



## Supplementary Information Tables 2016–17 Report on Plans and Priorities

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# 2016–17 Departmental Sustainable Development Strategy

## 1. Overview of the Federal Government's Approach to Sustainable Development

The [Federal Sustainable Development Strategy \(FSDS\) 2013–16](#) presents the Government of Canada's sustainable development activities, as required by the Federal Sustainable Development Act. In keeping with the objectives of the Act to make environmental decision making more transparent and accountable to Parliament, the Public Health Agency of Canada (Agency) supports the implementation of the FSDS through the activities in this supplementary information table.

This Departmental Sustainable Development Strategy presents the planned contributions and expected results for Theme I – Addressing Climate Change and Air Quality, and Theme IV – Shrinking the Environmental Footprint – Beginning with Government.

## 2. Themes I to III: Department- and Agency-Led Targets

FSDS Goal	FSDS Performance Indicator	FSDS Target
N/A	N/A	N/A

## 3. Themes I to III: Implementation Strategies

**FSDS Theme I: Addressing Climate Change and Air Quality Linkages to the Program Alignment Architecture (PAA):** Sub-Sub-Program 1.2.1.3: Food-borne, Environmental and Zoonotic Infectious Diseases.

**FSDS Goal 1 – Climate Change:** In order to mitigate the effects of climate change, reduce greenhouse gas emission levels and adapt to unavoidable impacts.

**FSDS Target 1.2 – Climate Change Adaptation:** Facilitate reduced vulnerability of individuals, communities, regions and economic sectors to the impacts of climate change through the development and provision of information and tools.

**FSDS Implementation Strategy led by the Agency: 1.2.2:** Work with domestic and international stakeholders to reduce infectious disease risks and public health threats related to climate change by increasing public health capacity and expertise through targeted research, modelling and cost-benefit analysis.

**Planned contributions and expected results for 2016–17:** Launch the online Climate Change Adaptation toolkit for public health practitioners and decision-makers.

## 4. Theme IV: Targets and Implementation Strategies

### Goal 7: Waste and Asset Management

#### Target 7.1: Real Property Environmental Performance

As of April 1, 2014, and pursuant to departmental Real Property Sustainability Frameworks, an industry-recognized level of high-environmental performance will be achieved in Government of Canada real property projects and operations.

#### Scope and Context

The Agency is custodian of three laboratories totalling 20,900 m<sup>2</sup> and is a tenant in 60,400 m<sup>2</sup> of leased space that accommodates approximately 2,498 Full-Time Equivalents in 60 locations.

The Agency and Health Canada (HC) share a Real Property Sustainability Framework, which outlines the greening practices that are applied to all temperature controlled office and laboratory spaces over 1000 m<sup>2</sup> where benchmark information is available.

## Link to Department's Program Alignment Architecture

Internal Services

### Performance Measurement

#### Expected result

An industry-recognized level of high environmental performance will be achieved in Government of Canada real property projects and operations.

Performance indicator	Targeted performance level
Real Property Sustainability Framework in place to improve the management of energy, waste and water in departmental real property assets by March 31, 2015.	Yes [March 31, 2015] Achieved
Total number of existing Crown-owned buildings (over 1000 m <sup>2</sup> ) and new lease or lease renewal projects (over 1000 m <sup>2</sup> ) where the Crown is the major lessee, assessed for environmental performance using an industry-recognized assessment tool, and total associated floor space (m <sup>2</sup> ).	0 Crown-owned buildings 0 m <sup>2</sup>
	0 New lease or lease renewal projects 0 m <sup>2</sup>
	Planned assessment tool to be used: - BOMA BEST <sup>1</sup> - International Institute for Sustainable Laboratories (laboratory projects only)
Total number of existing Crown-owned buildings, new construction, build-to-lease projects, and major renovations projects achieving an industry-recognized level of high-environmental performance, and total associated floor space (m <sup>2</sup> ).	0 Crown-owned buildings 0 m <sup>2</sup> Targeted performance level: BOMA BEST
	0 New construction projects 0 m <sup>2</sup> Targeted performance level: - 3 Green Globes <sup>2</sup> (projects \$1M-\$10M) - LEED <sup>3</sup> Commercial Interiors (CI) Silver (projects \$10M+) - International Institute for Sustainable Laboratories (laboratory project only)
	0 Build-to-lease projects 0 m <sup>2</sup> Targeted performance level: - 3 Green Globes (projects \$1M-\$10M) - LEED (CI) Silver (projects \$10M+) - International Institute for Sustainable Laboratories (laboratory project only)
	0 Major renovation projects 0 m <sup>2</sup> Targeted performance level:

<sup>1</sup> [BOMA BEST](#)

<sup>2</sup> [Green Globes Fit-Up](#)

<sup>3</sup> LEED is found at the [Canada Green Building Council](#)

	- 3 Green Globes (projects \$1M-\$10M) - LEED (CI) Silver (projects \$10M+) - International Institute for Sustainable Laboratories (laboratory project only)
Number of fit-up and refit projects achieving an industry-recognized level of high-environmental performance.	0 Fit-up and refit projects 0 m <sup>2</sup> Targeted performance level: - 3 Green Globes (projects \$1M-\$10M) - LEED (CI) Silver (projects \$10M+) - International Institute for Sustainable Laboratories (laboratory project only)

Implementation strategy element or best practice	Targeted performance level
7.1.1.1. [Mandatory] Achieve a level of performance that meets or exceeds the custodian's current commitment(s) to sustainable buildings using industry-recognized assessment and verification tool(s).	Seeking to reach "Achieved" as defined by the guidelines for this target area.
7.1.1.3. Develop plans to address environmental performance assessment recommendations for existing Crown-owned buildings.	Seeking to reach "Achieved" as defined by the guidelines for this target area.
7.1.1.4. Manage the collection, diversion and disposal of workplace waste in Crown-owned buildings in an environmentally responsible manner.	Seeking to reach "Achieved" as defined by the guidelines for this target area.
7.1.1.5. Manage construction, renovation and demolition waste in Crown-owned buildings in an environmentally responsible manner.	Seeking to reach "Achieved" as defined by the guidelines for this target area.

## Target 7.2: Green Procurement

As of April 1, 2014, the Government of Canada will continue to take action to embed environmental considerations into public procurement, in accordance with the federal Policy on Green Procurement.

### Scope and Context

The Agency will continue to focus on greening its procurement of office supplies, information technology (IT) hardware, and office equipment. The scope of each target area is outlined below:

- Office Supplies: Excludes purchases using acquisition cards;
- IT Hardware: Includes automatic data processing equipment (e.g., computers), and excludes laboratory, field equipment, and purchases using acquisition cards;
- Office Equipment: Includes all printers, faxes, scanners, multi-functional devices and photocopiers, and excludes laboratory, field equipment, and purchases using acquisition cards; and
- Through the June 2012 Order in Council that created the Health Portfolio Shared Services Partnership, the Agency relies upon Health Canada's procurement and materiel management specialists in order to fulfill these functions.

## Performance Measurement

### Expected result

Environmentally responsible acquisition, use and disposal of goods and services.

Performance indicator	Targeted performance level
Departmental approach to further the implementation of the <i>Policy on Green Procurement</i> in place as of April 1, 2014.	Yes [March 31, 2014] Achieved
Number and percentage of procurement and/or materiel management specialists who completed the Canada School of Public Service Green Procurement course (C215) or equivalent, in fiscal year 2016–17.	3 100%
Number and percentage of managers and functional heads of procurement and materiel whose performance evaluation includes support and contribution toward green procurement, in fiscal year 2016–17.	1 100%

### Departmental green procurement target

By March 31, 2017, 90% of IT hardware purchases will include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the equipment.

Performance indicator	Targeted performance level
Volume of IT hardware purchases that meet the target objective relative to the total dollar value of all purchases for IT hardware in the year in question.	90%

### Departmental green procurement target

By March 31, 2017, 80% of office supply purchases will include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the supplies.

Performance indicator	Targeted performance level
Volume of office supply purchases that meet the target objective relative to the total dollar value of all office supply purchases in the year in question.	80%

### Departmental green procurement target

By March 31, 2017, 90% of purchases of office equipment (printers, faxes, scanners and photocopiers) will have one or more environmental features.

Performance indicator	Targeted performance level
Volume of office equipment purchases that meet the target objective relative to the total dollar value of all purchases for office equipment in the year in question.	90%

Implementation strategy element or best practice	Targeted performance level
7.2.1.5 Leverage common use procurement instruments where available and feasible.	Seeking to reach “Achieved”

### Target 7.3: Sustainable Workplace Operations

As of April 1, 2015, the Government of Canada will update and adopt policies and practices to improve the sustainability of its workplace operations.

#### Scope and Context

The Agency has over 2,498 Full-Time Equivalents located in 60 locations across Canada. Although some unique situations exist, the majority of Agency workplaces are offices, boardrooms, and cafeterias containing typical office equipment: computers, telephones, printers, and photocopiers.

The Agency and HC share a Sustainable Workplace Operations Approach which outlines the commitment of both organizations to improving the sustainability of workplaces across the country.

#### Link to Department's Program Alignment Architecture

Internal Services

#### Performance Measurement

##### Expected result

Departmental workplace operations have a reduced environmental impact.

Performance indicator	Targeted performance level
Approach to maintain or improve the sustainability of the departmental workplace in place as of March 31, 2015.	Yes [March 31, 2015] Achieved
Implementation strategy element or best practice	Targeted performance level
7.3.1.1. Engage employees in greening government operations practices.	Seeking to reach “Achieved” as defined by the guidelines for this target area.
7.3.1.3. Maintain or improve existing approaches to sustainable workplace practices (printer ratios, paper usage, and green meetings).	Seeking to reach “Achieved” as defined by the guidelines for this target area.
7.3.1.6. Dispose of e-waste in an environmentally sound and secure manner.	Seeking to reach “Achieved” as defined by the guidelines for this target area.
7.3.1.7. Reuse or recycle workplace materiel and assets in an environmentally sound and secure manner.	Seeking to reach “Achieved” as defined by the guidelines for this target area.

### Goal 8: Water Management

#### Target 8.1: Water Management

As of April 1, 2014, the Government of Canada will take further action to improve water management within its real property portfolio.

#### Scope and Context

The Agency is custodian of three laboratories totalling 20,900 m<sup>2</sup> and a tenant in 60,400 m<sup>2</sup> of leased space that accommodates approximately 2,498 Full-Time Equivalents in 60 locations.

The Agency, through the implementation of a Real Property Sustainability Framework, has defined its approach to sustainable water management within its real property portfolio.

### Link to Department's Program Alignment Architecture

Internal Services

### Performance Measurement

#### Expected result

Water is managed sustainably in Government of Canada real property operations.

Performance indicator	Targeted performance level
Approach to improving water management included in Real Property Sustainability Framework, in place by March 31, 2015.	Yes [March 31, 2015] Achieved
Amount and percentage of floor space in buildings over 1000 m <sup>2</sup> that includes water metering, in fiscal year 2016–17.	20,900 m <sup>2</sup> existing Crown-owned 100%
	0 m <sup>2</sup> new Crown built-to-lease 0%
	0 m <sup>2</sup> major renovations 0%
	60,400 m <sup>2</sup> leases 100%
Implementation strategy element or best practice	Targeted performance level
8.1.1.1. Conserve potable water.	Seeking to reach “Achieved” as defined by the guidelines for this target area.
<i>Best Practice</i> 8.1.2 Conduct potable water audits in Crown-owned assets.	Seeking to reach “Achieved” as defined by the guidelines for this target area.
<i>Best Practice</i> 8.1.3 Analyze the water consumption data collected to determine steps to improve water management in Crown-owned assets.	Seeking to reach “Achieved” as defined by the guidelines for this target area.

## 6. Sustainable Development Management System

The Agency is committed to sustainable development and contributes to the FSDS by delivering on its core vision of healthy Canadians and communities in a healthier world. The Agency strives to integrate environmental, economic and social factors in the making of decisions in order to derive added benefits or to avoid or mitigate negative impacts on human health for both present and future generations.

The Agency's sustainable development vision is guided by the following principles:

- Strengthen Canada's capacity to protect and improve the health of Canadians;
- Build an effective public health system that enables Canadians to achieve better health and well-being in their daily lives by promoting good health, helping prevent chronic diseases and injury, and protecting Canadians from infectious diseases and other threats to their health; and
- Reduce health disparities between the most advantaged and disadvantaged Canadians.

The Assistant Deputy Minister Sustainable Development Champion continues to support compliance with the [Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals](#) (Cabinet Directive). The Champion plays an important leadership role in the integration of SD principles and the FSDS and DSDS commitments in Agency policies, programs and plans. The Champion will engage with senior management as required to promote advancement of SD commitments and to build awareness and capacity in the application of the SD principles into policy and program development processes.

The Agency will continue to contribute to the federal approach to sustainable development through its ongoing participation at interdepartmental committees and working groups.

## 7. Strategic Environmental Assessment

The Strategic Environmental Assessment (SEA) process serves as the strategic platform for the Agency to apply SD principles and environmental considerations to new policy, plan and program creation. The Agency has renewed its guidance and training for staff and business processes to advance compliance rates with the Cabinet Directive. The Agency and the SD Champion will focus on implementation of the renewed SEA Policy, training opportunities and supporting tools over the next year.

The Agency will continue to ensure that its decision-making process includes consideration of FSDS goals and targets through the SEA process. An SEA for policy, plan or program proposals includes an analysis of the impacts of the given proposal on the environment, including on FSDS goals and targets.

Public statements on the results of the Agency's detailed assessment will be made public when an initiative is announced. The purpose of the public statement is to demonstrate that the environmental effects, including the impacts on achieving the FSDS goals and targets, of the approved policy, plan or program have been considered during proposal development and decision making.



# Details on Transfer Payment Programs of \$5 Million or More

## Aboriginal Head Start in Urban and Northern Communities (AHSUNC)

### General Information

Name of transfer payment program	Aboriginal Head Start in Urban and Northern Communities (Voted)
<b>Start date</b>	1995–96
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2009–10
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
<b>Description</b> <p><u>Objective(s)</u>: Provide Aboriginal preschool children in urban and Northern settings with a positive sense of self, a desire for learning, and opportunities to develop fully and successfully Objective(s): Provide Aboriginal preschool children in urban and Northern settings with a positive sense of self, a desire for learning, and opportunities to develop fully and successfully as young people.</p> <p><u>Why this TPP is Necessary</u>: Aboriginal children are at higher risk of poor developmental and health outcomes than non-Aboriginal children. Considerable evidence supports the mitigating role of community-based early childhood development programs in the lives of children facing similar risks.</p> <p><u>Intervention Method(s)</u>: Funded projects must incorporate the six core program components (health promotion, nutrition, education, Aboriginal culture and language, parental involvement and social support) into their program design. Within the context of this pan-Canadian consistency, sites are locally tailored to the needs and assets within their communities.</p> <p><u>Repayable Contributions</u>: No.</p>	
<b>Expected results</b> <ul style="list-style-type: none"> <li>Aboriginal children and their families participate in AHSUNC programs;</li> <li>Organizations from various sectors collaborate with AHSUNC sites to support the needs of AHSUNC participants; and</li> <li>Parents/caregivers are engaged and supported as children's primary teachers and caregivers.</li> </ul> <p><u>Performance indicators</u>:</p> <ul style="list-style-type: none"> <li>Number of children enrolled in the AHSUNC program;</li> <li>Percentage of AHSUNC sites that leverage multi-sectoral collaborations (i.e., have more than three types of partners); and</li> <li>Percentage of parents/caregivers who report positive changes in their family practices (e.g., doing more things at home with their children to support their development, preparing nutritious meals and snacks more often, etc.) as a result of participation in the AHSUNC program.</li> </ul>	

<b>Fiscal year of last completed evaluation</b>	<a href="#">2011–12</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2016–17
<b>General targeted recipient groups</b> Aboriginal community-based organizations serving First Nations, Métis, and Inuit children and their families living in urban and Northern communities across Canada.	
<b>Initiatives to engage applicants and recipients</b> Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed early childhood development programs for Aboriginal pre-school children and their families living in urban and Northern communities across Canada. They also support knowledge development and exchange at the community, provincial/territorial (P/T) and national levels through various types of training and meetings.	

#### Planning Information (dollars)

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants				
Total contributions	32,134,000	32,134,000	32,134,000	32,134,000
Total other types of transfer payments				
<b>Total program</b>	<b>32,134,000</b>	<b>32,134,000</b>	<b>32,134,000</b>	<b>32,134,000</b>

## Assessed Contribution to the Pan American Health Organization (PAHO)

#### General Information

Name of transfer payment program	Assessed Contribution to the Pan American Health Organization (Voted)
<b>Start date</b>	July 2008
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2013–14
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health
<b>Link to department's Program Alignment Architecture</b> Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.2 Public Health Information and Networks	
<b>Description</b> <u>Objective(s)</u> : Comply with Canada's obligation, as a Member State of PAHO, to provide funding for the Organization to advance its public health work in the Americas. The program enables Canada to protect	

the health of Canadians by advancing global and regional health and foreign policy priorities, and by contributing to the security of the Americas region.

Why this TPP is Necessary: To protect the health of Canadians while advancing Canada's global and regional health and foreign policy and development priorities.

Intervention Method(s): Membership in PAHO enables Canada to protect the health of Canadians and advance Canada's health priorities through effective and timely management of health emergencies and outbreaks in the Americas region; collaboration on the production and sharing of health information and public health intelligence; building capacity in the Americas region to uphold international norms and standards through comparative policy analysis and sharing of best practices. Payment of Canada's annual membership fees to PAHO.

Repayable Contributions: No.

#### Expected results

- Protect the health of Canadians by contributing to the security of the Region of the Americas;
- Canada's influence and interests in the Americas region – with respect to policies, good governance, transparency, and accountability – are advanced; and
- Canadian-based values related to health, as well as successes on key policies such as universal health coverage, are disseminated.

Performance indicator:

- Percentage of Canada's health objectives reported as having been advanced in PAHO.

<b>Fiscal year of last completed evaluation</b>	<a href="#">2013–14</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2018–19

#### General targeted recipient groups

PAHO is the sole recipient of membership fees under these terms and conditions.

#### Initiatives to engage applicants and recipients

Engagement takes place through a variety of ways, including meetings; participation in PAHO governing bodies (planning and budgeting processes); technical and program cooperation in priority areas; knowledge transfer activities through Canada's participation in PAHO's technical advisory groups; and the review of annual reporting and monitoring of performance.

#### Planning Information (dollars)

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants				
Total contributions	12,500,000*	12,500,000	12,500,000	12,500,000
Total other types of transfer payments				
<b>Total program</b>	<b>12,500,000</b>	<b>12,500,000</b>	<b>12,500,000</b>	<b>12,500,000</b>

\* The amount to be paid is U.S. dollars \$10,198,573.

# Canada Prenatal Nutrition Program (CPNP)

## General Information

Name of transfer payment program	Canada Prenatal Nutrition Program (Voted)
<b>Start date</b>	1994–95
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2009–10
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
<b>Description</b> <p><u>Objective(s)</u>: Mitigate health inequalities for pregnant women and infants, improve maternal-infant health, increase the rates of healthy birth weights, as well as promote and support breastfeeding. The TPP also seeks to promote the creation of partnerships within communities and to strengthen community capacity in order to increase support for vulnerable pregnant women and new mothers.</p> <p><u>Why this TPP is Necessary</u>: Evidence shows that maternal nutrition, as well as the level of social and emotional support provided to a mother and her child, can affect both prenatal and infant health, as well as longer-term physical, cognitive and emotional functioning in adulthood.<sup>4</sup> This program raises stakeholder awareness and supports a coherent, evidence-based response to the needs of vulnerable children and families on a local and national scale. It also supports knowledge development and exchange on promising public health practices related to maternal-infant health for vulnerable families, community-based organizations and practitioners.</p> <p><u>Intervention Method(s)</u>: Programming delivered across the country includes: nutrition counselling; provision of prenatal vitamins; food and food coupons; parenting classes; social supports; and education on prenatal health, infant care, child development, and healthy living.</p> <p><u>Repayable Contributions</u>: No.</p>	
<b>Expected results</b> <ul style="list-style-type: none"> <li>Pregnant and postnatal women and their families facing conditions of risk participate in CPNP programs;</li> <li>Organizations from various sectors collaborate with CPNP projects to support the needs of participants; and</li> <li>Pregnant and postnatal women and their families gain knowledge and build skills to support maternal, child and family health.</li> </ul> <p><u>Performance indicators</u>:</p>	

<sup>4</sup> [A Healthy Pregnancy is in Your Hands](#); [The Sensible Guide to a Healthy Pregnancy](#); [Prenatal Nutrition](#); and [Healthy Babies](#).

<ul style="list-style-type: none"> <li>• Number of CPNP program participants (pregnant women, postnatal women, and other parents/caregivers);</li> <li>• Percentage of CPNP projects that leverage multi-sectoral collaborations (i.e., have more than three types of partners) to support pregnant women, postnatal women and families facing conditions of risk;</li> <li>• Percentage of CPNP projects that have leveraged funds from other sources;</li> <li>• Ratio of leveraged funds to Agency funding; and</li> <li>• Participants report gaining knowledge and skill development to support maternal, child and family health (as a result of program participation).</li> </ul>	
<b>Fiscal year of last completed evaluation</b>	<a href="#">2015–16</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2020–21
<b>General targeted recipient groups</b> Community-based organizations serving at-risk pregnant and postnatal women and their families.	
<b>Initiatives to engage applicants and recipients</b> Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for pregnant women, new mothers, their infants, and families facing conditions of risk across Canada. They also support knowledge development and exchange at the community, P/T, and national levels through training, meeting and exchange opportunities.	

#### Planning Information (dollars)

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants				
Total contributions	27,189,000	27,189,000	27,189,000	27,189,000
Total other types of transfer payments				
<b>Total program</b>	<b>27,189,000</b>	<b>27,189,000</b>	<b>27,189,000</b>	<b>27,189,000</b>

## Canadian Diabetes Strategy (CDS)

#### General Information

<b>Name of transfer payment program</b>	Canadian Diabetes Strategy (Voted)
<b>Start date</b>	2005–06
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and Contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates

<b>Fiscal year for terms and conditions</b>	2009–10
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (Non-communicable) Disease and Injury Prevention	
<b>Description</b> <p><u>Objective(s)</u>: Promote multi-sectoral partnerships and innovative approaches focused on promoting healthy active living, thereby reducing the risk of developing a chronic disease as the incidence of diabetes rises due to an increasingly inactive and overweight Canadian population.</p> <p><u>Why this TPP is Necessary</u>: Type 2 diabetes is one of the fastest growing diseases in Canada with more than 60,000 new cases yearly. It is estimated that approximately two million Canadians have diabetes and one third of them are unaware that they have the disease. The risk factors for diabetes are becoming more common.</p> <p><u>Intervention Method(s)</u>: This TPP supports federal leadership by facilitating multi-sectoral partnerships between governments, non-governmental organizations, and the private sector to ensure that resources are deployed to maximum effect.</p> <p><u>Repayable Contributions</u>: No.</p>	
<b>Expected results</b> <ul style="list-style-type: none"> <li>• Target populations have access to health promotion, chronic disease prevention, early detection, and/or support resources;</li> <li>• Target populations have knowledge about healthy living and chronic disease prevention practices; and</li> <li>• Social and physical environments support healthy living and chronic disease prevention.</li> </ul> <p><u>Performance indicators</u>:</p> <ul style="list-style-type: none"> <li>• Number of participants demonstrating knowledge of chronic disease risk factors (e.g., unhealthy eating, physical inactivity, and smoking);</li> <li>• Number of participants demonstrating knowledge of chronic disease protective factors (e.g., healthy eating, physical activity, and smoking cessation); and</li> <li>• Number of participants who perceive that facilities, programs, parks, playgrounds etc. are available in the community (for physical activity and/or healthy living).</li> </ul>	
<b>Fiscal year of last completed evaluation</b>	2014–15
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2019–20
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions, P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	
<b>Initiatives to engage applicants and recipients</b>	

Open solicitations posted on the Agency's website and targeted solicitations are used to reach applicants. In-person or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, and support the development of case studies to share learnings from funded projects.

#### Planning Information (dollars)

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants	1,227,000	1,227,000	1,227,000	1,227,000
Total contributions	5,051,000	5,051,000	5,051,000	5,051,000
Total other types of transfer payments				
<b>Total program</b>	<b>6,278,000</b>	<b>6,278,000</b>	<b>6,278,000</b>	<b>6,278,000</b>

## Community Action Program for Children (CAPC)

#### General Information

<b>Name of transfer payment program</b>	Community Action Program for Children (Voted)
<b>Start date</b>	1993–94
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2009–10
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
<b>Description</b> <u>Objective(s):</u> Fund community-based groups and coalitions to develop and deliver comprehensive, culturally appropriate early intervention and prevention programs to mitigate health inequalities and promote the health and development of children aged 0-6 years and their families facing conditions of risk. The TPP also seeks to promote the creation of partnerships within communities and to strengthen community capacity to increase support for vulnerable children and their families.	
<u>Why this TPP is Necessary:</u> Compelling evidence shows that risk factors affecting the health and development of children can be mitigated over the life course by investing in early intervention services that address the needs of the whole family.	
<u>Intervention Method(s):</u> Programming across the country may include education on health, nutrition, early childhood development, parenting, healthy living and social supports.	
<u>Repayable Contributions:</u> No.	

**Expected results**

- Parents/caregivers and their children facing conditions of risk participate in CAPC programs;
- Organizations from various sectors collaborate with CAPC projects to support the needs of participants; and
- Parents/caregivers and their children gain knowledge and build skills to support maternal, child and family health.

**Performance indicators:**

- Number of CAPC program participants (parents/caregivers, children 0-6 years);
- Percentage of CAPC projects that leverage multi-sectoral collaborations (i.e. more than 3 types of partners) to support the health needs of women, children 0-6 years and families facing conditions of risk;
- Percentage of CAPC projects that have leveraged funds from other sources;
- Ratio of leveraged funds to the Agency; and
- Parents/caregivers participants report gaining knowledge and skill development to support maternal, child and family health (as a result of program participation).

<b>Fiscal year of last completed evaluation</b>	<a href="#">2015–16</a>
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<b>Decision following the results of last evaluation</b>	Continuation
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<b>Fiscal year of planned completion of next evaluation</b>	2020–21
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**General targeted recipient groups**

Community-based organizations serving at-risk children 0-6 years and their families.

**Initiatives to engage applicants and recipients**

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for at-risk children 0-6 years and families facing conditions of risk across Canada.<sup>5</sup> They also support knowledge development and exchange at the community, P/T, and national levels through training, meeting and exchange opportunities.

**Planning Information (dollars)**

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants				
Total contributions	53,400,000	53,400,000	53,400,000	53,400,000
Total other types of transfer payments				
<b>Total program</b>	<b>53,400,000</b>	<b>53,400,000</b>	<b>53,400,000</b>	<b>53,400,000</b>

<sup>5</sup> Families participating in CAPC often experience multiple and compounding conditions of risk such as, but not limited to, low socioeconomic status (includes low income, low education, insecure employment, insecure housing, food insecurity); teenage pregnancy or parenthood; social or geographic isolation with poor access to services; recent arrival to Canada; alcohol or substance abuse/addiction; and/or situations of violence or neglect. Special emphasis is placed on the inclusion of Aboriginal families living in urban and rural communities.



# Economic Action Plan 2015 Initiative - Brain Health

## General Information

Name of transfer payment program	Economic Action Plan 2015 Initiative - Brain Health (Voted)
<b>Start date</b>	2015–16
<b>End date</b>	2019–20
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2015–16
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (Non-communicable) Disease and Injury Prevention	
<b>Description</b> <p><u>Objective(s)</u>: Support Baycrest Health Sciences in the establishment and operation of the Canadian Centre for Aging and Brain Health Innovation (CC-ABHI). CC-ABHI will be a national hub of leading organizations dedicated to the development, validation, commercialization, dissemination, and adoption of brain health and aging technologies and services.</p> <p><u>Why this TPP is Necessary</u>: There are current needs to improve health outcomes and the quality of life of individuals living with dementia and other brain health conditions, particularly in the absence of readily available treatments or cures. By facilitating the use of the latest research, technologies, environments and interventions through partnership and collaboration across multiple sectors, Canadians can benefit from new innovations in products, services and care that will have a measurable impact on improving cognitive, emotional and physical health outcomes within an aging population.</p> <p><u>Intervention Method(s)</u>: The TPP facilitates partnerships with senior care providers/care organizations, academic and industry partners, non-profit organizations and government to accelerate the development, validation, dissemination and adoption of innovative products, practices, and services designed to support brain health and aging.</p> <p><u>Repayable Contributions</u>: Yes.</p>	
<b>Expected results</b> <ul style="list-style-type: none"> <li>• Greater development and collaboration on emerging aging and brain health issues among relevant sectors in Canada;</li> <li>• Improved capacity to ensure that new knowledge and technologies are transformed into effective and innovative health-enhancing interventions to improve brain health; and</li> <li>• Accelerated adoption, scalability and integration of new solutions across Canadian health and related social systems.</li> </ul> <p><u>Performance indicators</u>:</p> <ul style="list-style-type: none"> <li>• Number of best practices, product or service proposals received and/or evaluated through programs;</li> <li>• Number of projects launched, number of best practices, products or services developed, refined or introduced; and</li> <li>• Number of knowledge exchange/education events.</li> </ul>	

<b>Fiscal year of last completed evaluation</b>	N/A
<b>Decision following the results of last evaluation</b>	N/A
<b>Fiscal year of planned completion of next evaluation</b>	2019–20
<b>General targeted recipient groups</b> The only eligible recipient is Baycrest Health Sciences.	
<b>Initiatives to engage applicants and recipients</b> A targeted call for proposals was utilized to solicit a proposal.	

#### Planning Information (dollars)

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants				
Total contributions	4,000,000	6,000,000	10,000,000	12,000,000
Total other types of transfer payments				
<b>Total program</b>	<b>4,000,000</b>	<b>6,000,000</b>	<b>10,000,000</b>	<b>12,000,000</b>

## Federal Initiative to Address HIV/AIDS in Canada (FI)

#### General Information

<b>Name of transfer payment program</b>	<b>Federal Initiative to Address HIV/AIDS in Canada (Voted)</b>
<b>Start date</b>	January 2005
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and Contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2009–10
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.1 Infectious Disease Prevention and Control; Sub-Program 1.2.2 Conditions for Healthy Living; Sub-Sub-Program 1.2.1.2 Infectious and Communicable Diseases; and Sub-Sub-Program 1.2.2.2 Health Communities	
<b>Description</b> <u>Objective(s)</u> : Prevent and control HIV and associated sexually transmitted and blood-borne infections; facilitate access to testing, diagnosis, treatment, and information on prevention; and enhance the use of evidence, and knowledge about effective interventions.	

**Why this TPP is Necessary:** The estimate from 2015 shows that HIV/AIDS continues to be a public health concern in Canada that disproportionately affects vulnerable populations. While the overall number of new HIV diagnoses is slightly declining, new cases of infection continue to be a concern and 21% of people living with HIV are unaware of their infection. As such, equitable and targeted prevention efforts are still needed as well as greater emphasis on increasing access to testing, diagnosis, and treatment.

**Intervention Method(s):** In addition to facilitating access to testing, diagnosis, treatment, and information on prevention methods, the FI also supports and strengthens multi-sector partnerships to address the determinants of health. It supports collaborative efforts to address factors which can increase the transmission and acquisition of HIV. This includes sexually transmitted infections and co-infection issues with other infectious diseases (e.g., hepatitis C and tuberculosis). People living with and vulnerable to HIV/AIDS are active partners in the development of FI policies and programs.

**Repayable Contributions:** No.

### **Expected results**

Projects funded at the national and regional levels will result in:

- Enhanced knowledge and awareness of the nature of HIV and AIDS and ways to address the disease;
- Improve capacity of priority populations and audiences to address HIV/AIDS and/or prevent new infections;
- Decrease barriers to HIV and hepatitis C prevention, diagnosis, care and support; and
- Increase partnership to address the determinants of health.

### **Performance indicators:**

- Percentage of respondents from the priority populations and target audiences who indicated improved awareness/knowledge of HIV/AIDS risk factors;
- Percentage of respondent from the priority populations and target audiences who indicated improved awareness/knowledge of stigma and discrimination related to HIV/AIDS;
- Percentage of respondents who indicated intention to adopt health sexual behaviour;
- Percentage of referrals made to other services by service providers; and
- Percentage of funded HIV/AIDS related community organizations that leverage formal partnerships arrangements to support at-risk populations.

Stemming from audit and evaluation recommendations to review and streamline performance measurement strategies, the FI is developing new performance indicators to be reported on in 2016–17.

<b>Fiscal year of last completed evaluation</b>	<a href="#">2013–14</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2017–18
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions.	
<b>Initiatives to engage applicants and recipients</b> Applicants and recipients are engaged through performance measurement and evaluation processes, and periodic meetings with stakeholders involved in the prevention and control of communicable diseases.	

**Planning Information (dollars)**

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants	7,430,000	7,430,000	7,430,000	7,430,000
Total contributions	15,631,758	15,631,758	15,631,758	15,631,758
Total other types of transfer payments				
<b>Total program</b>	<b>23,061,758</b>	<b>23,061,758</b>	<b>23,061,758</b>	<b>23,061,758</b>

## Healthy Living Fund (HLF)

**General Information**

Name of transfer payment program	Healthy Living Fund (Voted)
<b>Start date</b>	2005–06
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2013–14
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
<b>Description</b> <u>Objective(s):</u> Support multi-sectoral partnerships and innovative approaches focused on promoting healthy active lifestyles, thereby reducing the risk of developing a chronic disease. <u>Why this TPP is Necessary:</u> Complex public health challenges defy single solution approaches that are developed in isolation. By engaging multiple sectors of society, partners can leverage knowledge, expertise, reach and resources, allowing each to do what it does best, in working towards the common shared goal of producing better health outcomes for Canadians. <u>Intervention Method(s):</u> The TPP engages and provides funding to multiple sectors and builds partnerships between governments, non-governmental organizations and other sectors, including the private sector. It also focuses on informing policy and program decision-making. <u>Repayable Contributions:</u> No.	
<b>Expected results</b> <ul style="list-style-type: none"> <li>• Target populations have access to health promotion, chronic disease prevention, early detection, and/or support resources;</li> <li>• Target populations have knowledge about healthy living and chronic disease prevention practices; and</li> <li>• Social and physical environments support healthy living and chronic disease prevention.</li> </ul>	

<b>Performance indicators:</b>	
<ul style="list-style-type: none"> <li>Number of participants demonstrating knowledge of chronic disease risk factors (e.g., unhealthy eating, physical inactivity, and smoking);</li> <li>Number of participants demonstrating knowledge of chronic disease protective factors (e.g., healthy eating, physical activity, and smoking cessation); and</li> <li>Number of participants who perceive that facilities, programs, parks, playgrounds etc. are available in the community (for physical activity and/or healthy living).</li> </ul>	
<b>Fiscal year of last completed evaluation</b>	2014–15
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2019–20
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	
<b>Initiatives to engage applicants and recipients</b> Open solicitations posted on the Agency's website and targeted solicitations are used to reach applicants. In-person or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, and the development of case studies to share learnings from funded projects.	

#### Planning Information (dollars)

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants				
Total contributions	5,388,000	5,388,000	5,388,000	5,388,000
Total other types of transfer payments				
<b>Total program</b>	<b>5,388,000</b>	<b>5,388,000</b>	<b>5,388,000</b>	<b>5,388,000</b>

## Innovation Strategy (IS)

#### General Information

Name of transfer payment program	Innovation Strategy (Voted)
<b>Start date</b>	2009–10
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and Contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2009–10
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health

## **Link to department's Program Alignment Architecture**

Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.2 Healthy Communities

### **Description**

Objective(s): Support the development, adaptation, implementation, and evaluation of promising, innovative population health interventions and initiatives across various settings and populations in Canada using an intervention research approach. In addition, to support knowledge translation and dissemination based on the systematic collection of results and outcomes of these interventions and promote their use across Canada.

Why this TPP is Necessary: The majority of public health research focuses on describing public health problems instead of identifying potential solutions. As such, there is little evidence available to inform decision-makers regarding effective interventions. Also, there is little data available to show how a successful pilot intervention moves past the experimental stage and into the expanded, replicated, adapted, and sustained stages in an effort to influence long-term application or policy change. The program funds research to generate knowledge about policy and program interventions that impact health at the population level.

Intervention Method(s): The TPP carries out activities in two key areas:

- Implementation and testing of innovative population health interventions – the TPP funds, supports, and monitors organizations to design, develop, implement, adapt and evaluate population health interventions that target children, youth, and families in over 300 communities; and
- Knowledge development and exchange – the TPP focuses on the development, exchange, and use of practical knowledge based on results of interventions to reduce health inequalities and address complex public health issues.

Repayable Contributions: No.

In 2014–15, a portion of Innovation Strategy funds was identified to address family violence from a health perspective.

Objectives(s): Building on elements of the Innovation Strategy approach, specific objectives of this investment are to:

- Equip victims of violence with knowledge and skills to improve their health;
- Promote multi-agency and multi-sectoral collaboration in the delivery of services and programs for victims of family violence;
- Build the knowledge base through intervention research on what works to improve the health of victims of family violence; and
- Improve the capacity of professionals to support the health of victims of family violence safely and effectively.

### **Expected results: Innovation Strategy**

- Population health interventions contribute to improved protective factors, reduced risk behaviours and improved health outcomes for individuals, families and communities;
- Population health interventions demonstrate readiness for scale-up; and
- Stakeholders access and use knowledge products, intervention research evidence, and synthesized learnings to advance population health policy and practice.

**Performance indicators:**

- Number of projects demonstrating a change in health outcomes, protective factors and/or risk behaviours;
- Percentage of stakeholders using knowledge generated through the IS in their work;
- Percentage of projects that have leveraged additional funding;
- Percentage of projects receiving in-kind support for the project; and
- Percentage of partnerships sustained three years or more.

**Expected results: Family Violence Investment**

- Victims of violence use their knowledge and skills to improve their health;
- Organizations use integrated trauma-informed, health promotion approaches to support victims of violence; and
- Professionals use knowledge to support victims of violence.

Performance indicators:

- Percentage of key stakeholders using evidence; and
- Percentage of funded community organizations that leverage multi-sectoral collaborations to support at-risk populations.

<b>Fiscal year of last completed evaluation</b>	2014–15
<b>Decision following the results of last evaluation</b>	Pending
<b>Fiscal year of planned completion of next evaluation</b>	2019–20 Innovation Strategy 2019–20 Family Violence Investment
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments; and individuals deemed capable of conducting population health activities.	
<b>Initiatives to engage applicants and recipients</b> Open and targeted calls for proposals are utilized to solicit proposals from potential applicants. Various approaches are used to engage applicants and optimize the quality of submitted proposals, including information events and tools and resources. The IS places a high priority on and supports the systematic collection of learnings and the sharing of this information between funded recipients, the Agency, and other partners to influence future program and policy design.	

**Planning Information (dollars)**

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants	7,370,000	7,370,000	7,370,000	7,370,000
Total contributions	2,877,000	2,877,000	2,877,000	2,877,000
Total other types of transfer payments				
<b>Total program</b>	<b>10,247,000</b>	<b>10,247,000</b>	<b>10,247,000</b>	<b>10,247,000</b>

# National Collaborating Centres for Public Health (NCCPH)

## General Information

Name of transfer payment program	National Collaborating Centres for Public Health (Voted)
<b>Start date</b>	2005–06
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Fiscal year for terms and conditions</b>	2012–13
<b>Strategic Outcome</b>	Protecting Canadians and empowering them to improve their health
<b>Link to department's Program Alignment Architecture</b>	
Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.2 Public Health Information and Networks	
<b>Description</b> <p><u>Objective(s)</u>: Promote the use of knowledge for evidence-informed decision making by public health practitioners and policy makers across Canada. The National Collaborating Centres (NCCs) synthesize, translate, and share knowledge to make it useful and accessible to policy makers, program managers, and practitioners.</p> <p><u>Why this TPP is Necessary</u>: The NCCs are designed to identify knowledge gaps, stimulate research in priority areas, and link public health researchers with practitioners to build strong practice-based networks across Canada in order to strengthen Canada's public health and emergency response capacity.</p> <p><u>Intervention Method(s)</u>: Provision of contribution funds for creative solutions to be developed by the recipient that are responsive to the public health system and its organizations' needs.</p> <p><u>Repayable Contributions</u>: No.</p>	
<b>Expected results</b> <ul style="list-style-type: none"> <li>• Mechanisms are in place to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues;</li> <li>• Public health organizations are engaged and participate in collaborative networks and processes; and</li> <li>• Public health professionals and partners have access to reliable, actionable public health data and information.</li> </ul> <p><u>Performance indicators</u>:</p> <ul style="list-style-type: none"> <li>• The number and types of activities undertaken that identify research knowledge gaps;</li> <li>• The number and types of knowledge translation products and activities created and disseminated; and</li> <li>• The number of collaborations to address emerging public health issues.</li> </ul>	
<b>Fiscal year of last completed evaluation</b>	<a href="#">2014–15</a>
<b>Decision following the results of last evaluation</b>	Continuation
<b>Fiscal year of planned completion of next evaluation</b>	2018–19



**General targeted recipient groups**

Six centres focusing on thematic areas and public health priorities of host organizations in non-profit, academic, and provincial government settings.

**Initiatives to engage applicants and recipients**

Program does not anticipate issuing further solicitations as contribution agreements with recipients are eligible for renewal every five years, and workplans are reviewed and approved annually.

**Planning Information (dollars)**

Type of transfer payment	2015–16 Forecast Spending	Planned Spending		
		2016–17	2017–18	2018–19
Total grants				
Total contributions	5,842,000	5,842,000	5,842,000	5,842,000
Total other types of transfer payments				
<b>Total program</b>	<b>5,842,000</b>	<b>5,842,000</b>	<b>5,842,000</b>	<b>5,842,000</b>

## Disclosure of Transfer Payment Programs Under \$5 Million

### General Information

Name of transfer payment program	Blood Safety (Voted)
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.1 Infectious Disease Prevention and Control; and Sub-Sub-Program 1.2.1.2 Infectious and Communicable Diseases	
<b>Main objective</b> Support P/T transfusion and/or transplantation adverse event surveillance activities.	
Planned spending for 2016–17	\$2,190,000
Fiscal year of last completed evaluation	<a href="#">2013–14</a>
<b>General targeted recipient groups</b> P/T governments; transfusion and/or transplantation centres and agencies and/or groups designated by P/T ministries of health; and Canadian not-for-profit organizations which support transfusion adverse event surveillance activities.	

### General Information

Name of transfer payment program	Canadian Breast Cancer Initiative (Voted)
End date	Ongoing
Type of transfer payment	Grants and Contributions
Type of appropriation	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
<b>Main objective</b> Contribute to breast cancer prevention and women's health by supporting multi-sectoral partnerships and innovative approaches focused on promoting healthy active living.	
Planned spending for 2016–17	\$583,000
Fiscal year of last completed evaluation	2014–15
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	

**General Information**

<b>Name of transfer payment program</b>	<b>Federal Tobacco Control Strategy (Voted)</b>
<b>End date</b>	March 31, 2017
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
<b>Main objective</b> Support tobacco-related interventions to reduce tobacco use by supporting multi-sectoral partnerships and innovative approaches focused on promoting healthy active living, thereby reducing the risk of developing a chronic disease.	
<b>Planned spending for 2016–17</b>	\$2,250,000
<b>Fiscal year of last completed evaluation</b>	2012–13
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	

**General Information**

<b>Name of transfer payment program</b>	<b>Fetal Alcohol Spectrum Disorder (FASD) – National Strategic Projects Fund (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Contribution
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
<b>Main objective</b> Assist organizations with existing capacity to build on and enhance ongoing FASD activities across the country, and to support and develop new capacity.	
<b>Planned spending for 2016–17</b>	\$1,499,000
<b>Fiscal year of last completed evaluation</b>	2013–14
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T and local governments; affiliated entities; and agencies, organizations, and institutions supported by P/T governments.	

### General Information

<b>Name of transfer payment program</b>	<b>Hepatitis C Prevention, Support and Research Program (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and Contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.2 Healthy Communities	
<b>Main objective</b> Prevent and control hepatitis C and associated sexually transmitted and blood-borne infections (STBBI); facilitate access to testing, diagnosis, treatment, and information on prevention; and enhance the use of evidence, and knowledge on effective interventions.	
<b>Planned spending for 2016–17</b>	\$3,357,242
<b>Fiscal year of last completed evaluation</b>	2012–13
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions.	

### General Information

<b>Name of transfer payment program</b>	<b>Immunization Research Network Program</b>
<b>End date</b>	2017–18
<b>Type of transfer payment</b>	Grants and Contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotions and Disease Prevention; Sub-Program 1.2.1 Infectious Disease Prevention and Control; and Sub-Sub-Program 1.2.1.1 Immunization	
<b>Main objective</b> Strengthen public health infrastructure, the program's objectives include support for applied public health research to strengthen influenza and pandemic preparedness and response within Canada.	
<b>Planned spending for 2016–17</b>	\$1,484,000
<b>Fiscal year of last completed evaluation</b>	N/A
<b>General targeted recipient groups</b> <ul style="list-style-type: none"> <li>• Canadian not-for-profit and for-profit organizations including voluntary organizations and corporations; unincorporated groups, societies and coalitions;</li> <li>• P/T, local governments and their agencies, organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities, post-secondary institutions, etc.);</li> <li>• Individuals deemed capable of conducting public health activities;</li> </ul>	

- Individuals enrolled in public health training or professional development; and
- Non-Canadian recipients may be considered upon recommendation by the Chief Public Health Officer.

### General Information

Name of transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Cancer (Voted)
End date	Ongoing
Type of transfer payment	Grants and Contributions
Type of appropriation	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
<b>Main objective</b> Contribute to cancer prevention by supporting multi-sectoral partnerships and innovative approaches focused on promoting healthy active living, thereby reducing the risk of developing a chronic disease.	
Planned spending for 2016–17	\$4,571,000
Fiscal year of last completed evaluation	2014–15
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	

### General Information

Name of transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Cardiovascular Disease Program (Voted)
End date	Ongoing
Type of transfer payment	Grants and Contributions
Type of appropriation	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
<b>Main objective</b> Contribute to the reduction of the severity and burden of cardiovascular disease (CVD) by supporting multi-sectoral partnerships and innovative approaches focused on promoting healthy active living, thereby reducing the risk of developing a chronic disease.	
Planned spending for 2016–17	\$1,376,000
Fiscal year of last completed evaluation	2014–15

**General targeted recipient groups**

Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments agencies, organizations, and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.

**General Information**

<b>Name of transfer payment program</b>	<b>Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and Contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b>	
Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
<b>Main objective</b>	
Enhance capacity for public health chronic disease surveillance activities to expand data sources for healthy living and chronic disease surveillance.	
<b>Planned spending for 2016–17</b>	\$2,729,000
<b>Fiscal year of last completed evaluation</b>	2014–15
<b>General targeted recipient groups</b>	
Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	

**General Information**

<b>Name of transfer payment program</b>	<b>Integrated Strategy for Healthy Living and Chronic Disease – Joint Consortium for School Health (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grant
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b>	
Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
<b>Main objective</b>	
Strengthen federal leadership efforts to promote health and prevent chronic disease among school-aged children, and strengthen cooperation among F/P/T ministries in support of healthy schools; build the capacity for health and education sectors to work together more effectively and efficiently; and promote	

comprehensive school health.	
<b>Planned spending for 2016–17</b>	\$250,000
<b>Fiscal year of last completed evaluation</b>	N/A
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	

### General Information

<b>Name of transfer payment program</b>	<b>Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and Contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
<b>Main objective</b> Build collaborative linkages, nationally and internationally, between researchers, policy makers, and practitioners, for the purpose of increasing the adoption of effective practices.	
<b>Planned spending for 2016–17</b>	\$217,000
<b>Fiscal year of last completed evaluation</b>	2014–15
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional, and municipal governments; agencies, organizations, and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities.	

### General Information

<b>Name of transfer payment program</b>	<b>International Health Grants Program (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grant
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.2 Public Health Information and Networks	
<b>Main objective</b> Facilitate the Health Portfolio's international collaboration and strengthen relationships with key	

international partners through the promotion of best practices and approaches that respond to Canada's global health priorities and international commitments, and increased knowledge of current and emerging global health issues to inform policy and program development.	
<b>Planned spending for 2016–17</b>	\$2,780,000
<b>Fiscal year of last completed evaluation</b>	2013–14
<b>General targeted recipient groups</b> International entities (i.e., bilateral and multilateral international organizations and institutions with established relationships with Canada, such as the World Health Organization's International Agency for Research on Cancer and Framework Convention on Tobacco Control); Canadian not-for-profit organizations and institutions, including academic and research-based institutions.	

### General Information

<b>Name of transfer payment program</b>	<b>Public Health Scholarship and Capacity Building Initiative (Voted)</b>
<b>End date</b>	Ongoing
<b>Type of transfer payment</b>	Grants and Contributions
<b>Type of appropriation</b>	Appropriated annually through Estimates
<b>Link to department's Program Alignment Architecture</b> Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.1 Public Health Workforce	
<b>Main objective</b> Increase the number and skills of public health professionals; to enhance relationships between university programs in public health and public health organizations; and to develop public health training products and tools.	
<b>Planned spending for 2016–17</b>	\$1,203,000
<b>Fiscal year of last completed evaluation</b>	2012–13
<b>General targeted recipient groups</b> Canadian not-for-profit voluntary organizations and corporations; P/T and local governments; agencies, organizations, and institutions supported by P/T governments (regional health authorities or districts, post-secondary institutions, etc.); and individuals, deemed capable of conducting public health activities to contribute to enhancing public health workforce development and strengthening the capacity and knowledge of the public health sector.	



# Horizontal Initiatives

[Federal Initiative to Address HIV/AIDS in Canada \(FI\)](#)

[Canadian HIV Vaccine Initiative \(CHVI\)](#)

## Federal Initiative to Address HIV/AIDS in Canada (FI)

### General Information

<b>Name of horizontal initiative</b>	<a href="#">Federal Initiative to Address HIV/AIDS in Canada (FI)</a>
<b>Lead department</b>	Public Health Agency of Canada (Agency)
<b>Federal partner organizations</b>	Health Canada (HC), Canadian Institutes of Health Research (CIHR), Correctional Service Canada (CSC)
<b>Non-federal and non-governmental partners</b>	Not applicable (N/A)
<b>Start date of the horizontal initiative</b>	January 13, 2005
<b>End date of the horizontal initiative</b>	Ongoing
<b>Total federal funding allocated (start to end date) (dollars)</b>	Ongoing
<b>Funding contributed by non-federal and non-governmental partners</b>	N/A

### Description of the horizontal initiative

#### Objective(s):

- Increase knowledge of the epidemic through laboratory science, surveillance and research on the factors that contribute to it and on better methods to respond effectively;
- Promote the use and uptake of public health guidance for prevention and control of HIV as well as the availability of evidence-based HIV interventions that are centred on the needs of at-risk populations and people living with HIV/AIDS; and
- Increase the awareness of the need for HIV testing, access to prevention, treatment and care and supporting social environments for people living with, or at risk of acquiring, HIV.

#### Why this HI is Necessary:

- While Canada's reporting of new HIV cases has experienced a slight downward trend since 2005, in 2014, an estimated total of 75,000 people were living with HIV, of which one in five is estimated to be unaware of their infection.
- The proportion of new HIV cases among men who have sex with men, people from countries where HIV is endemic and indigenous people remain disproportionately high, and stigma and discrimination prevent people from seeking testing.
- UNAIDS has set international targets for 2020, known as 90-90-90 targets, as a step toward the end of the AIDS epidemic by 2030:
  - 90% of people living with HIV know their status;
  - 90% of people who know their HIV positive status are on treatment; and
  - 90% of people receiving treatment achieve suppressed viral loads.

- A horizontal Government of Canada approach is necessary to ensure knowledge creation is enabled, shared and applied into practice; to support a robust community and federal response; to ensure that the barriers which prevent priority populations from accessing prevention, diagnosis, care, treatment, and support are reduced; and to ensure a coherent and coordinated Government of Canada approach to achieve these global targets.

#### Intervention Method(s):

Government of Canada partners are responsible for:

- Public health laboratory science and services;
- Surveillance;
- The development of public health practice guidance;
- Knowledge synthesis;
- Program policy development;
- Capacity building;
- Awareness activities;
- Education and prevention activities for First Nations living on-reserve, Inuit living south of the 60th parallel, and federal inmates;
- Facilitating the creation of new knowledge through research funding;
- Delivering public health and health services to federal inmates; and
- Supporting community-based prevention activities through grants and contributions funding.

Federal partners develop multi-sector partnerships and collaborative efforts to address factors which can increase the transmission and acquisition of HIV. These include addressing sexually transmitted infections (STIs) and co-infection issues with other infectious diseases (e.g., hepatitis C and tuberculosis). People living with and vulnerable to HIV/AIDS are active partners in FI policies and programs.

#### **Shared outcomes<sup>6</sup>**

##### First level outcomes:

- Increased knowledge of ways to prevent the acquisition and control the transmission of HIV and associated sexually transmitted and blood-borne infections (STBBI);
- Improved availability and awareness of the knowledge to inform the response;
- Increased awareness and knowledge of risk factors and stigmatizing behaviours;
- Strengthened capacity (skills, competencies and abilities) of priority populations and audiences; and
- Increased integration of HIV with associated STBBI and other relevant key activities to improve the response.

##### Second level outcomes:

- Improved uptake and application of knowledge in action and public health practice;
- Decreased barriers to access to prevention, diagnosis, care, treatment and support;
- Increased uptake of personal behaviours that prevent the transmission of HIV and associated STBBI; and
- Increased coherence of the federal response.

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<sup>6</sup> The FI logic model and performance measurement strategy were updated and implemented in 2015–16.

<b>Ultimate outcomes:</b> <ul style="list-style-type: none"> <li>• Prevent the acquisition and transmission of new infections;</li> <li>• Improved quality of life for those at risk and living with HIV and AIDS;</li> <li>• Contribute to the global effort to reduce the spread of HIV and AIDS and mitigate its impact; and</li> <li>• Contribute to the strategic outcomes of partner departments.</li> </ul>	
<b>Governance structures</b> <ul style="list-style-type: none"> <li>• The Responsibility Centre Committee (RCC) is the governance body for the FI. It is comprised of directors (or equivalent) from the eight responsibility centres which receive funding through the FI. Directors General meet with the RCC annually to review the FI's progress against its performance and strategic objectives. Led by the Agency, the RCC promotes policy and program coherence among the participating departments and agencies, and enables evaluation, performance measurement, and reporting requirements to be met;</li> <li>• The <a href="#">Agency</a> is the federal lead for issues related to HIV and AIDS in Canada. It is responsible for laboratory science, surveillance, program development, knowledge exchange, public awareness, guidance for health professionals, global collaboration and coordination;</li> <li>• <a href="#">HC</a> supports HIV and AIDS prevention, education and awareness, community capacity building, as well as facilitating access to quality HIV/AIDS diagnosis, care, treatment, and support to on-reserve First Nations and Inuit communities south of the 60th parallel;</li> <li>• As the GoC's agency for health research, the <a href="#">CIHR</a> supports the creation of new scientific knowledge and enables its translation into improved health, more effective health services and products, and a strengthened Canadian health care system; and</li> <li>• <a href="#">CSC</a>, an agency of the Public Safety Portfolio, provides health services (including services related to the prevention, diagnosis, care and treatment of HIV and AIDS) to offenders sentenced to two years or more.</li> </ul>	
<b>Planning highlights<sup>7</sup></b> <ul style="list-style-type: none"> <li>• Federal partners will facilitate the creation, advancement and exchange of HIV knowledge and its application into action; and</li> <li>• Federal partners will contribute to reduce barriers to prevention, diagnosis, care, treatment and support for HIV and related sexually transmitted and blood-borne infections (STBBI).</li> </ul>	
<b>Results to be achieved by non-federal and non-governmental partners</b> N/A	
<b>Contact information</b>	Marsha Hay Snyder Director, Programs and Partnerships Division 130 Colonnade Road Ottawa, ON K1A 0K9 (613) 957-1345 <a href="mailto:marsha.hay-snyder@phac-aspc.gc.ca">marsha.hay-snyder@phac-aspc.gc.ca</a>

<sup>7</sup> The FI logic model and performance measurement strategy were updated and implemented in 2015–16.

## Planning Information

Federal organizations	Link to department's Program Alignment Architecture	Contributing programs and activities	Total allocation (from start to end date) (dollars)	2016–17 Planned spending (dollars)	2016–17 Expected results	2016–17 Performance Indicators	2016–17 Targets
Agency	Public Health Infrastructure	Public Health Laboratory Systems	Ongoing	6,683,679	<a href="#">ER 1.1</a>	<a href="#">PI 1.1.1</a> <a href="#">PI 1.1.2</a> <a href="#">PI 1.1.3</a> <a href="#">PI 1.1.4</a>	<a href="#">T 1.1.1</a> <a href="#">T 1.1.2</a> <a href="#">T 1.1.3</a> <a href="#">T 1.1.4</a>
	Health Promotion and Disease Prevention	Infectious and Communicable Diseases	Ongoing	3,249,213	<a href="#">ER 1.2</a>  <a href="#">ER 1.3</a>	<a href="#">PI 1.2.1</a> <a href="#">PI 1.2.2</a>  <a href="#">PI 1.3.1</a> <a href="#">PI 1.3.2</a>	<a href="#">T 1.2.1</a> <a href="#">T 1.2.2</a>  <a href="#">T 1.3.1</a> <a href="#">T 1.3.2</a>
		Healthy Communities	Ongoing	32,014,495	<a href="#">ER 1.4</a>	<a href="#">PI 1.4.1</a>	<a href="#">T 1.4.1</a>
HC	Communicable Disease Control and Management	Sexually Transmitted and Blood Borne Infections — HIV/AIDS	Ongoing	4,515,000	<a href="#">ER 2.1</a>	<a href="#">PI 2.1.1</a>	<a href="#">T 2.1.1</a>
CIHR	Horizontal Health Research Initiatives	Health and Health Service Advances	Ongoing	21,950,352	<a href="#">ER 3.1</a>  <a href="#">ER 3.2</a>	<a href="#">PI 3.1.1</a> <a href="#">PI 3.1.2</a>  <a href="#">PI 3.2.1</a> <a href="#">PI 3.2.2</a> <a href="#">PI 3.2.3</a>	<a href="#">T 3.1.1</a> <a href="#">T 3.1.2</a>  <a href="#">T 3.2.1</a> <a href="#">T 3.2.2</a> <a href="#">T 3.2.3</a>
CSC	Custody	Institutional Health Services	Ongoing	4,187,261	<a href="#">ER 4.1</a> <a href="#">ER 4.2</a>	<a href="#">PI 4.1.1</a> <a href="#">PI 4.2.1</a>	<a href="#">T 4.1.1</a> <a href="#">T 4.2.1</a>
<b>Total for all federal organizations</b>			<b>Ongoing</b>	<b>72,600,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

### Expected Results for 2016–17:

**ER 1.1:** Laboratory reference service testing and phylogenetic research infrastructure and improved testing methodologies inform front-line interventions to address HIV and related STBBI and demonstrate global leadership in HIV research and viral diagnostics, outbreak response and genetic linkages to risk of disease.

**ER 1.2:** The surveillance infrastructure is strengthened to enhance the collection, analysis and dissemination of strategic information on HIV incidence and prevalence data; and to renew how behavioural surveillance is conducted in Canada in order to facilitate the advancement and application of this knowledge into decision-making and front-line practice.

**ER 1.3:** Public health guidance for screening, testing and treatment of HIV and other STBBI is updated and actively promoted among the general public and health professionals in order to facilitate its uptake and reduce barriers to the diagnosis and treatment of HIV/AIDS and other STBBI.

**ER 1.4:** Priorities for community-based investments are targeted to enhance the prevention of HIV and related STBBIs among priority populations most at risk. Promising front-line interventions are identified and promoted to front-line public health and community-based organizations. Stakeholders are engaged more effectively to inform strategies to address barriers to the prevention, diagnosis, care, treatment and support of HIV and related STBBI.

**ER 2.1:** Guided by a new framework and implemented in partnership with key stakeholders, barriers to prevention, diagnosis, care, treatment and support will be reduced in First Nations on reserve.

**ER 3.1:** Scientific knowledge about the nature of HIV, and ways to address the disease, is enabled and research capacity is built to develop new biomedical, behavioural and systems approaches to reduce HIV transmission and to improve the understanding of HIV to mitigate its impact on the health and well-being of people living with HIV.

**ER 3.2:** The mobilization of current and new HIV and related STBBI scientific knowledge in community and public health practice is enhanced to facilitate the application of scientific knowledge about effective prevention and treatment interventions. Implementation of science research informs prevention and treatment interventions to improve HIV prevention and care, and reduce barriers.

**ER 4.1:** Enhanced understanding of the transmission and prevention of HIV/AIDS and other STBBI in federal penitentiaries through comprehensive screening, assessment, analysis and research to inform CSC health education/promotion and prevention programs. Continued emphasis on understanding and reducing HIV-related stigma among offenders and its role in impeding access to prevention, diagnosis, treatment, care and support.

**ER 4.2:** Achieve a treatment level of 80-90% among offenders who are known to be HIV positive and determine baseline levels of viral suppression.

**PI 1.1.1:** % of accredited reference laboratory tests that are conducted within the specific turnaround times.  
**T 1.1.1:** 90%

**PI 1.1.2:** % of clients indicating overall satisfaction with laboratory reference services  
**T 1.1.2:** 90%

**PI 1.1.3:** % of test administered by referral services within the optimal time-response  
**T 1.1.3:**  
a) 70%

b) Molecular 90% Serological

**PI 1.1.4:** % of publications with open access  
**T 1.1.4:** 60%

**PI 1.2.1:** % surveillance disease reports associated with key emerging and re-emerging infectious diseases that are updated and disseminated annually  
**T 1.2.1:** 80 %

**PI 1.2.2:** % of target audience indicating applying evidence acquired through webinars to guide their work  
**T 1.2.2:** 65%

**PI 1.3.1:** % of key knowledge products disseminated to public health professionals through web-based platforms  
**T 1.3.1:** 100%

**PI 1.3.2:** % of target audience indicating applying evidence acquired through webinars to guide their work  
**T 1.3.2:** 65%

**PI 1.4.1:** % of funds allocated for community-based investment to enhance the prevention of HIV and related STBBI among priority populations most at risk  
**T 1.4.1:** 100%

**PI 2.1.1:** # or % of First Nations communities reporting that HIV testing is accessible on or near the reserve.  
**T 2.1.1:** 100%

**PI 3.1.1:** % of grants leading to production of a new method, new theory or replication of findings  
**T 3.1.1:** 100%

**PI 3.1.2:** # or % of publications open access  
**T 3.1.2:** 52%

**PI 3.2.1:** % of grants reporting translation of knowledge/creating more effective health services and products  
**T 3.2.1:** 100%

**PI 3.2.2:** % of grant leading to information or guidance for patients or public/patients' or public behaviour(s)

**T 3.2.2:** 100%

**PI 3.2.3:** % of grants leading to information or guidance for patients or public/patients' or public behaviour(s)

**T 3.2.3:** 100%

**PI 4.1.1:** % of newly admitted offenders who attended Reception Awareness Program at admission

**T 4.1.1:** 65%

**PI 4.2.1:** % of offenders who are known to be HIV positive who have access to treatment

**T 4.2.1:** 90%

# Canadian HIV Vaccine Initiative (CHVI)

## General Information

<b>Name of horizontal initiative</b>	<a href="#">Canadian HIV Vaccine Initiative</a> (CHVI)
<b>Lead department</b>	Public Health Agency of Canada (Agency)
<b>Federal partner organizations</b>	Health Canada (HC), Industry Canada (IC), Global Affairs Canada (GAC), and Canadian Institutes of Health Research (CIHR)
<b>Non-federal and non-governmental partners</b>	Non-governmental stakeholders, including research institutions and not-for-profit community organizations
<b>Start date of the horizontal initiative</b>	February 20, 2007
<b>End date of the horizontal initiative<sup>8</sup></b>	March 31, 2017
<b>Total federal funding allocated (start to end date) (dollars)</b>	111,000,000
<b>Funding contributed by non-federal and non-governmental partners</b>	N/A

## Description of the horizontal initiative

### Objective(s):

- Advance the basic science of HIV vaccine discovery and social research in Canada and low- and middle-income countries (LMIC);
- Support the translation of basic science discoveries into clinical research with a focus on accelerating clinical trials in humans;
- Address the enabling conditions to facilitate regulatory approval and community preparedness;
- Improve the efficacy and effectiveness of HIV Prevention of Mother-to-Child services in LMIC by determining innovative strategies and programmatic solutions related to enhancing the accessibility, quality, and uptake; and
- Enable horizontal collaboration within the CHVI and with domestic and international stakeholders.

### Why this HI is Necessary:

- The CHVI is a key element in the GoC's commitment to a comprehensive, long-term approach to addressing HIV/AIDs domestically and internationally.

### Intervention Method(s):

- The CHVI is a collaborative undertaking between the GoC and the Bill & Melinda Gates Foundation (BMGF) to contribute to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine. This collaboration was formalized by a Memorandum of Understanding signed by both parties in August 2006 and renewed in July 2010.

<sup>8</sup> While policy authorities for CHVI are valid until 2016–17, activities for most departments and agencies were completed in 2015–16 and some expenditures were deferred to 2016–17.

## Shared outcomes

### Immediate (1–3 years) Outcomes:

- Increased and improved collaboration and networking among researchers working in HIV vaccine discovery and social research in Canada and in LMIC;
- Greater capacity for vaccines research in Canada;
- Enhanced knowledge base; and
- Increased readiness and capacity in Canada and LMIC.

### Intermediate Outcomes:

- Strengthened contribution to global efforts to accelerate the development of safe, effective, affordable, and globally accessible HIV vaccines;
- An increase in the number of women receiving a complete course of anti-retroviral prophylaxis to reduce the risk of mother-to-child transmission of HIV; and
- A strong and vibrant network (the CHVI Research and Development Alliance) of HIV vaccine researchers and other vaccine researchers, both in Canada and internationally, is supported.

### Long-term Outcome:

- The CHVI contributes to the global efforts to reduce the spread of HIV/AIDS particularly in LMIC.

## Governance structures

- The Minister of Health, in consultation with the Minister of Industry and the Minister of International Development and La Francophonie, is the lead for the CHVI;
- An Advisory Board was established to oversee the implementation of the Memorandum of Understanding between the GoC and the BMGF, as well as other duties, such as making recommendations to responsible Ministers regarding projects to be funded; and
- The CHVI Secretariat, housed in the Agency, will continue to provide a coordinating role to the GoC and the BMGF.

## Planning highlights

- Support knowledge creation and strengthen HIV vaccine research capacity through ongoing support to CHVI investigators and teams.

## Results to be achieved by non-federal and non-governmental partners N/A

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## Planning Information

Federal organizations	Link to department's Program Alignment Architectures	Contributing programs and activities	Total allocation (from start to end date) (dollars)	2016–17 Planned spending (dollars)	2016–17 Expected results	2016–17 Performance Indicators	2016–17 Targets
Agency <sup>9</sup>	Health Promotion and Disease Prevention	Healthy Communities	18,000,000	0	N/A	N/A	N/A
HC <sup>10</sup>	Internal Services	Governance and Management Support Services	1,000,000	0	N/A	N/A	N/A
	Health Products	Regulatory Capacity Building Program for HIV Vaccines	4,000,000	0	N/A	N/A	N/A
IC <sup>10</sup>	Commercialization and Research and Development Capacity in Targeted Canadian Industries	Industrial Research Assistance Program's Canadian HIV Technology Development Component	13,000,000	0	N/A	N/A	N/A
GAC <sup>11</sup>	Global Engagement and Strategic Policy	International Development Assistance Program	60,000,000	1,150,000	<a href="#">ER 1.1</a> <a href="#">ER 1.2</a>	<a href="#">PI 1.1.1</a>	<a href="#">T 1.1.1</a>
CIHR	Health and Health Services Advances	Institute Strategic Advances – HIV/AIDS	15,000,000	1,424,096	<a href="#">ER 2.1</a> <a href="#">ER 2.2</a>	<a href="#">PI 2.1.1</a> <a href="#">PI 2.1.2</a> <a href="#">PI 2.2.1</a>	<a href="#">T 2.1.1</a> <a href="#">T 2.1.2</a> <a href="#">T 2.2.1</a>
<b>Total for all federal organizations</b>			<b>111,000,000</b>	<b>2,574,096</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

### Expected Results for 2016–17:

**ER 1.1:** In collaboration with CIHR, increased capacity and greater involvement and collaboration amongst researchers working in HIV vaccine discovery and social research in Canada and in LMIC.

**ER 1.2:** Enhanced knowledge of communities, health care workers, and Ministry of Health staff in LMIC on

<sup>9</sup> The Agency continues to lead the CHVI but, as of the tabling date of the 2016–17 RPP, planned spending had not been identified.

<sup>10</sup> HC and IC delivered on all commitments in 2015–16 and, as a result, have no planned spending, expected results or performance measures for 2016–17.

<sup>11</sup> Expenditures for GAC were deferred to 2016–17.

the prevention of mother-to-child transmission of HIV and maternal, newborn, and child health issues.

**ER 2.1:** Continued knowledge creation and strengthened HIV vaccine research capacity.

**ER 2.2:** Enhanced linkages amongst researchers, stakeholders, and funders.

**PI 1.1.1:** % of HIV/AIDs related publications supported in part, or in full, by the CHVI initiative

**T 1.1.1:** 40%

**PI 2.1.1:** % of projects that aimed to increase the capacity of, and collaboration amongst, researchers working in HIV vaccine discovery and social research in Canada and in LMIC.

**T 2.1.1:** 40%

**PI 2.1.2:** # of supported researchers

**T 2.1.2:** 150

**PI 2.2.1:** # of formal collaborations through the CHVI

**T 2.2.1:** 2

## Upcoming Internal Audits and Evaluations Over the Next Three Fiscal Years

### A. Internal Audits<sup>12</sup>

Title of internal audit	Internal audit type	Status	Expected completion date
Office of Comptroller General Horizontal Audit of Information Management (the Agency and HC)	Internal Controls	In Progress	June 2016
Audit of Key Financial Controls, Year 4	Internal Controls	In Progress	October 2016
Audit of IT Security (the Agency and HC)	Governance, Risk Management, Internal Controls	In Progress	March 2017
Audit of the Biosecurity Program	Governance, Risk Management, Internal Controls	Planned	March 2017
Audit of Internal Controls over Financial Reporting	Governance, Risk Management, Internal Controls	Planned	June 2017
Audit of the Grants and Contributions Framework	Governance, Risk Management, Internal Controls	Planned	June 2017
Audit of Regional Operations	Governance, Risk Management, Internal Controls	Planned	October 2017

<sup>12</sup> Information contained in this table is from the Agency's approved 2016–17 internal audit plan. The next iteration of the three-year Risk-based Audit Plan will be developed in 2016–17.

## B. Evaluations<sup>13</sup>

Link to department's Program Alignment Architecture	Title of the evaluation	Planned evaluation start date	Planned deputy head approval date
<b>2016–17</b>			
Sub-Program 1.1.1 Public Health Capacity Building	Evaluation of the Public Health Workforce Development Activities	February 2015	June 2016
Sub-Sub-Program 1.2.1.1 Immunization	Evaluation of Immunization and Respiratory Infectious Diseases	November 2015	September 2016
Sub-Program 1.1.2 Public Health Information and Networks	Evaluation of the Public Health Network	February 2016	September 2016
Sub-Program 1.1.2 Public Health Information and Networks	Evaluation of Public Health Information	March 2016	December 2016
Sub-Sub-Program 1.2.2.1 Healthy Child Development	Evaluation of Aboriginal Head Start in Urban and Northern Communities	February 2016	March 2017
<b>2017–18</b>			
Sub-Sub-Program 1.2.2.2 Healthy Communities	Evaluation of Aging and Seniors	July 2016	June 2017
Sub-Sub-Program 1.2.2.2 Healthy Communities	Evaluation of the Family Violence Initiative	October 2016	September 2017
Sub-Sub-Program 1.2.2.2 Healthy Communities	Evaluation of the Federal Initiative for HIV/AIDS in Canada	January 2017	December 2017
Sub-Sub-Program 1.2.1.3 Food-borne, Environmental and Zoonotic Infectious Diseases	Evaluation of Foodborne Enteric Diseases Activities	January 2017	December 2017
Sub-Program 1.3.1 Emergency Preparedness and Response	Evaluation of Emergency Preparedness and Response	April 2017	March 2018
<b>2018–19</b>			
Sub-Sub-Program 1.2.1.2 Infectious and Communicable Diseases	Evaluation of Health Care Acquired Infections and Sexually Transmitted and Blood-borne	July 2017	June 2018

<sup>13</sup> Information contained in this table is from the proposed 2016–17 to 2020–21 Departmental Evaluation Plan. The Office of Audit and Evaluation is currently in the process of updating its Five-Year Evaluation Plan as required by Treasury Board. As a result of this update, scheduled for Deputy Head approval in March 2016, planned evaluations, including planned start and completion dates, are subject to change.

Link to department's Program Alignment Architecture	Title of the evaluation	Planned evaluation start date	Planned deputy head approval date
	Infections		
Sub-Program 1.1.3 Public Health Laboratory Systems	Evaluation of Public Health Laboratories	October 2017	September 2018
Sub-Program 1.1.2 Public Health Information and Networks	Evaluation of the International Health Grants Program	October 2017	September 2018
Sub-Sub-Program 1.2.2.1 Healthy Child Development	Evaluation of the Fetal Alcohol Spectrum Disorder Initiative	January 2018	December 2018
Sub-Program 1.3.3 Biosecurity	Evaluation of the Biosecurity Program	January 2018	December 2018
Sub-Program 1.1.2 Public Health Information and Networks	Evaluation of the National Collaborating Centres	April 2018	March 2019