions

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

Summary of changes to reporting framework since last year

- The Departmental Result "**Chronic diseases are prevented**" has been updated to "**Chronic diseases and conditions are monitored and prevented**," to include chronic conditions, and align with the new modernized Program name and description.
- Two Departmental Results — "**Canadians have improved physical and mental health**" and "**Canadians have improved health behaviours**" — have been merged into a combined result: "**People in Canada are supported to improve their physical and mental health, and health behaviours**," better linking health and behaviors.
- To better track investments into mental health, the "**Health Promotion**" Program has been divided into two distinct Programs: "**Health Promotion**" and "**Mental Health, Suicide, Substance Use, and Safe Relationships**." The Program description for "**Health Promotion**" has been updated accordingly.
- The "**Chronic Disease Prevention**" Program has been renamed "**Chronic Diseases and Conditions**," with an updated Program description, in alignment with the update in the Departmental Result.
- The "**Evidence for Health Promotion, and Chronic Disease and Injury Prevention**" Program has been discontinued as a stand-alone Program, with the research and surveillance activities now tracked under the Programs they support for improved tracking and evaluating of Program efforts.

- **Departmental Results Indicators** have been updated and modernized, many now aligned with the **Health of People in Canada Dashboard**, which is published in coordination with the Chief Public Health Officer's annual report.
    - A new **child/youth mental health** indicator has been added, replacing the previous indicator on low-income children in very good or excellent health. This aligns with the existing **adult mental health** indicator, which has also been updated for wording and methodology consistency.
    - An additional indicator on **perceived health for adults** has been introduced.
    - Methodologies have been modernized for indicators on **diabetes**, **health-adjusted life expectancy (HALE)**, and **physical activity** for both adults and children/youth.
    - Wording updates have been made for indicators on **obesity** (both adult and child/youth).
    - The **Health of People in Canada Dashboard** will enable programs to link certain indicators in the Departmental Plan back to the dashboard to allow the reader of the Departmental Plan to explore the burden of health conditions by demographic factors such as age, sex/gender and geography and longer trends over time.
- **New Program Inventory Indicators** have been developed for each Program under Core Responsibility 1, to demonstrate Program performance distinct from the Departmental Results Indicators.

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") 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 strengthen economic productivity directly, protect health care systems, and provide an enabling environment for greater economic investment in research and development within Canada into diagnostics, treatment, infectious disease control strategies, and products;
- modernizing public health data, strengthening vaccine confidence, countering mis- and dis-information, and making sure evidence and data are readily available to all, contributes to building public confidence in institutions and creates better conditions for working in respectful partnership with Indigenous Peoples; and
- gathering information and addressing the impacts of climate change on human health in Canada contributes to creating more sustainable and resilient communities.

Indicators, results and targets

This section presents details on the department's indicators, the actual results from the three most recently reported fiscal years, the targets and target dates for Infectious disease prevention and control. Details are presented by departmental result.

Table 4: Result 2.1: Infectious diseases are managed through detection, prevention, and control efforts

Table 4 provides a summary of the target and actual results for each indicator associated with the results under Infectious disease prevention and control.

Departmental Result Indicators	Actual Results	2026–27 Target	Date to achieve target
% of 2 year old children who have received all recommended vaccinations [a]	2022-23: 71.4% (2021) 2023-24: 71.4% (2021) 2024-25: 71.4% (2021)	At least 95%	Dec. 31, 2030
Rate of a key antimicrobial resistant infection identified among people in hospitals [b]	2022-23: 0.81 cases per 1,000 admissions 2023-24: 0.90 cases per 1,000 admissions 2024-25: 0.92 cases per 1,000 admissions	At most 0.7 (per 1,000 patient admissions for MRSA Blood Stream Infections)	Jun. 1, 2026

Rate of reported first-time HIV diagnoses per 100 000 population [c]	2022-23: 4.7 cases per 100,000 2023-24: 6.1 cases per 100,000[d] 2024-25: 5.7 cases per 100,000[e]	At most 2.5 (cases per 100,000 population)	Dec. 31, 2030

[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. The date to achieve the target is December 31, 2030, in alignment with the National Vaccination Coverage Goals (NVCG) 2025-2030 update timelines.

[b] This indicator reflects the rate of methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections (BSIs) per 1000 patient-admissions based on data from the Canadian Nosocomial Infection Surveillance Program (CNISP) in accordance with WHO and Global Antimicrobial Resistance Surveillance System (GLASS). MRSA bloodstream infection rates in Canadian acute-care hospitals have remained relatively stable since 2018. Although the overall and hospital acquired MRSA BSI rate has remained stable, the rise in community-acquired MRSA BSI cases during the last decade has been a key factor in the target shortfall.

[c] In Canada, the roles and responsibilities for health care services are shared between the federal government and provincial and territorial governments. Promoting overall health and well-being in support of achieving the target is a common goal across many stakeholders. Additional trending over time and disaggregation by age, sex and geography can be found on the Health of People in Canada Dashboard.

[d] The rate changed slightly from previous reports because four provinces conducted historical updates of their surveillance data and it was resubmitted. This happens regularly across different surveillance programs. The most up to date dataset is always used for the preparation of our reports. In 2023, the rate was 6.1 per 100.000.

[e] Value does not include Québec data as it was not available at the time of reporting. Value to be revised once remaining data are submitted.

Table 5: Result 2.2 – Infectious disease outbreaks and threats are prepared for and responded to effectively

Table 5 provides a summary of the target and actual results for each indicator associated with the results under Infectious disease prevention and control.

Departmental Result Indicators	Actual Results	2026–27 Target	Date to achieve target
% of reported pathogens of international concern that the Program can accurately test for[a]	2022-23: 100% 2023-24: 99% 2024-25: 95%	At least 90%	Mar. 31, 2027
% of multi-jurisdictional enteric illness outbreaks where a source or probable source was identified [b]	2022-23: 100%[c] 2023-24: 60% 2024-25: 64%	At least 60%	Mar. 31, 2027

Proportion of emerging respiratory or vaccine preventable disease threats that meet the criteria for a notification or public health alert for which a public health alert and/or a notification was issued	2022-23[d]: 100% 2023-24[d]: 100% 2024-25[d]: 100%	Exactly 100%	Mar. 31, 2027
% of updated or new guidance developed for emerging/re-emerging respiratory or vaccine preventable infectious diseases threats based on a trigger [e] for response to emerging/re-emerging respiratory or vaccine preventable infectious diseases threats	2022-23: Not available 2023-24: Not available 2024-25: Not available	90%[f]	Mar. 31, 2027

[a] A target value of 90 percent was determined as a reasonable standard (or benchmark) for the Agency's ability to test pathogens identified by the International Health Regulations in a given year (based on previous results, current capacity, and forward expectations). Note that the wording of this indicator has been updated for clarity, but the methodology remains unchanged.

[b] This indicator relies on data obtained from the Canadian Enteric Detection, Assessment and Response System, calculated annually, as the proportion of multijurisdictional outbreak investigations activated in the fiscal year with a source or probable source identified (i.e., not Unknown).

[c] There were only 3 multi-jurisdictional outbreaks for the year, which happened to have a source or probable source identified. It is not expected that all outbreaks have a source or probable source identified.

[d] Results achieved can be broken down by emerging/re-emerging respiratory infectious disease (ERID) and vaccine-preventable diseases (VPD). The breakdown per year is as follows: 2022-23: ERIDs 100%; VPDs 100%; 2023-24: ERIDs 100%; VPDs 100%; 2024-25: ERIDs 100%; VPDs 100%.

[e] A shift in epidemiology, a change in evidence, and other triggers as listed, related to an ERID or VPD signals the need to develop new guidance or update existing guidance for that specific ERID/VPD. These triggers are typically documented in the introduction of the guidance itself and supporting materials. Triggers can include one or more of the following:

- Shift in epidemiology
- Change in evidence
- An action recommended as part of the risk assessment process
- Need identified by provincial/territorial partners
- Update/shift in guidance issued by international partners
- Health Portfolio Operations Centre Incident Management System activation
- New outbreak, epidemic, pandemic
- Internal request (e.g., Chief Public Health Officer, President, Minister)

The scope is reflected by the following calculation:

(Number of new and updated guidance for VPDs and ERIDs based on response triggers / Total number of guidance documents required based on response triggers) x 100

[f] This target is aspirational and reflects the program's current goal. It will be reassessed once data are available for the 2026–27 fiscal year.

Additional information on the detailed results and performance information for PHAC's program inventory is available on GC InfoBase.

Plans to achieve results

The following section describes the planned results for Infectious disease prevention and control in 2026–27.

Result 2.1: Infectious diseases are managed through detection, prevention, and control efforts

Results we plan to achieve

Developing immunization guidance, research and policy to increase vaccination rates

Vaccination stands among the most significant public health accomplishments of modern times, having reduced and controlled the spread of infectious diseases around the world and contributing substantially to increased longevity and improved health. Despite this, its potential to address today's health challenges is not fully realized due to increasing vaccine hesitancy and gaps in vaccine uptake. The 2025-2030 Interim National Immunization Strategy (NIS), renewed in 2025–26, reflects the evolving immunization landscape and lessons learned from the COVID-19 pandemic. PHAC will collaborate with FPT partners on the implementation of the Interim NIS, focusing FPT efforts on key priorities for the next five years: advancing the use of standardized immunization registries, strengthening vaccine confidence and uptake, enhancing vaccine safety surveillance, improving coordination of schedules and programs, and supporting program evaluation and research to inform evidence-based decision-making.

To improve vaccination coverage rates, PHAC will work to strengthen public confidence in vaccines, combatting mis and dis-information via community-centered education and partnerships with trusted leaders and organizations. The Agency will also work with these leaders and organizations to support the development of culturally relevant and accessible information, and will focus on public engagement and education by promoting childhood vaccination to parents and guardians of children aged 0–5. Additionally, PHAC will enhance systems and resources by:

- developing and disseminating timely, evidence-informed guidance to support equitable immunization practices across the life course;
- creating products to inform Canadians about recommended vaccines and their benefits; and
- expanding the Standardized Reporting on Vaccination (STARVAX) surveillance system, in collaboration with provinces and territories, to improve the consistency and quality of national vaccination coverage data.

To reduce barriers to vaccination, PHAC will monitor coverage and uptake drivers through behavioural science research. Recent surveys have highlighted disparities in perceived access among certain populations and identified systemic, informational, practical, and sociocultural barriers that may limit access to vaccination. Building on these insights, qualitative methods will be used to further explore access issues among priority groups and uncover additional barriers. Findings will guide strategies to address hesitancy, improve uptake, and inform partners, while

contributing to a systems-level understanding of vaccine access that supports equity and efficiency in public health delivery.

The Agency will support provincial and territorial decision making on routine vaccination policies and programs in 2026–27 by publishing expert guidance from the National Advisory Committee on Immunization (NACI) on diseases such as Respiratory Syncytial Virus (RSV), invasive meningococcal disease, rabies, influenza, and COVID-19. Emphasis will be placed on weaving Indigenous perspectives into national vaccine guidance through engagement with First Nations, Inuit, and Métis rights holders and partners. A NACI Indigenous Health Working Group will support this effort by embedding traditional knowledge, fostering collaboration, and strengthening relationships with Indigenous Peoples as part of PHAC's reconciliation efforts.

In 2026–27, PHAC will continue to work with Moderna to increase equitable and timely access to routine and pandemic vaccines through the company's new mRNA vaccine facility in Québec. This facility will enable access to domestically manufactured mRNA vaccine products, including those which address COVID-19, RSV and seasonal influenza. Other potential products manufactured by Moderna, such as those against other diseases such as norovirus and pandemic influenza as well as therapeutics, may also be manufactured in Canada in the future.

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

Sexually transmitted and blood-borne infections (STBBI) include HIV, hepatitis B (HBV) and hepatitis C (HCV), chlamydia, gonorrhea, syphilis, human papilloma virus, and herpes simplex virus. Although some STBBI are curable or manageable and their transmission can be prevented, rates of certain STBBI continue to be a concern in Canada.

PHAC is working to meet the global STBBI targets set by the WHO to reduce the health impacts of STBBI by 2030. The Agency is leading the implementation of the Pan-Canadian STBBI Framework for Action and will continue to advance the corresponding Government of Canada's STBBI Action Plan through strengthened surveillance and reporting, updated public health guidance, and collaboration with partners across jurisdictions and sectors.

PHAC will fund projects through the HIV and Hepatitis C Community Action Fund (CAF) and the Harm Reduction Fund (HRF) that provide culturally safe and stigma free sexually transmitted infections (STI) prevention, testing, treatment, and care services. In 2026–27, community initiatives under the CAF and HRF will aim to:

- strengthen the capacity of Indigenous rights holders, partners, and stakeholders to prevent and control STBBI across Canada;
- expand adoption of evidence informed strategies for HIV, HCV, and other STIs to reduce infections and improve outcomes; and
- implement more efficient testing methods, building on COVID-19 lessons in rapid diagnostics and new technologies, to deliver faster results for Canadians.

Additionally, the Agency will engage stakeholders and the public through statements (e.g., World AIDS Day, Sexual Health Awareness Week), advertising campaigns, and digital communications such as news releases, social media, and website content. These efforts aim to raise awareness of

HIV prevention and treatment, encourage STI testing, normalize conversations about STBBI, and reduce sexual health related stigma in Canada.

Reducing the emergence and spread of Antimicrobial Resistance and promoting the responsible use of antimicrobials

Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines used to prevent infectious diseases in humans, animals and plants. In some cases, they may become resistant to specific treatments altogether. While this is a naturally occurring process, it can be accelerated by the overuse or improper use of antimicrobials. AMR poses one of the greatest threats to public health in Canada and globally.

Efforts to combat AMR require a One Health approach – an integrated framework that promotes the well-being of people, animals, and the environment by engaging multiple sectors, disciplines, and communities. In 2026–27, PHAC will work across sectors and jurisdictions in Canada and collaborate with FPT partners to implement strategies that prevent and mitigate the spread of AMR, including through the implementation of the five-year (2023-2027) Pan-Canadian Action Plan (PCAP) on AMR. As part of this work, PHAC will support the Canadian Institutes of Health Research, Agriculture and Agri-Food Canada, and Environment and Climate Change Canada to finalize the National One Health AMR Research Strategy.

PHAC's Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS) will continue to monitor and report trends across Canada related to:

- the quantity of antimicrobials sold and/or used in people, terrestrial and aquatic animals, and plants/crops; and
- AMR in select enteric and zoonotic bacteria from people, terrestrial animals, food, feed ingredients and mixed feed, farm environment of sick animals, and water sources.

CIPARS will share timely surveillance data with stakeholders and the public by updating its data visualizations. These updates will support strengthened understanding by enabling visual data views of trends over time in AMR in humans, animals, farm environments and water, which can inform areas for action by multi-sector partners and progress to date.

Through PHAC's Canadian Antimicrobial Resistance Surveillance System (CARSS), PHAC will continue to collect data and report on trends in AMR and antimicrobial use (AMU) to inform infection prevention and control policies and stewardship initiatives. The Agency is also advancing public health efforts to monitor and respond to AMR by incorporating innovative tools such as whole genome sequencing and interactive data visualizations to map and analyze the movement of AMR and provide a clearer picture of how resistance develops and spreads.

Additionally, the Agency will advance a pilot project in long-term care homes through the Canadian Nosocomial Infection Surveillance Program to address the critical information gap in this high-risk sector that exists across jurisdictions both nationally and globally. This pilot aims to generate actionable data to guide infection prevention and control efforts, support antimicrobial stewardship, and reduce infections and AMR among physically vulnerable long-term care home residents. PHAC will also continue to implement a pilot project to improve and secure access to new antimicrobial drugs that address critical unmet health priority needs for people in Canada. The

results of this pilot will inform a longer-term approach to ensuring sustainable access to new antimicrobials.

PHAC's Healthcare Associated Infection Prevention Program will continue to develop evidence-based guidelines and notices related to the transmission of infectious diseases in healthcare settings with the support of the National Advisory Committee on Infection Prevention and Control. These products provide comprehensive infection prevention and control guidance in preventing the transmission of microorganisms in healthcare settings to keep Canadian patients, healthcare workers, and visitors safe.

Modernizing public health data and increasing data availability

Timely, integrated, high-quality, and disaggregated public health data are critical for PHAC to effectively detect, analyze, and respond to public health events, including infectious disease outbreaks. PHAC will continue to publish timely and accessible health data, including interactive products such as data exploration tools and interactive data reports, through Health Infobase. As part of its Science Strategy, the Agency aims to advance data science and the science of public health surveillance. Through the Working Together to Improve Health Care for Canadians Plan, FPT governments (excluding Québec) have committed to strengthening how health data are gathered, shared, applied, and reported to better manage public health events and improve outcomes for Canadians. The associated Joint FPT Action Plan on Health Data and Digital Health sets out the way forward, emphasizing stronger data-sharing frameworks, improved system interoperability, greater public confidence, and robust data governance and stewardship.

To support delivery of these joint commitments, PHAC will lead pan-Canadian efforts to modernize standardized approaches for public health data collection, sharing, and utilization with key partners. In 2026–27, PHAC will:

- finalize a modernized Public Health Information Sharing Agreement with FPT partners, establishing a principles-based framework and a common foundation for timely, secure, and reciprocal data exchange across jurisdictions;
- strengthen and expand its digital health partnerships domestically and internationally to transform Canada's public health data ecosystem through the use of standardized health data and modern digital tools;
- oversee the development of a baseline for measuring public health system readiness in Canada; and
- support the implementation of the Shared Pan-Canadian Interoperability Roadmap by adopting standards that better connect Canada's public health system, improve access to timely, comprehensive and disaggregated data, and facilitate coordinated national interventions, while working with provinces and territories to leverage investments, assess national readiness to use a federated data approach, strengthen technology, address barriers, and improve access to quality immunization data across registries.

Over the next two years, the Agency will continue to implement the 2022-2026 Federal Sustainable Development Strategy, and the 2023-2026 Data Strategy for the Federal Public Service. This work will focus on strengthening relationships with Indigenous Peoples and organizations, embedding Indigenous knowledge into programs, supporting Indigenous-led systems, and promoting

Indigenous Data Sovereignty. PHAC will also help build data capacity for First Nations, Inuit, and Métis to improve service delivery, share their own narratives, and pursue their visions for self-determination.

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

The past several years have seen devastating health impacts from cyclical and concurrent climate-related emergencies and events. The changing climate is increasing the spread of zoonotic, food- and water-borne infectious diseases transmitted via animals, humans and the environment. PHAC's Infectious Disease and Climate Change Program (IDCCP) addresses the links between climate change, infectious diseases, and the impacts on human health and related strategies to prevent and adapt to threats. The IDCCP, through the Infectious Disease and Climate Change Fund (IDCCF), is investing $4 million over two years (ending in 2027–28) in projects to monitor climate-sensitive infectious diseases and raise awareness with tools to reduce risks, focusing on priority populations disproportionately impacted due to existing health inequities.

In 2026–27, the IDCCP will support new projects focussed on First Nations, Inuit and Métis community-driven initiatives that embed Indigenous knowledge, values, traditions and culture with Western science and culturally responsive approaches. These projects will raise awareness, build capacity, strengthen Indigenous-led efforts, and drive action on climate change, infectious diseases and human health. They will also augment health professional capacity through the development of public health tools, training, and better resources.

The Agency will also implement actions as part of its new Climate Change and Public Health Plan, which outlines PHAC's unique contribution to equitable public health actions to address the health impacts of climate change, in partnership with its Health Portfolio partners. In 2026–27, PHAC plans to support the integration of climate change considerations into public health guidance as well as emergency preparedness and response, and advance understanding of climate change and public health impacts. The Agency will also develop and launch an online toolkit considering the public health impacts of evacuations from climate-related emergencies to better support equitable and safe climate-related evacuations in communities across Canada. PHAC's work in addressing climate change-related health risks supports the National Adaptation Strategy and its associated Government of Canada Adaptation Action Plan.

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

Results we plan to achieve

Reducing the impact of foodborne illness outbreaks

PHAC plays an essential role in managing outbreaks of foodborne disease and informing Canadians on how to protect themselves from potentially contaminated food. In 2026–27, PHAC will continue to work with provinces, territories and local public health partners to detect, assess, and respond to foodborne disease outbreaks, including communication to Canadians, and to conduct foodborne and waterborne disease surveillance through FoodNet Canada, CIPARS, the Enhanced National Listeriosis Surveillance Program (ENLSP), and the National Enteric Surveillance

Program (NESP). This work will support the Government of Canada's food safety policy, interventions, and prevention strategies.

Supporting disease surveillance operations and data infrastructure

PHAC's infectious disease surveillance activities are essential for detecting, assessing, preparing for, and responding to public health events. Through targeted programs, including model-based forecasting, the Agency can quickly identify outbreaks, detect emerging threats, conduct qualitative and modelling-based quantitative assessments of their risk, and gather and analyze data on foodborne, waterborne zoonotic, respiratory, communicable, and vaccine-preventable diseases. This surveillance work strengthens PHAC's capacity to anticipate and assess public health risks and deliver critical insights to inform evidence-based guidance, decisions, policies, and programs. PHAC combines this intelligence with an assessment of knowledge gaps to create disease-specific research priorities in support of emergency response and to guide the mobilization of research in Canada.

In 2026–27, PHAC will continue to develop, implement, and integrate flexible data systems to meet the diverse operational needs of PHAC's programs running on modern, secure cloud-based infrastructure. PHAC will continue to modernize and automate its Integrated Threat Assessment Platform and Tool, its Canadian Enteric Detection Assessment and Response System, and its Zoonotic Disease Information and Classification System. Implementation of the strategic planning for respiratory virus surveillance, including FPT collaboration, assessment of innovative approaches and surveillance supports, and modernizing the data infrastructure for FluWatch+, will improve pandemic preparedness through strengthened respiratory infectious disease surveillance. The Agency will also implement innovative tools and approaches to more effectively process public health data and expand these interoperable systems to support zoonotic, respiratory, and vaccine preventable disease surveillance, as well as public health risk assessment and ultimately public health action.

In sync with the 2023–2026 Data Strategy for the Federal Public Service and in answer to calls for systemic improvements to PHAC's pandemic response, the Agency has renewed its own Data Strategy to better support the organization in advancing its mandate. It is adopting an integrated approach to advance the modernization of its surveillance data systems and strengthen data linkages through its Integrated Implementation Plan for Science, Data, and Surveillance. These efforts aim to enhance data collection, including disaggregated data, increase interoperability capabilities and support surveillance programs in conducting equity-informed analyses. PHAC will support its science and technical workforce in this by investing in learning opportunities to build technical, data, and Artificial Intelligence skills.

Leveraging scientific and laboratory innovation and leadership

PHAC's National Microbiology Laboratory (NML) is internationally recognized for scientific excellence, expertise, research, and contributions to global health as Canada's only Containment Level 4[2] laboratory for human health.

In 2026–27, PHAC's NML will continue to deliver the capacity to accurately test for 99-100% of pathogens of national and international concern. Specifically, PHAC will provide timely and highly specialized laboratory expertise for new, emerging, or existing infectious disease threats by:

- detecting, identifying, and characterizing infectious pathogens;
- understanding and monitoring of pathogens through laboratory surveillance methods; and
- supporting laboratory preparedness and response efforts.

For example, to protect Canadians from the most dangerous, infectious, and fatal pathogens, PHAC will advance high-consequence pathogen detection and characterization through specialized reference testing.

Recent advances in genomic sequencing have enhanced the Agency's ability to characterize infectious pathogens to inform effective public health actions for Canadians. To support the analysis of genomic data for the integration of genomic surveillance data across Canada, PHAC will continue to develop its Genomic Surveillance Platform (GSP) to enable secure, consistent, and timely sharing of genomic data between PHAC and the provinces and territories. In 2026–27, implementation of the GSP will aim to modernize Canada's ability to track the evolution and spread of new, emerging and existing pathogenic threats to human health and strengthen national capacity for rapid response and coordinated action.

PHAC will also enhance its preparedness and response efforts by advancing laboratory pre-clinical research for medical countermeasures (MCMs) and the necessary infrastructure required to support that work.

Providing leadership and increasing public trust

PHAC is recognized as a reliable source of science and evidence-based information for Canadians. Guided by its Science Strategy and the Advisory Committee on Science, the Agency is working to advance public health communication and collaborate with partners and stakeholders, including health professionals, to strengthen public trust and support science-based health decisions. Aligned with the Science Strategy, PHAC is also one of 17 science-based departments and agencies advancing implementation of the Science Based Departments and Agencies Inclusive Science Guidelines. As well as upholding commitments to fairness and inclusion, action on these guidelines also result in better science through enhanced scientific integrity and productivity.

PHAC will support research to address key knowledge gaps in public health measures, ensuring its guidance development is scientifically rigorous and the recommendations are grounded in the best available evidence. The Agency is committed to greater transparency in its scientific work, making data, methods, and impacts more visible so Canadians can benefit from and trust the science behind public health decisions. PHAC will make its scientific publications and products open access, and promote findability and transparency by disseminating the work of PHAC scientists and collaborators via the Federal Open Science Repository of Canada.

The Agency will also take action to address mis- and disinformation, which can have negative impacts on health behaviours and outcomes, and Canada's ability to effectively respond to public health emergencies. Through its Integrated Implementation Plan for Science, Data, and Surveillance, PHAC will aim to make public health information more accessible, inclusive, and

tailored to diverse audiences by enhancing the visibility of its scientific activities and promoting health literacy. Additionally, PHAC will work in collaboration with Health Canada (HC) to implement a joint strategy, developed in accordance with the Policy on Communications and Federal Identity, to prevent, detect, assess, and respond to health mis- and disinformation. The strategy will support effective internal collaboration, foster external public trust in HC/PHAC information, support health and media literacy and encourage the public's participation in countering falsehoods.

Additionally, to help advance these goals, upcoming waves of the Health, Attitudes, and Behavioural Insights Tracker (HABIT) survey will explore public trust in PHAC, science, and experts, as well as various attitudes and perceptions related to surveillance, public health and science literacy, artificial intelligence, and emerging health priorities, such as H5N1 and measles. These insights will help improve understanding of current levels of trust, identify links between trust and health related behaviours, while also helping test evidence-based communication strategies to inform decision-making.

Reducing the incidence of tuberculosis while addressing its impact

Tuberculosis (TB) is a serious illness caused by bacteria that mainly affects the lungs. While anyone can get TB, it continues to disproportionately impact Inuit, First Nations and Métis and people born outside of Canada. Social and structural determinants of health, such as the historical and ongoing impacts of colonization, poverty, food insecurity and inadequate housing are significant underlying risk factors for TB and contribute to health inequity.

To address this public health priority in 2026–27, PHAC will collaborate with its FPT and Indigenous rights holders and partners, including the Inuit Tapiriit Kanatami, Assembly of First Nations, and Métis National Council to support initiatives aiming to eliminate TB, including the development of a TB elimination strategy for Canada. PHAC will focus on areas of Action in the Government of Canada's Tuberculosis Response (2025), including early detection of TB, improving linkages to care, treatment and support, increasing awareness and capacity building for TB and working with partners on the social determinants. The Agency will also continue national surveillance to monitor epidemiological trends related to TB disease and drug-resistant TB, and conduct activities to support awareness of TB through knowledge mobilization.

Identifying and responding to infectious disease outbreaks and pandemics

Many infectious diseases can be transmitted from animals to humans (i.e., zoonotic diseases) or from humans to humans. In 2026–27, PHAC will strengthen collaboration in Canada and internationally to address zoonotic diseases. It will improve processes to track and report infectious threats and, using a One Health approach, enhance the Agency's capacity to prepare for and respond to outbreaks and pandemics, safeguarding the health of Canadians.

PHAC will provide response capacity to support management of interjurisdictional outbreaks of emerging and reemerging disease threats (e.g., measles and H5N1). PHAC will also conduct surveillance to allow for early detection and risk assessment of domestic and international public health threats, which will trigger notifications and public health alerts, including reporting to the WHO under the International Health Regulations, as needed.

In November 2025, the Pan American Health Organization (PAHO)'s Regional Verification Commission rescinded Canada's measles elimination status following the importation and continuous transmission of the same strain of measles for over 12 months. Canada can regain elimination status if transmission of the current measles strain is stopped for at least 12 consecutive months. To support this effort, the Agency will work closely with key international measles stakeholders and continue to collaborate with other government departments, provincial and territorial partners, and impacted communities to identify and implement short- and long-term actions, in line with PAHO's recommendations. PHAC will continue to lead a coordinated national response to manage and contain the outbreak by monitoring measles activity, supporting testing and case tracking, ensuring sufficient vaccine supply, and working with public health partners and community leaders to promote vaccine confidence and combat vaccine mis- and dis-information.

Preparing for infectious disease outbreaks and pandemics of infectious diseases

The Agency continues to work to strengthen Canada's preparedness for future pandemics. Working together with FPT and First Nations, Inuit, and Métis partners, interest holders, and subject matter experts, PHAC continues to lead the coordination and development of Canada's Pandemic Preparedness Plan (CPPP). In 2026–27 PHAC will finalize and publish Canada's Pandemic Preparedness Plan, and will lead the implementation and dissemination of the Plan. PHAC will publish five technical components of the CPPP, providing domain specific guidance and information in the areas of Healthcare Services, Collaborative Surveillance and Data Analysis, Emergency and Science Coordination, MCMs, and Community Protection which are critical to pandemic preparedness and response. PHAC will develop approaches for the ongoing maintenance and continuous improvement of the Plan, including building and strengthening pandemic readiness capabilities through planning and testing readiness and emergency response in collaboration with partners and interest holders.

To support the availability of antivirals to respond to infectious disease threats with pandemic potential, PHAC will work with FPT partners to update recommendations for the composition, size, and management of the National Antiviral Stockpile and the National Emergency Strategic Stockpile (NESS) for pandemic influenza in 2026–27. Further, PHAC, in consultation with FPT and Indigenous partners and with the support of PSPC, will secure future pandemic vaccine readiness agreements for 2028 and beyond. This will take into consideration domestic manufacturing investments in Canada and support the timely availability of vaccine for Canadians.

In 2026–27, PHAC will continue to play an important role in supporting Health Emergency Readiness Canada (HERC), a Special Operating Agency within the Innovation, Science and Economic Development Canada (ISED) portfolio, by providing advice to support alignment of activities with public health priorities. HERC provides leadership and supports to ensure that Canada has the necessary innovation and industrial capacity for the development and production of key MCMs to respond to infectious disease pandemics and other public health emergencies.

Gender-based Analysis Plus

In 2026–27, the Agency will continue to apply SGBA Plus in its strategies for preventing, managing, and limiting the spread of infectious diseases. It will also enhance the consistent application of health equity, diversity, and inclusion considerations across its programs, initiatives, and both

internal and external services. Plans include improving the reach, accessibility, and cultural relevance of public health resources to better serve priority populations that face higher risks and disproportionate impacts, such as children and youth, older adults, and those living on low incomes.

Data tools and data products on the Health Infobase platform such as the Health of People in Canada Dashboard, which helps Canadians to see how health outcomes can differ based on sex and, where available, age and geographic location, will continue to expand and evolve in 2026–27 as new data becomes available.

PHAC will explore opportunities to increase its capacity to collect disaggregated data to support projects that consider and assess the disproportionate burden of infectious diseases based on socio-demographic and socio-economic factors. For example:

- The IDCCF will work with funding recipients to integrate health equity considerations into project implementation and reporting by adding related evaluation criteria and providing SGBA Plus resources to applicants.
- Programs funded by the CAF and HRF will apply SGBA Plus to prioritize meaningful community engagement and foster meaningful connections with priority populations, including men who have sex with men, people who use substances, First Nations, Inuit and Métis, racialized communities, and migrants.
- Research on the drivers of vaccine uptake, including vaccine access, knowledge, attitudes, beliefs and behaviours, and mis- and disinformation will analyze disaggregated data, examine intersectional factors influencing these drivers, and apply SGBA Plus during the development of key insights and evidence-informed strategies.
- PHAC will track laboratory research projects that have SGBA Plus implications through the Science Planning Information Management System.

The Agency will also explore opportunities to increase its capacity to engage in laboratory research of infectious pathogens that can disproportionately impact certain populations. Laboratory research will look into the utility of various diagnostic tools and therapeutics, which can be impacted by socio-demographic and socio-economic factors.

Planned resources to achieve results

Table 6: Planned resources to achieve results for Infectious disease prevention and control

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

Resource	Planned
Spending	$744,827,133
Full-time equivalents	1,326

Complete financial and human resources information for PHAC's program inventory is available on GC InfoBase.

Program inventory

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

- Laboratory Science Leadership and Services
- Communicable Diseases and Infection Control
- Vaccination
- Emerging and Respiratory, Vaccine Preventable Infectious Disease, Preparedness and Response
- Foodborne, Waterborne 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.

Summary of changes to reporting framework since last year

- The Departmental Result "**Infectious diseases are prevented and controlled**" has been revised to better describe the Agency's current context as "**Infectious diseases are managed through detection, prevention, and control efforts**."
- To better reflect the Agency current context, the "**Vaccination**" Program has been split into two Programs: "**Vaccination**" and "**Emerging Respiratory, Vaccine Preventable Infectious Disease, Preparedness and Response**." The "**Vaccination**" Program description has been updated.
- The "**Foodborne and Zoonotic Diseases**" Program has been renamed "**Foodborne, Waterborne, and Zoonotic Diseases**" for clarity, while maintaining the original Program description.
- The "**Laboratory Science Leadership and Services**" Program description has been updated to better reflect the Agency current context.
- **Departmental Results Indicators** have been refined:
    - The indicator on **proportion of national vaccination coverage goals achieved** was removed to avoid duplication with the existing indicator on **percentage of two-year-old children having received recommended vaccinations**.
    - The **HIV** indicator methodology has been modernized to align with current reporting standards.
    - New indicators have been added on **emerging respiratory or vaccine-preventable diseases**, as well as **guidance developed** for those diseases.
    - The wording of the **pathogens of international concern** indicator has been updated for clarity (methodology unchanged).
    - The **foodborne illness response time** indicator has been replaced with a new one on the **percentage of multi-jurisdictional enteric illnesses where the source or probable cause was identified**.
- **New Program Inventory Indicators**[3] for each Program under Core Responsibility 2 have been developed, distinct from the Departmental Results Indicators.

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.

More broadly, PHAC's ongoing efforts to prepare for public health emergencies and protect Canadians from risks associated with the use of pathogens and toxins for research, as well as travel-related health risks, also contribute to Canada socioeconomically, as robust legislation, regulatory frameworks, and public health emergency preparedness and response systems are critical to minimizing impacts not only on health but also on the economy and society.

Indicators, results and targets

This section presents details on the department's indicators, the actual results from the three most recently reported fiscal years, the targets and target dates for Health security. Details are presented by departmental result.

Table 7: Result 3.1: Public health risks associated with the use of pathogens and toxins are reduced

Table 7 provides a summary of the target and actual results for each indicator associated with the results under Health security.

Departmental Result Indicators	Actual Results	2026–27 Target	Date to achieve target
Level of Canada's capacity for oversight of human pathogens and toxins as assessed by World Health Organization criteria [a]	2022-23: 5 2023-24: 5 2024-25: 5	5 (Rating out of 5)	Mar. 31, 2027

[a] This indicator is based on data from the WHO International Health Regulations (IHR) (2005) State Party Self-Assessment Annual Report (SPAR) and is reported annually. It replaces the previous indicator "Percentage of compliance issues in Canadian laboratories successfully responded to within established timelines", which is now tracked as a program inventory indicator.

Table 8: Result 3.2: Public health risks associated with travel are reduced

Table 8 provides a summary of the target and actual results for each indicator associated with the results under Health security.

Departmental Result Indicators	Actual Results	2026–27 Target	Date to achieve target
Level of Canada's capacity for effective public health response at designated points of entry into Canada as assessed by WHO criteria[a]	2022-23: 5 2023-24: 5 2024-25: 5	5 (Rating out of 5)	Mar. 31, 2027

[a] This indicator is based on data from the WHO International Health Regulations (IHR) (2005) State Party Self-Assessment Annual Report (SPAR) and is reported annually.

Table 9: Result 3.3: Public health events and emergencies are prepared for and responded to effectively

Table 9 provides a summary of the target and actual results for each indicator associated with the results under Health security.

Departmental Result Indicators	Actual Results	2026–27 Target	Date to achieve target
Canada's overall emergency preparedness and response score as determined by the World Health Organization International Health Regulations Monitoring and Evaluation Framework/States Parties Self-Assessment Annual Report (SPAR) Tool [a]	2022-23: 90% 2023-24: 90% 2024-25: 94%	90%	Mar. 31, 2027
[a] The SPAR is measured as a score out of 5. For this indicator, the result has been converted to a percentage for ease of understanding.			

Additional information on the detailed results and performance information for PHAC's program inventory is available on GC InfoBase.

Plans to achieve results

The following section describes the planned results for Health security in 2026–27.

Result 3.1: Public health risks associated with the use of pathogens and toxins are reduced

Results we plan to achieve

Modernizing biosafety and biosecurity oversight to address emerging biological threats and strengthen regulatory certainty

As with all other developed countries, Canada's life sciences, biomanufacturing and biotechnology sectors rely on scientific research on human pathogens and toxins conducted in laboratories across the country to develop vaccines, medicines, and other important products protecting the health of those living in Canada.

Laboratories using human pathogens and toxins with significant health risks are regulated by the federal government to ensure the safe handling and secure containment of all such human pathogens and toxins, as well as specified terrestrial animal pathogens.

In 2026–27, PHAC will advance a modern, risk-based oversight system for human pathogens and toxins that protects Canadians, strengthens national readiness, and fosters a clear and consistent regulatory environment that supports innovation, investment, and world-leading scientific research contributing to Canada's prosperity and well-being. This includes pursuing amendments to the *Human Pathogens and Toxins Act (HPTA*) and supporting the work needed to gradually put any new authorities or measures into place, including any future regulatory development, consultation

and implementation. PHAC will also continue engagement with regulated parties on the implementation of the Biosecurity Addendum to the Canadian Biosafety Standard that came into force in January of 2026.

In parallel, PHAC will advance Federal Red Tape Reduction objectives through initiatives that streamline oversight, while achieving strong biosafety and biosecurity outcomes. Priorities identified in the joint Health Canada-PHAC Red Tape Reduction Report include clarifying requirements for pathogen and toxin risk management plans, establishing a recommended training pathway for Biological Safety Officers, and removing license requirements for small quantities of lowest-risk toxins. These actions will clarify regulatory expectations, support professional development, and reduce unnecessary administrative burden for lower risk activities.

Strengthening compliance and modernizing digital infrastructure

PHAC will continue to strengthen and scale its licensing and compliance oversight of facilities conducting controlled work with human pathogens and toxins, with an emphasis on early engagement with organizations building or upgrading high containment facilities and largescale production sites. PHAC will also continue issuing security clearances to safeguard access to security sensitive biological agents. Risk-based inspections, conducted through on-site, remote, and hybrid methods, will be complemented by reviews of institutional risk management plans to assess compliance and support continuous improvement. These activities are supported by the provision of timely, evidence-based guidance to regulated parties, promoting compliance and strengthening biosafety and biosecurity practices across federally regulated facilities.

To support efficient, transparent, and responsive oversight, PHAC will continue modernizing its digital infrastructure. Ongoing improvements to its critical case management system and digital tools, will support the integration and streamlining of inspection, licensing and compliance information and processes, enhancing PHAC's ability to monitor activities and respond effectively as oversight demand increases.

Advancing global health security priorities in biosafety and biosecurity

PHAC will continue to collaborate with international partners to advance global health security through leadership in biosafety and biosecurity. In 2026–27, the Agency will contribute to the development and implementation of international standards and best practices for pathogen and toxin oversight, as well as support global initiatives aimed at reducing biological risks, including those associated with dual-use research and emerging biotechnologies. PHAC will also share Canadian expertise and lessons learned to strengthen biosafety and biosecurity capacity worldwide, particularly in low- and middle-income countries. In addition, the Agency will uphold Canada's commitments to the Global Polio Eradication Initiative by achieving full containment certification for polioviruses – a major milestone in securing infectious materials and protecting Canadian health through the prevention of accidental release. Together, these actions will reinforce Canada's reputation as a trusted global partner in mitigating biological threats and promoting responsible science.

Result 3.2: Public health risks associated with travel are reduced

Results we plan to achieve

Limiting public health risks at ports of entry

Each year, Canada welcomes visitors, returning residents, and newcomers. To safeguard public health, PHAC monitors and addresses communicable diseases and other travel-related health risks at the country's borders. In 2026–27, PHAC will collaborate with border organizations, such as Canada Border Services and Transport Canada, to reduce the risk of importing and spreading communicable diseases, responding to incidents and emerging threats as needed. These collaborations support the timely identification and management of public health risks at international points of entry. Additionally, PHAC will maintain staff at Canada's four largest international airports in Montréal, Toronto, Vancouver, and Calgary, and maintain a 24/7 virtual response and health screening system for all other ports of entry in Canada.

To protect the health of Canadians travelling internationally and reduce the risk of importing communicable disease to Canada, PHAC will continue to identify, assess, and monitor potential global public health risks to inform the development of products and tools that promote safe travel health (e.g., web content on travel.gc.ca, social media content, signage, digital screens and graphics).

Mitigating public health risks on federally regulated conveyances

In 2026–27, PHAC will continue its work with the passenger conveyance industry to reduce environmental health risks in federally regulated transportation, focusing on sanitation, water, and food safety. This will include risk-based inspections of conveyances and related supplier services, along with ship sanitation inspections to meet Canada's International Health Regulations obligations. To support these activities, PHAC will modernize its digital technologies, including case management, which will be instrumental in promoting a risk framework as a prevention-based approach to border health security. In addition, the Agency will develop guidance to further promote industry compliance with best practices and update internal operating procedures.

Result 3.3: Public health events and emergencies are prepared for and responded to effectively

Results we plan to achieve

Preparing Canada to respond to public health events

A robust public health system is the most effective safeguard against threats to health, including infectious diseases, pandemics, chemical or nuclear events, and natural disasters with health impacts. PHAC will strengthen Canada's readiness for health emergencies by enhancing event-based surveillance, conducting risk assessments, and updating tools to guide public health decisions. In 2026–27, the Agency will continue to maintain systems for science advice, research, ethics, collaboration, and knowledge sharing; and sustain a trained emergency workforce

(including public health officers and field epidemiologists) supported by targeted training in emergency management and applied epidemiology.

With respect to emergency response capacity, PHAC will lead federal health emergency response efforts and mobilize pan-Canadian action to prevent disease and injury and promote and protect national and international public health. The Agency will continue to respond to public health emergency incidents by:

- mobilizing dedicated emergency response structures, as required, to coordinate response to specific public health events or emergencies;
- coordinating a network of professional experts to provide technical assessments, public health advice and emergency management capabilities; and
- collaborating with international partners on Global Outbreak Alert and Response Network requests.

PHAC leads national emergency management efforts, working with governments, academia, industry, and international partners when emergencies cross jurisdictions or have global impacts. To strengthen emergency preparedness in 2026–27, PHAC will:

- update the Health Portfolio Emergency Response Plan in alignment with the established emergency management plan evaluation cycle;
- design, deliver, and participate in international, national, and provincial/territorial emergency exercises which will allow the Agency to assess and enhance its preparedness to respond to public health emergencies, as well as meet our international obligations to exercise public health response plans;
- develop and deliver applied public health training and field readiness training to public health officers and field epidemiologists, and extend this training to FPT partners when resources are available;
- integrate intelligence into emergency management planning and response activities to strengthen situational awareness, risk assessment, and evidence-based decision-making during public health events; and
- incorporate considerations under the *Investment Canada Act* into emergency management and public health security planning to ensure that foreign investment reviews align with national security and public health protection objectives.

In 2026–27, PHAC will continue to facilitate access to life-saving medical and other supplies from the NESS when provincial and territorial supplies are depleted or unavailable. This includes MCMs such as drugs and biologic products (e.g., vaccines, antivirals, antimicrobials, antidotes, antitoxins), personal protective equipment, and biomedical equipment (e.g., ventilators, diagnostics and testing equipment), as well as emergency social services supplies (e.g., beds, blankets).

PHAC will continue to prioritize investment in MCMs where federal intervention is most critical to address risks; for example, treatments for rare, but high impact, chemical, biological, radiological and nuclear exposures, infectious disease outbreaks with pandemic potential, or assets with vulnerable supply chains. PHAC will continue to advance the implementation of actions outlined in the NESS Comprehensive Management Plan, published in 2024, including establishing a MCM

governance structure to strengthen MCM acquisition and operational planning, supported by evidence-based risk assessments and modelling, and in consideration of supply chain factors.

Providing global leadership in health

Acknowledging the critical link between domestic and global health, PHAC will work to diversify its international health partnerships for positive health security and resiliency outcomes. This will be done through strengthening existing key bilateral relations, as well as exploring relationships with new partners and leveraging Canada's participation in global health meetings.

PHAC will continue to advance the Health Portfolio's international engagement to build Canada's health resilience further, assess and mitigate risks, and leverage opportunities to improve the health and well-being of people in Canada and support Canada's role in strengthening global health. This will be done through deepening existing multilateral and key bilateral relations, responding to Global Outbreak Alert And Response Network requests for assistance when appropriate, as well as exploring relationships with new and emerging partners and leveraging multilateral fora to advance these objectives. For example, in 2026–27 PHAC will:

- create new or revitalize formal agreements to solidify partnerships and deepen collaboration with international partners, including the European Union and the United Kingdom;
- contribute concrete health objectives and activities to whole-of-government efforts to diversify relationships with strategic international partners in the Americas, Europe, and Indo-Pacific regions; and
- ensure that public health priorities and interests are reflected in the negotiation, implementation, and review of trade agreements, including new instruments in the Indo-Pacific, and the scheduled joint review of the Canada-United States-Mexico Agreement in 2026.

Gender-based Analysis Plus

In 2026–27, PHAC's programs that support Health security will implement a comprehensive strategy to strengthen accountability, capacity, and the integration of SGBA Plus across all operations and governance structures. Priorities include:

- embedding SGBA Plus accountability in planning, reporting, and decision-making;
- enhancing the collection and use of disaggregated data and evidence to inform equitable policies and programs;
- strengthening staff awareness, understanding, and application of SGBA Plus through tailored training, tools, and recognition; and
- building strategic partnerships to ensure programs and emergency management functions are inclusive, culturally responsive, and evidence-based.

Through governance oversight, capacity-building initiatives, and collaboration with internal and external partners, PHAC will institutionalize equity-informed approaches in program design and delivery, from uniform and reservist programs to emergency preparedness, response, and recovery activities. Expected results include strengthened leadership accountability, improved data-driven

decision-making, enhanced staff competency, and equitable, inclusive outcomes across programs and services related to Health security.

The Agency will also continue to integrate SGBA Plus considerations across its programs and responses to public health events. In 2026–27, this will include:

- tailoring emergency response activities to address the needs of priority populations, such as older adults;
- delivering training on adapting applied epidemiological methods to work effectively with persons of all genders and/or sexual orientations when collecting, analyzing, and interpreting disaggregated health data; and
- considering alternative products for the NESS, where certain population groups (e.g., pregnant or immunocompromised individuals) have contraindications to certain vaccines and therapeutics or other considerations related to medical equipment and supplies (for example, face size and shape for respirators, skin tone for biomedical measurement equipment, etc.).

The Agency will apply SGBA Plus and integrate health equity considerations when conducting pathogen and toxin risk assessments and in the development of Pathogen Safety Data Sheets. Specifically, certain priority populations are routinely considered (e.g., pregnant people, older adults) to determine whether biological susceptibility or sex-specific differences (at birth) exist and if additional precautions may be necessary when working with these agents.

To incorporate SGBA Plus considerations into its travel health advice, PHAC will offer voluntary intercept surveys to visitors on travel.gc.ca and collect disaggregated data on gender, age, geographic distribution, and race. The Agency will expand messaging to diverse population groups, such as organizations supporting occupational workers, youth, and those visiting friends and family, as part of engagement with key partners and stakeholders.

Planned resources to achieve results

Table 10: Planned resources to achieve results for Health security

Table 10 provides a summary of the planned spending and full-time equivalents required to achieve results.

Resource	Planned
Spending	$257,026,945
Full-time equivalents	584

Complete financial and human resources information for PHAC's program inventory is available on GC InfoBase.

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.

Summary of changes to reporting framework since last year

- Program descriptions for all three Health Security Programs have been updated to better reflect the Agency current context.
- **Departmental Results Indicators** for all three Departmental Results have been revised to adopt a harmonized approach, reflecting Canada's capacity and preparedness as measured against **WHO** criteria.
- Three former Departmental Results Indicators under Core Responsibility 3 have been **moved to Program Inventory Indicators**, creating distinct Program-level indicators instead of duplicating Departmental Results Indicators.

Internal services

In this section

Description

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

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

Plans to achieve results

This section presents details the department's plans to achieve results and meet targets for internal services.

Building a healthy, diverse, and inclusive workplace

PHAC supports employee mental health and workplace wellness. In 2026–27, as part of the Mental Health and Psychological Health and Safety Strategy, the Agency will continue to offer accessible tools, training, and resources to strengthen psychological resilience and well-being across the organization. It will maintain a centralized repository on mental well-being information and resources to ensure employees and managers have easy access to supports. The Agency will support employee engagement and participation in the Mental Health and Workplace Wellness Community of Practice.

Similarly, PHAC is dedicated to fostering a workplace free from racism, harassment, violence, and discrimination, where all employees feel safe and are treated with respect, dignity, and fairness. To achieve this, PHAC will encourage dialogue and strengthen employee networks, ensuring their perspectives and contributions help shape initiatives aimed at addressing systemic racism, eliminating discrimination, and removing barriers to inclusion.

The Centre for Ombuds and Resolution will continue to provide employees at all levels a safe, confidential space to share experiences and seek options, resources, and recourse for workplace issues without fear of reprisal. The Centre will also continue to promote tools and workshops to help employees identify, understand, and respond to discrimination, racism, and microaggressions, while offering conflict resolution training and resources to build skills in communication, emotional intelligence, and inclusion.

Removing barriers to equity

In 2026–27, PHAC will implement the actions outlined in the second Accessibility Plan for 2026-2028, which includes removing barriers and providing ongoing support to employees with disabilities, and ensuring the Agency provides accessible programs and services to the people of Canada.

PHAC will work to address systemic barriers in science by continuing to raise awareness and understanding of anti-racism in science and explore any systemic racism in the structures, norms, and practices of scientific work at PHAC. PHAC is committed to implementing the Anti-Racism in Science Strategy and Inclusive Science Guidelines of Science Based Departments and Agencies, ensuring that programs and science initiatives respond to the diverse needs of Canadians.

The Agency will also work to create a workplace that promotes bilingualism and offers language training, in line with the Action Plan for Official Languages 2023-2028, ensuring both official languages are used internally and in service to Canadians. As part of the Action Plan, managers and employees who communicate with and provide services to Canadians will be supported through a new internal language training program that was launched in 2025–26, and which will be available in 2026–27. Through this language training program, the Agency will increase its capacity in both official languages.

Strengthening workforce capabilities

The Agency is committed to operating as a high-performing organization, even in times of pressure or transition, to ensure the uninterrupted delivery of essential services to Canadians. By leveraging

data-driven decisions and developing talent, in 2026–27, PHAC will strengthen its adaptable workforce to meet evolving needs and boost productivity, while prioritizing staff well-being. PHAC will continue to support leadership and management development through the Manager and Executive Learning Pathway, which combines enriched learning opportunities, awareness of internal services, and on-the-job experiences to strengthen leaders' ability to build and sustain high-performing teams. The Agency will also launch a talent management strategy, including a talent management inventory to allow PHAC to leverage existing human resources, and plan for the workforce of the future.

Further, PHAC will advance equitable, inclusive, and barrier-free hiring and retention by using the Government of Canada Workplace Accessibility Passport, supporting persons with disabilities, and implementing strategies for Indigenous, Black, and other racialized employees. Through the advancement of the Inclusion, Diversity, Equity and Anti-Racism Action Plan, PHAC will bolster talent management, performance management, leadership development, and recognition strategies that support the development of a high-performing workforce equipped with essential skills and competencies.

Reinforcing values and ethics

In 2026–27, PHAC will build on its established values and ethics ecosystem, which connects training, tools, guidance, and governance to strengthen a culture where integrity, respect, and accountability guide decisions, relationships, and outcomes. The Agency will align and strengthen its values and ethics practices with guidance from the Clerk of the Privy Council to reinforce ethical leadership, build trust, and sustain a healthy, diverse, and inclusive workforce.

Under the guidance of the Agency's Chief Science Officer and guided by the goals of PHAC's Science Strategy, PHAC will continue to oversee the prudent protection of federal intellectual property and support its application in ways that achieve maximum benefit for Canadians. PHAC will continue to apply ethical oversight to any research involving humans having Agency engagement, while promoting scientific integrity.

Modernizing service delivery, internal operations, and oversight

In 2026–27, PHAC will continue to progress towards becoming a modern, digital-first organization, using innovative technologies to improve decision-making and enhance program and service delivery.

PHAC will continue to implement oversight strategies and foster a culture of transparency, privacy, and security. For example, PHAC will update policies and tools to safeguard and protect people, information, and assets in line with Treasury Board policies, directives, and standards. It will also continue facilitating access to information and implementing the revised Privacy Management Framework by expanding its risk-based approach to initiatives involving personal information. To this end, PHAC will promote training and awareness to ensure Agency vigilance and raise employee awareness, which includes training and communications on privacy, access to information, security, and new technologies to strengthen awareness and compliance.

Focusing on innovation and prudent use of public funds, PHAC will continue work to modernize its financial and corporate functions to improve management and program delivery. Transitioning

towards a more sustainable federal posture in alignment with wider Government of Canada priorities and initiatives, the Agency will strengthen budgeting, resource allocation, and business planning, while streamlining services in budget management, contracting, procurement, and workforce management. PHAC will also focus its program delivery by consolidating grants and contributions programs into broader funding streams, targeting investments to core health priorities.

Helping Canadians to better understand public health issues and make evidence-informed decisions

Drawing from scientific research, lived and living experience, and community insights, PHAC will provide Canadians with inclusive, timely, and culturally appropriate information and guidance to counter mis- and dis-information and support public health decisions. PHAC will engage with Canadians through public statements, news releases, press conferences, social media, web content, marketing outreach, and by conducting other promotional initiatives. The Agency will also provide free full-text access to its scientific reports and publications via the Federal Open Science Repository of Canada. PHAC will focus its communication efforts on health promotion, chronic disease prevention, infectious disease prevention and control, emergency preparedness and response, and support priorities such as increasing vaccination rates and promoting positive mental health. We will also continue our efforts at increasing health and science literacy among employees and the public.

Planned resources to achieve results

Table 11: Planned resources to achieve results for internal services this year

Table 11 provides a summary of the planned spending and full-time equivalents required to achieve results.

Resource	Planned
Spending	$154,360,251
Full-time equivalents	455

Complete financial and human resources information for PHAC's program inventory is available on GC InfoBase.

Planning for contracts awarded to Indigenous businesses

PHAC is committed to creating economic opportunities for Indigenous Peoples and advancing the Government of Canada's reconciliation efforts. As part of this commitment, the Agency aims to award at least 5% of the total value of PHAC contracts to businesses owned and led by Indigenous Peoples.

In 2024-25, the Agency continued to face challenges in sourcing pharmaceutical and medicinal products, laboratory equipment and associated supplies, their related repair and maintenance services, specialized storage and warehousing services, medical supplies, health science consultants, and laboratory services from Indigenous businesses due to limited capacity in these highly technical and specialized commodities.

Given the time required to develop capacity in these areas, PHAC anticipates similar constraints in 2026–27 and these categories will continue to be excluded from the 5% target calculation. The Agency remains committed to working with partners like Indigenous Services Canada, Procurement Assistance Canada and Buy Social Canada to assess and monitor Indigenous capacity in these specialized areas and continues to seek procurement opportunities for Indigenous business in other key commodities where capacity is more developed.

Given the challenges due to the specialized and technical nature of the Agency's procurements, the Agency was unable to meet its target for fiscal year 2024–25. Despite these challenges, PHAC, through its Indigenous procurement strategy, will focus on identifying opportunities for Indigenous businesses by:

- Regularly reporting on progress towards the target to senior management, contracting authorities, and business owners.
- Integrating procurement planning with departmental planning processes before the start of the fiscal year to support early identification of potential opportunities for Indigenous businesses.
- Updating resources for business owners and contracting authorities on policy requirements, available tools, and strategies as appropriate.
- Increasing awareness among business owners, contracting authorities and senior management, including promoting mandatory training requirements on Indigenous considerations in procurement for new hires.
- Participating in interdepartmental working groups and meetings to develop guidance and share best practices such as Indigenous Services Canada's Procurement Strategy for Indigenous Businesses coordinator network.

Table 12: Percentage of contracts planned and awarded to Indigenous businesses

Table 12 presents the current, actual results with forecasted and planned results for the total percentage of contracts the department awarded to Indigenous businesses.

5% Reporting Field	2024-25 Actual Result	2025-26 Forecasted Result	2026-27 Planned Result
Total percentage of contracts with Indigenous businesses	1.35%	5.0%	5.0%

Department-wide considerations

- Related government priorities
- Key risks

Related government priorities

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

In 2026–27, PHAC's work will support the following UN SDGS:

SDG 3: Good Health and Well-Being

In support of this SDG, PHAC will promote health and well-being by supporting projects, programming and surveillance activities which address healthy behaviours and promote the well-being of all Canadians. The Agency will also collaborate with partners to increase knowledge and reduce barriers to accessing health services, and work to build and sustain public confidence in vaccines and enhance uptake. Understanding the current barriers of vaccination coverage among children and adults will help inform the development of effective policies that promote vaccine equity. Lastly, PHAC will strengthen its response capacity and coordination with FPT partners to support public health, reduce the impact of health crises on communities, and promote overall well-being.

SDG 6: Clean Water and Sanitation

PHAC will support this SDG through its administration of the Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations. Through its inspections, PHAC will ensure that passenger transportation operators are compliant with the regulations, that the water on their transport is safe for travelling public consumption and any required actions are addressed in a timely manner.

SDG 10: Reduced Inequalities

The Agency's work will support this SDG through its public health surveillance, which identifies priority populations disproportionately facing health inequalities and undertakes disaggregated 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. Additionally, PHAC supports the advancement of this SDG by partnering with community-based organizations, researchers and others in Black communities to generate new evidence on culturally focused programs and interventions that address mental health and its determinants for Black Canadians.

SDG 11: Sustainable Cities and Communities

PHAC will advance this SDG by implementing the Age-Friendly Communities model, ensuring that policies, services, and community structures within the physical and social environment are designed to help older adults live safely, maintain good health, and remain actively engaged in community life.

SDG 12: Responsible Consumption and Production

PHAC's National Microbiology Laboratory will support this SDG by tracking, monitoring and reporting publicly on the laboratory's waste diversion in order to identify opportunities to reduce the environmental impact of operations.

SDG 13: Climate Action

PHAC's work will support this SDG by contributing to the mitigation of climate change impacts on health including the continued implementation of the National Adaptation Strategy and its associated Government of Canada Adaptation Action Plan.

SDG 17: Partnerships for the Goals

The Agency will support the advancement of this SDG through its contributions to global antimicrobial resistance (AMR) commitments and by implementing the five-year (2023-2027) Pan-Canadian Action Plan on AMR. PHAC will continue to collaborate with FPT and international partners to advance key initiatives under the PCAP, including strengthening surveillance, promoting responsible antimicrobial use, and supporting research and innovation. Additionally, PHAC is fostering meaningful and collaborative partnerships with Indigenous Peoples at the regional and national levels to advance reconciliation and implement the *United Nations Declaration on the Rights of Indigenous Peoples Act*.

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.

Indigenous Reconciliation

The path towards reconciliation with Indigenous Peoples calls on all of us to listen, learn, and act together. PHAC recognizes that advancing reconciliation is central to fulfilling our role as a federal public health agency. These efforts reflect commitments under the *United Nations Declaration on the Rights of Indigenous Peoples Act*, the Truth and Reconciliation Commission Calls to Action, and the National Inquiry into Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA People.

As an Agency, this requires weaving reconciliation principles throughout policies, programs, and initiatives, in partnership with First Nations, Inuit, and Métis Peoples, to develop approaches that reflect their leadership and priorities. In 2026–27, PHAC will prioritize maintaining and expanding strong, respectful relationships with Indigenous partners through meaningful engagement, fostering a culture of humility, aligning efforts with Indigenous public health priorities, and upholding Indigenous Knowledge and Data Sovereignty. Key actions include:

- Developing a PHAC Reconciliation Framework and Action Plan
- Establishing formal engagement mechanisms with Indigenous partners that support sustained, coordinated engagement (e.g., Public Health Indigenous Advisory Circle)
- Providing a robust challenge and support function for Indigenous policy considerations in the review of Cabinet documents and other high-visibility documents
- Supporting capacity building through tailored tools and training to strengthen Indigenous cultural competency and facilitate meaningful engagement

Artificial Intelligence

PHAC continues to build an AI-ready Agency that can develop and use AI tools to deliver on public health functions such as improving disease surveillance, detecting emerging threats, and enabling timely, evidence-based responses to public health issues.

To prepare the Agency workforce for AI adoption, PHAC is creating a repository of employee resources to facilitate increased employee awareness and capability in using AI tools. To advance the deployment of artificial intelligence, the Agency is leveraging modern business intelligence tools such as Power BI, Power Automate, Microsoft Fabric, and other automation platforms. Targeted training initiatives, including hands-on instruction on the use of Power BI, will be delivered to upskill employees. Alongside integrating AI considerations into governance structures and policies, the organization is also implementing change management strategies and strengthening data readiness to support responsible and impactful AI adoption.

PHAC's many initiatives related to AI use have the goals of increasing productivity, decreasing operating costs, and improving service delivery.

Initiatives that have a primary goal of increasing productivity include:

- strengthening public health practice by adopting AI tools that support research, surveillance, and targeted interventions.
- ensuring employees receive training on responsible AI use and promoting a culture of continuous learning.
- enhancing internal IT service support and promoting client self-serve capabilities.

Initiatives that have a primary goal of decreasing operating costs include:

- advancing AI-ready organizational policies and procedures to automate processes, streamline data analysis, and support effective financial management.

Initiatives that have a primary goal of improving service delivery include:

- aligning AI investments with national health data stewardship principles, emphasizing secure, ethical, and equitable use of health data. PHAC will establish an AI and Data Analytics Hub and maintain an updated inventory of AI projects to support collaboration and responsible decision-making.
- undertaking internal consultations on AI use-cases, with the intended result of improving service delivery by onboarding organizational efficiencies and autonomous solutions for service lines.
- implementing AI-driven enhancements to automate and improve the data collection and coding processes for the Canadian Hospitals Injury Reporting and Prevention Program to improve the timeliness, consistency, and quality of injury data, enabling faster and more accurate insights into injury patterns across Canada.
- collaborating with Service Canada to integrate AI for finding answers to health and public health content on Canada.ca.

All initiatives are being advanced in alignment with the Treasury Board of Canada Secretariat's guidance on the responsible use of generative AI and federal digital governance frameworks, ensuring that innovation is pursued in a manner that is ethical, transparent, and secure.

Sex- and Gender-based Analysis Plus

In 2026–27, the Agency will advance health equity by systematically applying SGBA Plus in all its policies, programs, services, and initiatives. Key actions will include:

- implementing management actions to address the recommendations from the Audit of SGBA Plus Implementation at PHAC.
- strengthening governance and accountability through the implementation of the renewed PHAC SGBA Plus Action Plan Framework and Implementation Strategy for 2025–26 to 2027–28, and by updating and monitoring the SGBA Plus Branch Integration Plans.
- providing a robust SGBA Plus challenge and support function in the review of Cabinet documents, and other high priority documents.
- supporting programs through resources, training and tools to support SGBA Plus application in the public health context.

Key risks

PHAC's risk management training, policy and guidelines were updated in August 2025, providing refreshed guidance to employees on implementing risk management and assessment principles. These updates clarify roles and responsibilities, define risk terminology, and reinforce PHAC's commitment to a proactive and integrated approach to risk.

PHAC's Corporate Risk Profile (CRP) provides a snapshot of the Agency's most significant corporate risks and continues to support the Agency's risk management approach by enabling monitoring and reporting of key risks. Mitigation measures and controls are in place to reduce the likelihood and impact of these risks.

There are five risks identified in the CRP that pose the most significant challenges to PHAC's objectives.

- **Increasingly frequent, severe and complex events**: There is a risk that PHAC will not be able to manage and respond effectively to increasingly frequent, severe, and complex public health events.
- **Access to and dissemination of timely and accurate data**: There is a risk that PHAC will not be able to access, or disseminate quality, timely, reliable, science-based, and accurate data and public health information.
- **Risk communication**: There is a risk that PHAC will not be able to access, analyze, integrate, and communicate timely, reliable, and accurate public health information.
- **Leveraging infrastructure to protect Canadians**: There is a risk that PHAC may not be able to keep pace and effectively leverage its infrastructure and processes to adequately protect Canadians.

- **Managing Agency resources amid change**: There is a risk that PHAC will not have sufficient financial and human resources available to meet prioritized needs amid changing circumstances.

While the current 2022-2025 CRP refreshed in 2024 remains in effect, a full update is underway. As part of the process, PHAC is reassessing the relevance of the five corporate risks previously identified.

The next iteration of the CRP will not be finalized at the time of this Departmental Plan's publication; however, the corresponding Departmental Results Report will reflect updated corporate risks as applicable.

PHAC continues to leverage the new Risk and Compliance Process to identify emerging risks alongside corporate risks while continuing to integrate risk into the organizational culture.

Planned spending and human resources

This section provides an overview of PHAC's planned spending and human resources for the next three fiscal years and of planned spending for 2026–27 with actual spending from previous years.

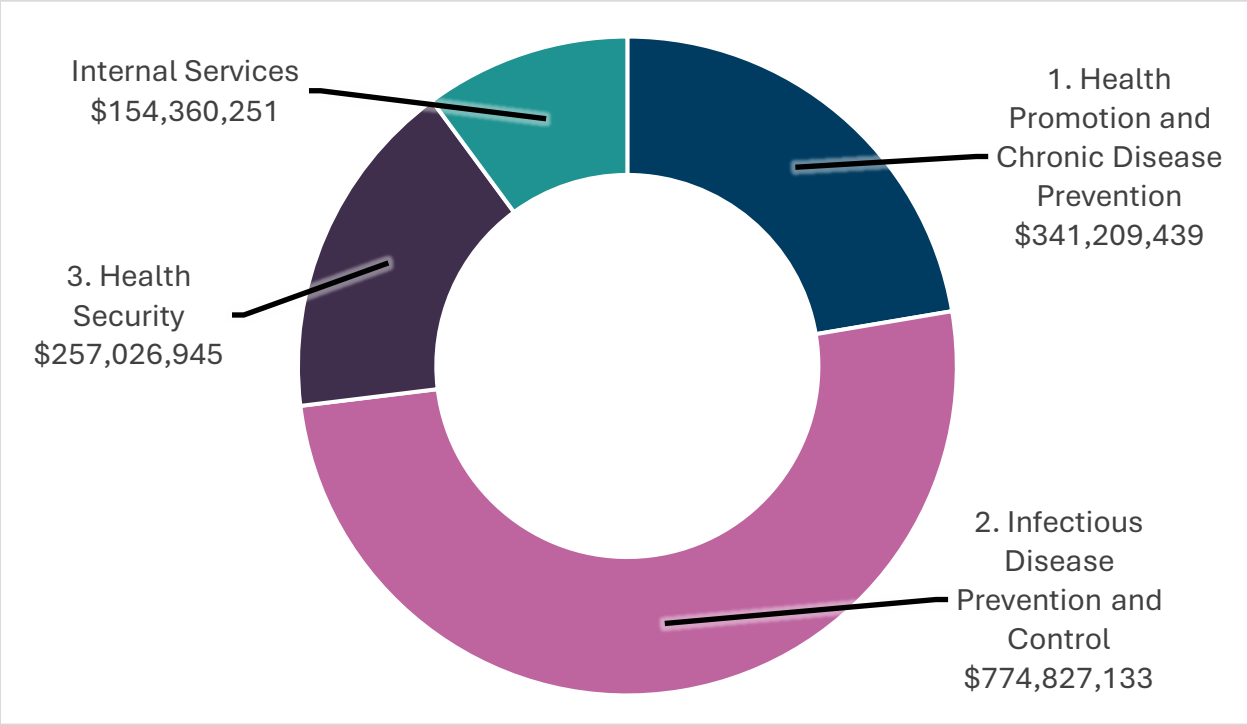
In this section

Spending

This section presents an overview of the department's planned expenditures from 2023–24 to 2028–29.

Graph 1: Planned spending by core responsibility in 2026–27

Graph 1 presents the department's planned spending in 2026–27 by core responsibility and for internal services.



Text description of Graph 1

Core responsibilities and internal services	2026-27 planned spending
Core responsibility 1	$341,209,439
Core responsibility 2	$774,827,133
Core responsibility 3	$257,026,945
Internal services	$154,360,251

Analysis of planned spending by core responsibility

Further analysis for the 2026–27 spending can be found following Table 14.

Budgetary performance summary

Table 13: Three-year spending summary for core responsibilities and internal services (dollars)

Table 13 presents PHAC's spending over the past three years to carry out its core responsibilities and for internal services. Amounts for the 2025–26 fiscal year are forecasted based on spending to date.

Core responsibilities and Internal services	2023-24 Actual Expenditures	2024-25 Actual Expenditures	2025-26 Forecast Spending
Health promotion and chronic disease prevention	448,472,690	402,036,643	399,384,018
Infectious disease prevention and control	3,399,916,165	644,696,934	1,017,384,183
Health security	346,451,222	296,341,343	310,824,331
Subtotals	**4,194,840,077**	**1,343,074,920**	**1,727,592,532**
Internal services	233,691,286	191,839,350	216,373,450
Totals	**4,428,531,363**	**1,534,914,270**	**1,943,965,983**

Analysis of the past three years of spending

Spending within the Agency declined from 2023–24 to 2024–25 and is evident in all program areas primarily due to the expiry of temporary budgetary authorities related to the COVID-19 pandemic response, including to detect and respond to public health events and emergencies through data and risk assessment. Offsetting this decrease in 2025–26, is new two year funding that was secured as part of a long-term approach for the renewal of the Agency. In addition, the increase in forecast spending reflects the investments related to the domestic production of vaccines and pandemic preparedness which were not fully utilized the prior year.

Within the Health Promotion and Chronic Disease Prevention core responsibility, the decrease in actual spending in 2024–25 was primarily attributable to the gradual expiry of COVID-19 mental health initiatives. A downward trend in planned spending persists into 2025–26 with the expiry of budgetary authorities for the Centre for Aging and Brain Health Innovation. The decrease is partially offset with time-limited funding in 2025–26 for the 9-8-8: Suicide Crisis Helpline to support anticipated increases in service volumes and important project improvements.

The significant decline in spending within the Infectious Disease Prevention and Control core responsibility in 2024–25 was primarily due to the decrease in investments related to pandemic response activities, including the procurement and distribution of COVID-19 vaccines and therapeutics, the conclusion of funding to support the mpox outbreak, and the Sero-Surveillance Consortium Initiative. The increase in forecast spending in 2025–26 is related to the increase in investments for the domestic production of vaccines and pandemic preparedness which were not

fully utilized in 2024–25. The forecasted spending increase is further supported by new funding received in 2025–26 through Supplementary Estimates for pandemic vaccine preparedness.

The Health Security core responsibility recognized a decrease in spending in 2024–25 due to the continued reduction of medical supplies, medical equipment and personal protective equipment, which in turn led to lower logistical and warehousing requirements. This decline persists to a lesser extent into 2025–26, and is partially offset by higher forecasted spending resulting from an internal transfer related to the Canadian Drugs and Substances Strategy and funding received to procure alternative influenza antivirals for the NESS.

As the Agency redirects its focus to reflect a more sustainable federal posture, the decreased demand for resources led to lower spending on Internal Services in 2024–25. Spending is projected to increase in 2025–26, largely due to secured funding supporting a strategic renewal of the Agency and the realignment of resources to improve efficiency and ensure sustainability.

More financial information from previous years is available on the Finances section of GC Infobase.

Table 14: Planned three-year spending on core responsibilities and internal services (dollars)

Table 14 presents PHAC's planned spending over the next three years by core responsibilities and for internal services.

Core responsibilities and Internal services	2026-27 Planned Spending	2027-28 Planned Spending	2028-29 Planned Spending
Health promotion and chronic disease prevention	341,209,439	335,654,355	279,575,639
Infectious disease prevention and control	774,827,133	628,395,173	618,851,618
Health security	257,026,945	162,378,242	158,522,897
Subtotal	**1,373,063,517**	**1,126,427,770**	**1,056,950,154**
Internal services	154,360,251	117,403,314	116,666,304
Total	**1,527,423,768**	**1,243,831,084**	**1,173,616,458**

Analysis of the next three years of spending

As the Agency transitions toward a more sustainable federal posture, planned spending is anticipated to decrease on an ongoing basis between 2026–27 and 2028–29, reflecting reductions across all of the Agency's core responsibilities and internal services. The principal drivers for the reduction in planned spending are the expiry of budgetary authorities in 2026–27 for a long-term approach for the renewal of the Agency – from Stabilization to Sustainability, the cancellation of a contract for domestic vaccine development and manufacturing, and targeted efficiencies stemming from the Comprehensive Expenditure Review announced in Budget 2025.

The variance in planned spending in 2027–28 is primarily attributable to the expiry of time-limited budgetary authorities related to influenza vaccines and to operational costs associated with COVID-19. The decrease is further driven by the expiry of time-limited funding for the Indigenous Early Learning and Childcare Framework.

The decrease in planned spending in 2028–29 is driven by the expiry of budgetary authorities related to the 9-8-8: Suicide Crisis Helpline, the Canadian Drugs and Substances Strategy, and the Infectious Diseases and Climate Change Program. The decrease is also linked to reduced budgetary authorities related to the procurement of personal protective equipment and lab supplies.

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.

More detailed financial information on planned spending is available on the Finances section of GC Infobase.

Table 15: Budgetary gross and net planned spending summary (dollars)

Table 15 reconciles gross planned spending with net spending for 2026-27.

Core responsibilities and Internal services	2026-27 Gross planned spending (dollars)	2026-27 Planned revenues netted against spending (dollars)	2026-27 Planned net spending (authorities used)
Health promotion and chronic disease prevention	341,209,439	0	341,209,439
Infectious disease prevention and control	774,827,133	0	774,827,133
Health security	257,976,945	-950,000	257,026,945
Subtotal	**1,374,013,517**	**-950,000**	**1,373,063,517**
Internal services	154,360,251	0	154,360,251
Total	**1,528,373,768**	**-950,000**	**1,527,423,768**

Analysis of budgetary gross and net planned spending summary

As signatory to the WHO's *International Health Regulations* (2005), PHAC conducts inspections on international maritime vessels and issues Ship Sanitation Certificates and Ship Sanitation Exemption Certificates. Fees for these services are charged in accordance with Canada's Service Fees Act. The Agency's planned revenue from the inspection services of maritime vessels for 2026–27 is $0.95 million.

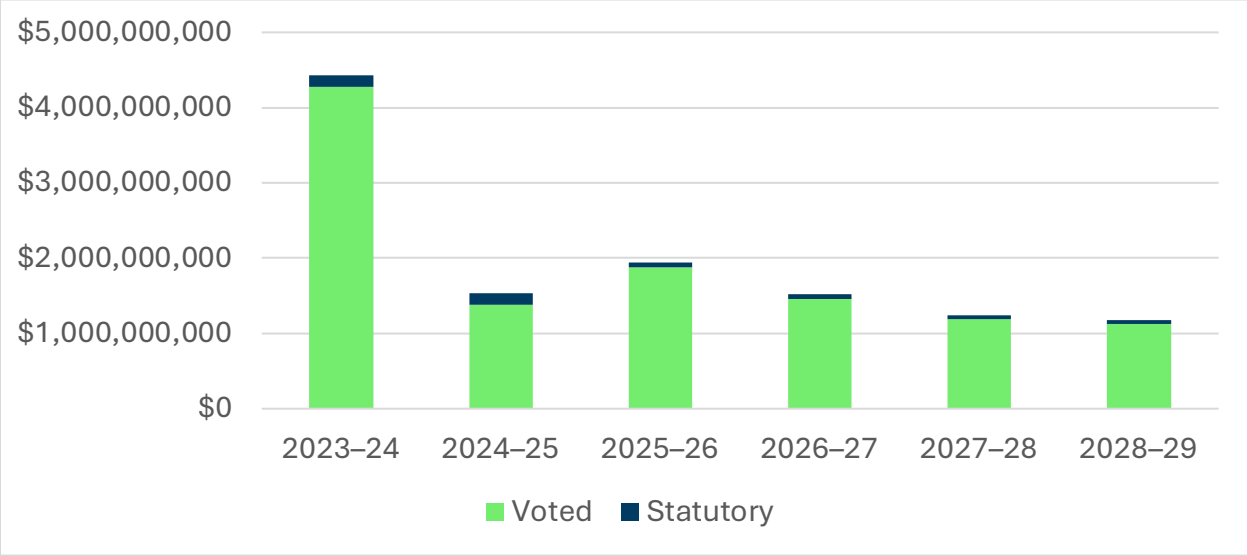
Information on the alignment of PHAC's spending with Government of Canada's spending and activities is available on GC InfoBase.

Funding

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

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

Graph 2 summarizes the department's approved voted and statutory funding from 2023-24 to 2028-29.



Text description of graph 2

Fiscal year	Total	Voted	Statutory
2023-24	$4,428,531,363	$4,272,967,262	$155,564,101
2024-25	$1,534,914,270	$1,379,221,502	$155,692,768
2025-26	$1,943,965,983	$1,877,781,443	$66,184,540
2026-27	$1,527,423,768	$1,462,263,070	$65,160,698
2027-28	$1,243,831,084	$1,191,260,569	$52,570,515
2028-29	$1,173,616,458	$1,121,727,961	$51,888,497

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

A significant decrease in spending was noted from 2023–24 to 2024–25, primarily as a result of the reduction and gradual expiry of time-limited funding for the following:

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

- support for the Sero-Surveillance Consortium.

The Agency received funding starting in 2024–25 to support investment in the domestic production and manufacturing of vaccines and pandemic preparedness. Initial spending on the initiative was reduced while investments continued to ramp up throughout 2024–25. For 2025–26 and beyond, the Agency is expecting to fully utilize these funds. As the Agency continues to transition to a more sustainable federal posture, its planned spending is expected to decline further over the next three fiscal years as budgetary authorities expire, primarily in the following areas:

- support for a long-term approach for the renewal of the Agency – from Stabilization to Sustainability;
- establishing an agile, resilient and adaptive workforce;
- reduced spending related to the cancellation of a contract for domestic vaccine development and manufacturing; and
- the 9-8-8: Suicide Crisis Helpline.

In addition, the Agency plans to achieve greater efficiency through the Comprehensive Expenditure Review announced in Budget 2025 by focusing on several key approaches, including:

- implementing operational efficiencies and a targeted recalibration of its programs, while preserving critical functions that protect Canadians' safety;
- streamlining its program delivery by consolidating grants and contributions programs into broader funding streams, thus targeting investments to core federal public health priorities that are central to PHAC's mandate, supporting delivery partners that demonstrate clear and measurable public health outcomes aligned with the new funds' objectives, and leveraging increased program flexibility and responsiveness;
- optimizing contracting through improved demand forecasts and procurement strategies; and
- reducing back-office expenses by standardizing administrative processes, streamlining roles and responsibilities, leveraging enhanced IT solutions, and eliminating redundancies.

Modernizing its approach to grants and contributions will position the Agency to deliver more agile, cost-effective, and impactful public health programs and services, while respecting provincial and territorial autonomy. This will be achieved by discontinuing several Grant and Contribution programs that are limited in scope, targeted to niche areas, lack measurable outcomes and that are set to sunset in 2025. In some cases, programs may be consolidated with similar initiatives to enhance efficiency.

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.

For further information on PHAC's departmental appropriations, consult the 2026-27 Main Estimates.

Future-oriented condensed statement of operations

The future-oriented condensed statement of operations provides an overview of PHAC's operations for 2025–26 to 2026–27.

Table 16: Future-oriented condensed statement of operations for the year ended March 31, 2027 (dollars)

Table 16 summarizes the expenses and revenues which net to the cost of operations before government funding and transfers for 2025–26 to 2026–27. The forecast and planned amounts in this statement of operations were prepared on an accrual basis. The forecast and planned amounts presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

Financial information	2025-26 Forecast results	2026-27 Planned results	Difference (Planned results minus forecasted)
Total expenses	2,309,717,083	2,051,855,504	(257,861,579)
Total revenues	14,921,652	14,658,775	(262,877)
Net cost of operations before government funding and transfers	2,294,795,431	2,037,196,729	(257,598,702)

Analysis of forecasted and planned results

PHAC is projecting $2,051.9 million in expenses based on 2026–27 Main Estimates and accrual information. This amount does not include future supplementary estimates. It represents a decrease of $257.9 million from 2025–26 forecast results.

The decrease in net cost of operations in 2026–27 planned results is mainly due to a decrease in the net cost of operations as a result of expiring temporary authorities to establish an agile, resilient, and adaptive workforce, and gradual reduction in funding related to the domestic vaccine development and manufacturing, the 9-8-8: Suicide Crisis Helpline and Indigenous Early Learning and Child Care. This decline is partially offset by an increase in inventory expenses as the Agency adjusts its inventory position to align with pandemic preparedness objectives.

The 2026–27 planned expenses by core responsibility are as follows:

- Infectious disease prevention and control $1,101.7 million;
- Health promotion and chronic disease prevention $338.0 million;
- Health security $455.7 million; and
- Internal services $157.7 million.

PHAC receives most of its funding through annual Parliamentary appropriations. PHAC's revenue is generated by programs that support the above-noted core responsibilities. PHAC projects total revenues in 2026–27 to be $14.7 million (2025–26 $14.9 million).

A more detailed Future-Oriented Statement of Operations and associated Notes for 2026–27, including a reconciliation of the net cost of operations with the requested authorities, is available on PHAC's website.

Human resources

This section presents an overview of the department's actual and planned human resources from 2023–24 to 2028–29.

Table 17: Actual human resources for core responsibilities and internal services

Table 17 shows a summary of human resources, in full-time equivalents, for PHAC's core responsibilities and for its internal services for the previous three fiscal years. Human resources for the 2025–26 fiscal year are forecasted based on year to date.

Core responsibilities and internal services	2023-24 Actual full-time equivalents	2024-25 Actual full-time equivalents	2025-26 Forecasted full-time equivalents
Health promotion and chronic disease prevention	675	653	505
Infectious disease prevention and control	2,096	2,015	1,402
Health security	804	747	564
Subtotal	**3,575**	**3,415**	**2,471**
Internal services	616	620	511
Total	**4,191**	**4,035**	**2,982**

Analysis of human resources over the last three years

The Agency's FTE levels declined in line with the sunsetting of time-limited funding and were further managed through vacancy management and natural attrition. During the fiscal year, measures were implemented to better align available resources with the priorities of Canadians and to support a sustainable operational footprint going forward. These measures included the non-renewal of the majority of term positions ending as of March 31, 2025. The Agency also continues to leverage the transferability of skills across its workforce to mitigate the impact of vacancies and maintain operational effectiveness.

Table 18: Human resources planning summary for core responsibilities and internal services

Table 18 shows information on human resources, in full-time equivalents, for each of PHAC's core responsibilities and for its internal services planned for the next three years.

Core responsibilities and internal services	2026-27 Planned full-time equivalents	2027-28 Planned full-time equivalents	2028-29 Planned full-time equivalents
Health promotion and chronic disease prevention	489	491	477
Infectious disease prevention and control	1,326	968	955
Health security	584	341	324
Subtotal	**2,399**	**1,800**	**1,756**
Internal services	455	360	358
Total	**2,854**	**2,160**	**2,114**

Analysis of human resources for the next three years

The significant decrease in FTEs across the Agency from 2026–27 to 2027–28 is primarily driven by the expiration of time-limited funding to establish an agile, resilient and adaptive workforce, and to support a long-term approach for the renewal of the Agency – from Stabilization to Sustainability. From 2027–28 to 2028–29, the decrease in FTEs is primarily due to sunsetting initiatives, including the Canadian Drug and Substances Strategy, and the Infectious Diseases and Climate Change Program. Year-over-year FTE decreases do not directly align with funding reductions because several expiring budgetary authorities had little to no associated salary costs. These included operating funding for domestic vaccine development and manufacturing, procurement of medical supplies/personal protective equipment, and contribution funding for the 9-8-8 Suicide Crisis Helpline. The Agency remains committed to effective workforce management while maintaining core operational capacity and readiness for future public health emergencies.

Supplementary information tables

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

- Details on transfer payment programs

Information on PHAC's departmental sustainable development strategy can be found on PHAC's website.

Federal tax expenditures

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

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

Departmental Plan (plan ministériel)

A report on the plans and expected performance of an appropriated department over a 3-year period. Departmental Plans are usually tabled in Parliament each spring.

departmental result (résultat ministériel)

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

departmental result indicator (indicateur de résultat ministériel)

A quantitative measure of progress on 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 on a department's actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. For a particular position, the full-time equivalent figure is the ratio of number of hours the person actually works divided by the standard number of hours set out in the person's collective agreement.

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

Is an analytical tool used to support the development of responsive and inclusive policies, programs, and other initiatives. GBA Plus is a process for understanding who is impacted by the issue or opportunity being addressed by the initiative; identifying how the initiative could be

tailored to meet diverse needs of the people most impacted; and anticipating and mitigating any barriers to accessing or benefitting from the initiative. GBA Plus is an intersectional analysis that goes beyond biological (sex) and socio-cultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography (including rurality), language, race, religion, and sexual orientation.

Using GBA Plus involves taking a gender- and diversity-sensitive approach to our work. Considering all intersecting identity factors as part of GBA Plus, not only sex and gender, is a Government of Canada commitment.

government priorities (priorités gouvernementales)

For the purpose of the 2026-27 Departmental Plan, government priorities are the high-level themes outlining the government's agenda in the 2025 Speech from the Throne.

horizontal initiative (initiative horizontale)

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

Indigenous business (entreprise autochtones)

Requirements for verifying Indigenous businesses for the purposes of the departmental result report are available through the Indigenous Services Canada Mandatory minimum 5% Indigenous procurement target website.

non-budgetary expenditures (dépenses non budgétaires)

Non-budgetary authorities that comprise assets and liabilities transactions for loans, investments and advances, or specified purpose accounts, that have been established under specific statutes or under non-statutory authorities in the Estimates and elsewhere. Non-budgetary transactions are those expenditures and receipts related to the government's financial claims on, and obligations to, outside parties. These consist of transactions in loans, investments and advances; in cash and accounts receivable; in public money received or collected for specified purposes; and in all other assets and liabilities. Other assets and liabilities, not specifically defined in G to P authority codes are to be recorded to an R authority code, which is the residual authority code for all other assets and liabilities.

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 means of measuring an output or outcome, with the intention of gauging the performance of a department, program, policy or initiative respecting expected results.

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 those amounts presented in Main Estimates.

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

program (programme)

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

program inventory (répertoire des programmes)

Identifies all the department's programs and describes how resources are organized to contribute to the department's core responsibilities and results.

result (résultat)

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

sex- and gender-based analysis plus (SGBA Plus) (analyse comparative fondée sur le sexe et le genre plus [ACSG Plus])

The Government of Canada's Health Portfolio uses SGBA Plus to develop, implement, and evaluate the Health Portfolio's policies, programs, and initiatives. SGBA Plus is an analytical, intersectional approach used to assess how factors such as sex, gender, age, race, ethnicity, socioeconomic status, disability, sexual orientation, cultural background, migration status, and geographic location interact and intersect with each other and broader systems of power. Conducting this analysis helps us to understand how intersecting identity factors, histories, power relations, distribution of resources and individuals' lived realities contribute to differences in accessing health-related 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.

statutory expenditures (dépenses législatives)

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

target (cible)

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

voted expenditures (dépenses votées)

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

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[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).

[2] Containment Level 4 is the highest level of biosafety, requiring a self-contained facility with specialized equipment and the maximum level of operational practices.

[3] A new program inventory indicator added in 2026–27 captures the percentage of respondents from key populations who reported the adoption of evidence-based HIV, hepatitis C, or related STBBI prevention measures or harm reduction strategies. As this is a new indicator, a benchmark from Year 1 (2022–23) performance data from projects funded under the 2022-2027 CAF and HRF cycle is used to identify the target (70%) and the baseline (70%), reflecting our aim to sustain positive momentum observed after the first year of funding.