Public Health Agency of Canada

2016–17

Departmental Results Report

The Honourable Ginette Petitpas Taylor, P.C., M.P.
Minister of Health

TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.

— Public Health Agency of Canada

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Minister's message

I am pleased to present the 2016–17 Departmental Results Report for the Public Health Agency of Canada (PHAC). This report focuses on the work done to address federal public health priorities that promote and protect the health and well-being of Canadians. This year's report also supports the new Treasury Board Policy on Results and the Government of Canada's commitment to provide improved reporting to Parliament and to Canadians.

Collaboration across many sectors is essential in the area of public health. In this spirit, PHAC worked with its partners to initiate the development of Canadian concussion guidelines and protocols. These efforts supported the development of a mobile application to prevent, recognize, and care for concussions. PHAC also funded partnerships to address complex issues such as family violence, childhood obesity, chronic disease, mental illness, and suicide.

Immunization saves lives, and is a foundation of public health. In 2016–17, PHAC hosted a successful Canadian Immunization Conference for public health professionals and launched an Immunization Partnership Fund to increase vaccination coverage in Canada. The Agency also implemented a new research program in partnership with the Canadian Institutes of Health Research to identify under- and un-vaccinated populations in Canada in order to better inform our collective efforts.

Recognizing that health threats have no borders, PHAC collaborated with global and domestic partners on emerging threats such as Zika virus and Lyme disease. The Agency also continued to play a leadership role in disease prevention, contributing to efforts to achieve global HIV treatment targets known as "90-90-90" by 2030 and to reduce the incidence and impacts of hepatitis C and other sexually transmitted and blood-borne infections.

The Agency also led efforts around the growing global threat of antimicrobial resistance and worked with partners toward the development of a Pan-Canadian Framework on Antimicrobial Resistance. This initiative also supports global efforts in this area and will guide our collective action in tackling this serious threat to public health in Canada and around the world.

I invite you to read this report to learn of PHAC's work to protect the health and safety of Canadians at home and abroad and to strengthen global public health security.

The Honourable Ginette Petitpas Taylor, P.C., M.P.
Minister of Health

Results at a glance

What funds were used?	Who was involved?
$559,217,028	2,127
Actual spending	**Actual full-time equivalents (FTEs)**

Results highlights

- ✓ In keeping with Budget 2016 commitments, PHAC collaborated with provinces and territories and key stakeholders to improve vaccination coverage across Canada. Collaborations included:
  - Launching a new vaccination research program for various populations (e.g., Indigenous Peoples);
  - Creating a new grants and contributions opportunity to improve vaccination access and uptake; and
  - Updating Canada's national vaccination coverage goals and vaccine preventable disease reduction targets.
- ✓ Focused efforts on harm reduction by:
  - Contributing to the prevention of human immunodeficiency virus (HIV), hepatitis C, and other sexually transmitted and blood-borne infections (STBBIs);
  - Collaborating with all provincial and territorial (P/T) governments to share existing data on opioids, and developing a surveillance plan for the first-ever national surveillance of opioid deaths in Canada; and
  - Launching the 2016 Federal Framework for Suicide Prevention to align federal activities in suicide prevention and complement the important work by stakeholders across Canada.
- ✓ Collaborated with global and domestic partners on emerging threats such as Zika virus and Lyme disease.
- ✓ Increased Canada's ability to protect Canadians from public health events by acquiring medical countermeasures against biological threats such as smallpox and anthrax.
- ✓ Worked with partners to design and deliver innovative ways (e.g., a Concussion Ed[i] app) that encourage Canadians to make sustained healthy living choices and reduce the risk of injury.

For more information on the department's plans, priorities and results achieved, see the "Results: what we achieved" section of this report.

Raison d'être, mandate and role: who we are and what we do

Raison d'être

Public health involves the organized efforts of society that aim to keep people healthy and to prevent illness, injury and premature death. The Public Health Agency of Canada[ii] (PHAC) has put in place programs, services and policies to help protect and promote the health of all Canadians and residents of Canada. In Canada, public health is a responsibility that is shared by all three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, PHAC was created within the federal Health Portfolio[iii] to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening public health capacities across Canada.

Mandate and role

PHAC has the responsibility to:

- Contribute to the prevention of disease and injury, and to the promotion of health;
- Enhance surveillance information and expand the knowledge of disease and injury across Canada;
- Provide federal leadership and accountability in managing responses to national public health events;
- Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning; and
- Serve as a central point for sharing public health expertise across Canada and with international partners, and to use this knowledge to inform and support Canada's public health priorities.

For more general information about the department, see the "Supplementary information" section of this report. For more information on the department's organizational mandate letter commitments, see the Minister's mandate letter.[iv]

Operating context and key risks

Operating context

PHAC operates in a complex, interconnected, and evolving environment where drivers such as social determinants of health[1], climate change and demographic change impact the lives of Canadians. As a result, PHAC's work requires collaborative partnerships with all levels of government, the private sector, non-governmental organizations, health professionals, and the public.

Although Canada is one of the healthiest countries in the world, not all Canadians experience the same quality of health; there are also health inequalities among groups of women, men, and gender-diverse people. Vulnerable populations, such as low-income families, children, Indigenous peoples and the elderly, are more likely to have poor health including disease, injury, mental illness, and obesity.

Canada continues to face persistent public health challenges, including infectious disease outbreaks, the re-emergence of vaccine preventable diseases, and the spread of drug-resistant organisms. Also, the rapid movement of people and goods across borders facilitates the spread of disease and health threats. Climate change is altering where disease occurs and how it spreads. The emergence and spread of the Zika virus in the Americas and the opioid crisis across Canada are two examples of public health challenges faced by Canadians over the past year.

While public health is a shared responsibility, PHAC plays a leadership role in promoting and protecting the health of Canadians through partnership, innovation and action. By continually improving its understanding of the underlying determinants of public health and priorities of stakeholders, PHAC is better able to adapt its programs and activities to respond to needs of Canadians.

[1] The determinants of health include: the social and economic environment, the physical environment, and a person's individual characteristics and behaviours.

Key risks

Risk 1: Simultaneous Events/Large Event
Risk Statement: There is a risk that a significant or simultaneous public health event(s) may occur and PHAC may not have the scope and depth of workforce or the capacity and resources required to mobilize an effective and timely response, while maintaining its non-emergency obligations. This may hinder PHAC's role in providing leadership in the coordination and integration of the Health Portfolio's emergency preparedness and response functions, and implementation of other public health priorities. Mitigating strategy and effectiveness: • Update the Health Portfolio All-Hazards Risk and Capability Assessment to better understand public health capacity gaps and support prioritization of opportunities for enhanced preparedness; • Increase PHAC's ability to rapidly mobilize personnel to respond to public health events/emergencies; • Leverage new technologies to foster greater information sharing and communication between stakeholders (e.g., online portals and the Canada Communicable Disease Report [CCDR] online); and • Finalize a back-up pandemic vaccine supply contract. Link to the department's Programs: • 1.1: Public Health Infrastructure • 1.3: Health Security Link to mandate letter commitments or to government-wide and departmental priorities: • PHAC Priority 1: Strengthened public health capacity and science leadership • PHAC Priority 3: Enhanced public health security

Risk 2: Access to Timely and Accurate Data

Risk Statement:

There is a risk that, as the volume of and need for public health data increases both domestically and internationally, PHAC may not have access to timely, reliable and accurate information and/or data, nor the ability to undertake necessary data analysis, which could reduce effective evidence-based decision-making pertaining to public health matters.[2]

Mitigating strategy and effectiveness:

- Work with P/T stakeholders to support timely information sharing and continued technology implementation (e.g., PulseNet Canada, the Canadian Public Health Lab network, and Canadian Chronic Disease Surveillance System, and the Electronic Canadian Hospital Injuries Reporting and Prevention Program);
- Collaborate with P/Ts to implement the Action Plan of the Blueprint for a Federated System for Public Health Surveillance in Canada to support a coordinated national approach to strengthening surveillance for public health priorities; and
- Conduct assessments to improve the way PHAC uses, disseminates, and shares information in terms of the availability, usability, and uptake of PHAC reports and publications (e.g., CCDR, Health Promotion and Chronic Disease Prevention in Canada journal, surveillance reports, and guidance materials).

Link to the department's Programs:

- 1.1: Public Health Infrastructure
- 1.2: Health Promotion and Disease Prevention

Link to mandate letter commitments or to government-wide and departmental priorities:

- PHAC Priority 1: Strengthened public health capacity and science leadership
- PHAC Priority 4: Excellence and innovation in management

[2] Data-sharing partnerships and agreements with P/T governments are required as PHAC does not have legislative authority to compel data from the P/T governments.

Risk 3: Keeping up with the Changing External Environment

Risk Statement:

There is a risk that PHAC may not be able to keep up with the rapid pace of change in the external environment. This may include advancements in communications, scientific discoveries and emerging public health technologies. This may hinder PHAC's ability to maintain its relevance, which could affect its ability to exhibit excellence and innovation in public health.

Mitigating strategy and effectiveness:

- Target the development and/or enhancement of innovative science and emerging laboratory technology and practices (e.g., genomics);
- Translate research and evidence into information and tools that promote good health and prevent disease and injury;
- Draft updated national vaccination coverage goals and vaccine preventable disease reduction targets with provinces and territories;
- Launch the Immunization Partnership Fund to support projects aimed at increasing vaccination uptake and access in Canada; and
- Address public health risks on aircraft, ships and other passenger conveyances by implementing modernized regulations related to potable water and enhancing oversight of food safety.

Link to the department's Programs:

- 1.1: Public Health Infrastructure
- 1.2: Health Promotion and Disease Prevention
- 1.3: Health Security

Link to mandate letter commitments or to government-wide and departmental priorities:

- PHAC Priority 1: Strengthened public health capacity and science leadership
- PHAC Priority 2: Leadership on health promotion and disease prevention
- PHAC Priority 3: Enhanced public health security
- PHAC Priority 4: Excellence and innovation in management

Risk 4: Public Health Agency Physical Infrastructure
Risk Statement: There is a risk that without necessary and adequate infrastructure, as well as timely maintenance of, and investment in, facilities and assets, PHAC may be exposed to threats which could impact how PHAC will deliver on its mandate and objectives. Mitigating strategy and effectiveness: • Assess existing laboratory capacity as part of developing a strategy to make the best use of Canada's biocontainment laboratory facilities. Link to the department's Programs: • 1.1: Public Health Infrastructure Link to mandate letter commitments or to government-wide and departmental priorities: • PHAC Priority 1: Strengthened public health capacity and science leadership • PHAC Priority 4: Excellence and innovation in management

PHAC operates in a complex and interconnected environment where, for example, demographic change, climate change, and advancements in technology directly impact Canadians. For instance, global supply chains and rapid international transportation systems move goods and people across national borders, carrying with them the risk that a health threat, emerging from anywhere in the world, could enter Canada. Similarly, climate change presents a range of risks, from the spread of specific diseases to extreme weather events.

Although Canada is one of the healthiest countries in the world, it will continue to face some persistent public health challenges. For example, rising rates of chronic diseases (the cause of 65% of all deaths in Canada each year); the frequency of infectious disease outbreaks and re-emergence of vaccine preventable diseases; rising obesity rates; increasing mental health issues; an aging population; and the spread of drug-resistant organisms may influence the ability of PHAC's programs to deliver and achieve results for Canadians.

Within this context, PHAC manages a range of risks in pursuing its mission to promote and protect the health of Canadians and in consideration of its operating context. The risks identified in the previous table are drawn from PHAC's 2016–19 Corporate Risk Profile. These risks are ranked as having the greatest potential to significantly impact PHAC's ability to achieve its objectives, and having the most important potential health and safety consequences for Canadians in the event of a failure of any risk response strategy.

Results: what we achieved

Programs

Program 1.1: Public Health Infrastructure

Description

The Public Health Infrastructure Program strengthens Canada's public health, workforce capability, information exchange, and federal, provincial and territorial networks, and scientific capacity. These infrastructure elements are necessary for effective public health practice and decision-making in Canada. The program works with federal, provincial and territorial stakeholders in planning for and building strategic and targeted investments in public health infrastructure, including public health research, training, tools, best practices, standards, and mechanisms to facilitate information exchange and coordinated action. Public health laboratories provide leadership in research, technical innovation, reference laboratory services, surveillance, outbreak response capacity and national laboratory coordination to inform public health policy and practice. Through these capacity-building mechanisms and scientific expertise, the Government of Canada facilitates effective coordination and timely public health interventions which are essential to having an integrated and evidence-based national public health system based on excellence in science. Key stakeholders include local, regional, provincial, national and international, public health organizations, practitioners and policy makers, researchers and academics, professional associations and non-governmental organizations.

Results

During 2016–17, PHAC made progress in supporting an effective Canadian public health system with results and highlights as noted below.

Scientific and Laboratory Capacity

- PHAC scientists worked with public health partners to quickly provide sound testing guidance[v] to combat bacterial contamination in hospital heater-cooler units which had exposed cardiac surgery patients to serious health risks.
- PHAC's National Microbiology Laboratory rapidly responded to the Zika virus outbreak by establishing diagnostic methods and providing guidance for laboratory testing[vi] which resulted in meeting Canada's immediate testing needs.
- As part of a laboratory technology modernization strategy, PulseNet Canada modernized its Listeria surveillance and outbreak response activities to whole genome sequencing technology to improve detection and response times to foodborne illnesses.

Domestic and International Public Health Capacity

- To raise awareness of Canada's role and responsibilities under the International Health Regulations (IHR) (2005),[3] PHAC provided training to federal partners focussed on strengthening protocols for the notification and reporting of public health events, such as infectious disease outbreaks.
- In partnership with the Pan American Health Organization, PHAC completed missions to Suriname, Guyana, and Belize to strengthen each country's capacity for reporting and managing potential public health events under the IHR.

PHAC FACT

PHAC provided staff epidemiologists to work with medical examiners and public health organizations across Canada to improve data analysis and reporting of opioid-related deaths.

Public Health Surveillance and Information Sharing

- The Canada Communicable Disease Report[vii] provided public health professionals with practical and authoritative information on emerging and persistent infectious diseases in Canada to help inform policy, practice, and program development. In recent years, expanded readership across North America, the European Union, and Australia has resulted in a 50 percent increase in the subscription rate.
- The Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice Journal[viii] provides science-based evidence to public health care professionals and researchers on a monthly basis, covering Canadian research and population relevant studies on disease prevention, health promotion, and health equity. Since April 2016, all published issues contained articles with research findings broken down by sex and/or gender, among other factors.
- To help provide a much-needed national picture of the opioid crisis in Canada, PHAC collaborated with all P/T governments to share existing data, and developed a surveillance plan for the first-ever national surveillance of opioid deaths in Canada, which will be implemented in 2017–18.
- PHAC supported the ongoing implementation of the Multi-Lateral Information Sharing Agreement which sets out why, how, what, and when federal, provincial, and territorial (F/P/T) governments share and use information on infectious diseases and public health events.

[3] Canada is a party to the IHR, an international treaty that aims to prevent, protect against, control, and provide a public health response to the international spread of disease.

Results achieved

Expected results	Performance indicators	Targets (Dates)	Actual results		
			2016–17	2015–16	2014–15
Canada has the public health system infrastructure to manage public health risks of domestic and international concern	Level of Canada's compliance with the public health capacity requirements outlined in the International Health Regulations	2[4] (by Mar. 31, 2017)	2	2	2
Public health professionals have timely access to peer reviewed laboratory and surveillance publications to inform public health action	Number of citations referencing Agency laboratory research publications[5]	1,800 (by Mar. 31, 2017)	2,974	2,850	2,138
	Percent of accredited reference laboratory tests conducted within the specified turnaround times[6]	95 (by Mar. 31, 2017)	95.8	96.6	95.8

Budgetary financial resources (dollars)

2016–17 Main Estimates	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	2016–17 Difference (actual minus planned)
115,963,044	115,963,044	112,399,719	111,593,778	(4,369,266)

Human resources (full-time equivalents)

2016–17 Planned	2016–17 Actual	2016–17 Difference (actual minus planned)
723	743	20

[4] Levels of public health capacity are defined in the IHR Core Capacity Monitoring Framework. They are a way for countries to assess their ability to detect and respond to the spread of disease. A Level 2 score for a country means that core capacities have been achieved.

[5] This indicator is based on a three-year average number of citations to peer-reviewed publications by PHAC authors. The three-year average number accounts for year-over-year fluctuations in the amount of research published and allows sufficient time for publications to be cited. This indicator provides a measure of reach and usefulness of scientific information provided by the Program. When the Program's publications are cited by other authors, it indicates that the new information has been useful to their study.

[6] This indicator pertains to tests for which a turnaround time has been established.

Program 1.2: Health Promotion and Disease Prevention

Description

The Health Promotion and Disease Prevention Program aims to improve the overall health of the population—with additional focus on those that are most vulnerable—by promoting healthy development among children, adults and seniors, reducing health inequalities, and preventing and mitigating the impact of chronic disease and injury, as well as infectious diseases. Working in collaboration with provinces, territories, and stakeholders, the Program develops and implements federal aspects of frameworks and strategies (e.g., Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, national approaches to addressing vaccinations) geared toward promoting health and preventing disease. The Program carries out primary public health functions of health promotion, surveillance, science and research on diseases and associated risk and protective factors to inform evidenced-based frameworks, strategies, and interventions.

Results

During 2016–17, PHAC made progress in addressing critical health promotion and disease prevention challenges as noted below.

Innovation and Experimentation

- PHAC worked with partners to design and deliver innovative solutions to encourage Canadians to incorporate healthy living choices as part of their daily lives and reduce the risk of injury. For example, PHAC provided funding to support the following initiatives:
  - The Concussion Ed[ix] app gives free access to critical concussion resources;
  - The Carrot Rewards[x] initiative builds on the concept of nudging to test whether an incentive-based mobile application can motivate healthier behaviours using loyalty points and rewards. The model brings together governments, non-governmental organizations and popular loyalty point providers to generate evidence on the results of these incentives. Building on its initial success in British Columbia, Carrot Rewards expanded to Newfoundland and Labrador (June 2016) and Ontario (February 2017); and
  - The Community Hypertension Prevention Initiative[xi] with the Heart and Stroke Foundation features an innovative Social Impact Bond funding model to increase awareness of high blood pressure and Cardiovascular Disease risk among participants aged 60+. This funding model is also intended to improve the ability of participants to manage modifiable risk factors through healthy behaviours (e.g., increase in physical activity and/or reduction in sedentary behaviour, healthy eating, and smoking cessation).

Infectious Diseases and Immunization

- Budget 2016 committed $25 million over five years to improve the percentage of Canadians who receive all recommended vaccinations. Significant progress was made by:
  - Investing in the Immunization Partnership Fund to support projects aimed at increasing vaccination uptake, as well as providing leadership for national outreach and awareness activities promoting vaccinations;
  - Implementing a new research program, the Improved Immunization Coverage Initiative, in partnership with the Canadian Institutes of Health Research, to identify under and un-vaccinated populations in Canada with special emphasis on vulnerable populations such as Indigenous Peoples; and
  - Enhancing immunization surveys to better understand who is not getting vaccinated and why, and updating goals and targets for reducing vaccine preventable diseases, as recommended in an evaluation report.[xii]
- PHAC raised awareness among Canadians and public health professionals about ways to prevent and detect Zika virus infections through outreach campaigns and publications including the Rapid Risk Assessment: The risk of Zika virus to Canadians,[xiii] and Recommendations on the Prevention and Treatment of Zika Virus for Canadian health care professionals.[xiv]

PHAC FACT

PHAC hosted a major conference to develop the draft Federal Framework on Lyme Disease to help guide federal action on data collection and analysis, education, and best practices.

- PHAC contributed to the prevention of HIV, hepatitis C, and other STBBIs by:
  - Funding 158 community-based projects that reached over 250,000 individuals, practitioners, service providers, and policy makers resulting in improved knowledge and capacity to prevent infection and improved access to health and social services;
  - Engaging partners and stakeholders to share knowledge and identify concrete actions to make progress towards the elimination of STBBIs as public health threats in Canada; and
  - Demonstrating leadership and enhanced collaboration with P/T governments to strengthen approaches to measure progress on global HIV treatment targets known as 90-90-90.[xv]
- In collaboration with Immigration, Refugees, and Citizenship Canada, PHAC led the development of evidence-based approaches for optimizing Tuberculosis prevention and control for migrant populations. PHAC also collaborated with the Government of Quebec to implement an innovative pilot project to increase education, screening, and treatment for Latent Tuberculosis Infection in Nunavik.

- PHAC led a national effort to develop a pan Canadian framework on antimicrobial resistance (AMR) and released the Canadian AMR Surveillance System 2016 Report[xvi] which identified gaps in the surveillance of a number of priority pathogens that need to be addressed. This information is needed in order to develop a complete picture of AMR[7] across Canada and to guide the development of treatment guidelines and public health interventions to minimize the spread of AMR.

Healthy Living and Injury Prevention

PHAC worked with partners to design and deliver innovative solutions to encourage Canadians to make sustained healthy living choices and reduce the risk of injury. PHAC also expanded Canadians' knowledge and understanding of the common reasons and ways they can protect themselves against chronic diseases and injuries by:

- Implementing the Physical Activity, Sedentary behaviour, and Sleep (PASS)[xvii] Indicator Framework to provide a clearer picture of how active Canadians really are, and provide health professionals with the information needed to develop policies and programs for a healthy and active population. To address challenges with traditional data collection, including falling response rates to surveys, PHAC initiated a "data challenge" with stakeholders to identify other data sources to improve PASS' capacity to provide health evidence in this area.
- Using the data from the PASS Indicator Framework to support the development of the 24 Hour Movement Guidelines for Children and Youth (aged 5-17) led by the Canadian Society of Exercise Physiologists. The new Guidelines provide recommendations for the 4 Ss: "Sleep", "Sit", "Step", and "Sweat".
- Partnering with Indigenous and Northern Affairs Canada and Health Canada (HC) on Nutrition North Canada[xviii] to fund projects that increase knowledge of healthy eating, and support the development of skills related to the selection and preparation of healthy foods.
- Partnering with ParticipACTION and the Royal Bank of Canada to fund RBC Learn to Play,[xix] awarding more than $6 million over three years (with $1.5 million awarded in 2016–17) to 591 local organizations across Canada to incorporate physical literacy[xx,8] into their youth sport and recreation programs.
- Providing new evidence on concussions related to sports and recreational activities among Canadian youth through an open-source tool that provides an interactive snapshot of brain injury statistics.[xxi,9]

[7] Antimicrobial resistance is the ability of microorganisms (including bacteria, fungi, viruses and parasites) to become resistant to treatment by antimicrobial drugs such as antibiotics. The scope of resistance is accelerated by excessive and/or misuse of antimicrobial drugs used to treat bacterial infections.
[8] There were over 308,000 participants resulting in 72% reporting an increase in awareness of physical literacy. Over 22% reported exercising 60 minutes per day or more (national average for children and youth 5–17 is 9.3%).
[9] From its release in November 2016 until March 31, 2017, the tool received 1,957 visits from 1,374 visitors.

Mental Health Promotion, Suicide Prevention and Support for Survivors of Violence

- PHAC launched the 2016 Federal Framework for Suicide Prevention[xxii] (FFSP) to align federal activities in suicide prevention and complement the important work by stakeholders across Canada. The Mental Health and Mental Illness Evaluation[xxiii] noted PHAC's strong collaborative efforts in this important area, and a Progress Report[xxiv] on the FFSP highlighted the Government of Canada's actions on suicide prevention.
- PHAC is investing $2 million over five years to support the development of a National Suicide Prevention Service, $475,000 of which was spent in 2016–17, to provide a free 24/7 service to support individuals in crisis, regardless of where they live in Canada.
- PHAC invested $5.3 million in projects to improve the health of survivors of violence. In particular, the Violence Evidence, Guidance and Action project[xxv] brought together 22 national health and social service associations to improve training resources to help health professionals better support victims of child maltreatment and intimate partner violence.

Seniors and Aging

As Canada's senior population increases, it is more important than ever to support the health and well-being of older Canadians. PHAC supported healthy aging by:

- Raising awareness amongst health professionals and caregivers about age-friendly communities[xxvi] through a series of webinars such as: Planning for Accessible Age-Friendly Communities[xxvii] and Age-Friendly and Dementia Friendly: Creating Inclusive, Supportive Communities, Together[xxviii] to help seniors remain healthy, active and involved in community life.
- Improving the lives of those affected by dementia through Dementia Friends Canada,[xxix] a national campaign that provides Canadians with information on ways to support those affected with dementia.

Vulnerable Children and Families

Canada's children and youth face particular health challenges, with greater risks of poor health among vulnerable families and children. PHAC supported improved healthy child development and reduced differences in health among different populations by:

PHAC FACT

By supporting early childhood education training at Nunavut Arctic College, a preschool was established in Pond Inlet to enhance Indigenous capacity in early child development.

- Renewing PHAC programming in over 3,000 communities across Canada to improve the health and well-being of children living in conditions of risk. An evaluation[xxx] of these programs determined that they've successfully reached high-risk Indigenous Peoples, and are having a positive impact on early childhood development. These programs apply performance measurement tools designed to collect data on results broken down by sex, gender and other diversity factors.

- Partnering with the University of Western Ontario on the Fourth R[10] (Uniting our Nations) mentoring program to provide opportunities for Indigenous students to connect cultural teachings with their current life experiences. Early evidence suggests that students built more self-confidence, developed more effective coping and conflict resolution skills, and were mentally healthier than their non-mentored peers.

Health Equity

- PHAC released "Toward Health Equity: A Guide to Sex and Gender-based Analysis in Agency Programs and Policies", an internal document that includes key concepts and a practical, four-step process to apply sex and gender-based analysis (SGBA) in PHAC's work. The Guide has been used to support SGBA training and was shared by Status of Women Canada as a tool to support other departments and agencies in conducting SGBA.

Results achieved

Expected result	Performance indicators	Targets (Dates)	Actual results		
			2016–17	2015–16	2014–15
Diseases in Canada are prevented and mitigated	Rates per 100,000 of key infectious diseases	HIV: 6.41[11] (by Mar. 31, 2017)	5.8	5.8	5.9
		Hepatitis B: 15.1[11] (by Mar. 31, 2017)	13.2	15.2	15.2
		Hepatitis C: 29.5[11] (by Mar. 31, 2017)	30.4	29.7	29.6
		Tuberculosis: 3.6[11] (by Mar. 31, 2017)	4.6	4.4	4.7
		E-Coli 0157: 1.39 (Ongoing)	1.14	1.05	1.28
		Salmonella: 19.68 (Ongoing)	21.45	21.85	21.95
		Invasive Pneumococcal Disease in adults, 60 years and older: 12.4 (Ongoing)	19.62[a]	20.38	20.43
		80 percent decrease in varicella-related hospitalization rate, compared to pre-vaccine (Ongoing)	N/A[b]	N/A[b]	N/A[b]

[10] The Fourth R is a group of researchers and professionals dedicated to promoting healthy adolescent relationships and reducing risky behaviours.

[11] Observed increases or decreases in rates may be due to changes in underlying disease incidence and/or other factors such as testing patterns and reporting practices.

		Five-year median incidence of non-imported cases of measles, aged 7 years or older: 0.7 (Ongoing)	0.15	N/A[a]	N/A[a]
	Number of pertussis (whooping cough) deaths in the target population of less than or equal to three months of age	0 (Ongoing)	0	0	1
	Rate of key chronic disease risk factors (percent of adults aged 20 and over that report being physically active)	52[12] (by Mar. 31, 2017)	51.9	51.9	53.4
	Rate of key chronic disease risk factors (percent of children and youth aged 5 to 17 who are overweight or obese)	32[13] (Ongoing)	31.2	31.2	31.2

a. Actual results are based upon preliminary data at this time.
b. Actual results are not available given changes to the expected result and/or performance indicator methodology across the specified fiscal years.

Budgetary financial resources (dollars)

2016–17 Main Estimates	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	2016–17 Difference (actual minus planned)
300,679,998	300,679,998	303,044,432	290,050,854	(10,629,144)

Human resources (full-time equivalents)

2016–17 Planned	2016–17 Actual	2016–17 Difference (actual minus planned)
849	795	(54)

[12] This baseline is obtained through the Canadian Community Health Survey (2009–10). Over time, the objective is to achieve an upward trend for physical activity.

[13] This baseline is obtained through the Canadian Health Measures Survey (2009–11). Over time, the objective is to achieve a downward trend for obesity and overweight.

Program 1.3: Health Security

Description

The Health Security Program takes an all hazards approach to the health security of Canada's population, which provides the Government of Canada with the ability to prevent, prepare for, and respond to public health events/emergencies. This program seeks to bolster the resiliency of the populations and communities, thereby enhancing the ability to cope and respond. To accomplish this, its main methods of intervention include actions taken through collaborations with key jurisdictions and international collaborators. These actions are carried out by fulfilling Canada's obligations under the International Health Regulations and through the administration and enforcement of pertinent legislation and regulations.

Results

During 2016–17, PHAC made progress in strengthening health security with results and highlights as noted below.

Emergency Preparedness and Response

- In collaboration with HC, PHAC developed a strategy that enhanced recruitment and training of qualified personnel by building on lessons learned from recent public health events such as Ebola and Zika outbreaks. These personnel will provide short-term surge capacity to respond to significant public health events.
- PHAC increased Canada's ability to protect Canadians from public health events by acquiring medical countermeasures[14] against biological threats such as smallpox and anthrax.

PHAC FACT

PHAC supported the emergency response to the Fort McMurray, Alberta fires by deploying supplies from its National Emergency Strategic Stockpile.

Border and Travel Health

- PHAC prevented the introduction and spread of communicable diseases by working with conveyance operators to help them comply with the Food and Drugs Act as well as the Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations.
- PHAC communicated travel health risks (e.g., Zika virus) on travel.gc.ca[xxxi] and on airport monitors to provide the necessary information so that Canadians can make choices on how to protect themselves while travelling to affected countries or major events like the 2016 Rio Olympics in Brazil. The Travel Health and Border Health Security Evaluation[xxxii] noted that Canadians turn to, and depend on, these advisories as trusted sources of information during outbreaks.

[14] Medical countermeasures are biologics, drugs, devices that may be used in the event of a potential public health emergency stemming from a terrorist attack with a biological, chemical, or radiological/nuclear material, a naturally occurring emerging disease, or a natural disaster.

Health Security Partnerships

- PHAC collaborated with F/P/T partners in exercises such as Pacific Quake and Ebola Virus Disease Collaborative Care as a means to test plans, procedures, and multi-jurisdictional responses to public health events/emergencies. These exercises provided insights into strengthening emergency plans and supporting F/P/T response efforts.
- PHAC was re-designated as a World Health Organization Collaborating Centre for Biosafety and Biosecurity[xxxiii] which strengthens the Agency's ability to influence global health priorities, creates opportunities to promote safe and practical biosafety and biosecurity solutions abroad, and allows Canada to learn from the experiences of others.
- PHAC collaborated with international partners to enhance global health security as a means to protect the health and safety of Canadians against threats such as pandemic influenza and events involving chemical, biological, radiological, or nuclear material. In particular, PHAC was an active partner in initiatives such as: Beyond the Border;[xxxiv] the North American Plan for Animal and Pandemic Influenza; [xxxv] the Global Outbreak Alert and Response Network; [xxxvi] and the Global Health Security Initiative.[xxxvii]
- PHAC worked with the World Health Organization on legal, regulatory, logistical, and communications considerations in the rapid international deployment of unlicensed or experimental medical countermeasures (e.g., Canada's experimental Ebola vaccine) to respond to global disease outbreaks.

Supporting Regulatory Compliance

- PHAC developed a Regulatory Openness and Transparency Framework that outlines how the Agency is improving access to timely and relevant health protection and promotion information. The Framework will help regulated parties fulfill their current and future requirements, and helps Canadians understand how regulations protect and promote their health.
- PHAC developed a Regulatory Compliance and Enforcement Framework that outlines key activities carried out by the Agency's regulatory programs to verify and enforce compliance. The Framework helps to set expectations and demonstrates that PHAC has a fair, consistent, transparent, and predictable approach to regulatory compliance and enforcement.
- PHAC helped regulated parties transition to the new Human Pathogens and Toxins regulatory regime, providing them with knowledge and tools to navigate the application process and addressing any challenges they encountered. By January 2017, PHAC had processed all 893 licence applications received during the transition period.

Results achieved

Expected result	Performance indicators	Targets (Dates)	Actual results		
			2016–17	2015–16	2014–15
Canadians are protected from threats to public health	Percent of collaborative relationships with key jurisdictions and international organizations in place to prepare for and respond to public health risks and events	100 (by Mar. 31, 2017)	100	100	100
	Percent of Government of Canada's health emergency and regulatory programs implemented in accordance with the Emergency Management Act, the Quarantine Act, the Human Pathogens and Toxins Act and the Human Pathogens Importation Regulations[15]	100 (by Mar. 31, 2017)	100	100	100

Budgetary financial resources (dollars)

2016–17 Main Estimates	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	2016–17 Difference (actual minus planned)
77,462,190	77,462,190	77,368,767	66,895,158	(10,567,032)

Actual spending was less than planned mainly due to funding re-profile for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

Human resources (full-time equivalents)

2016–17 Planned	2016–17 Actual	2016–17 Difference (actual minus planned)
315	314	(1)

Supporting information on results, financial and human resources relating to PHAC's lower-level programs is available on PHAC's website[xxxviii] and on the TBS InfoBase.[xxxix]

[15] On December 1, 2015, the Human Pathogens Importation Regulations were replaced with the Human Pathogens and Toxins Regulations.

Internal Services

Description

Internal Services are those groups of related activities and resources that the federal government considers to be services in support of programs and/or required to meet corporate obligations of an organization. Internal Services refers to the activities and resources of the 10 distinct service categories that support Program delivery in the organization, regardless of the Internal Services delivery model in a department. The 10 service categories are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Results

PHAC collaborates with HC in a Shared Services Partnership for many internal services and corporate functions and takes part in government-wide efforts to modernize and transform common services and functions. Communications strategies are developed and implemented to raise awareness among Canadians and health system partners about key public health issues.

The following are key results and highlights for Internal Services:

Workplace Well-Being

- Continued implementation of initiatives such as the Multi-Year Diversity and Employment Equity Plan which supported PHAC in meeting the statutory requirements of the Employment Equity Act. Actions were taken to recruit, develop, and retain a diverse workforce and build an inclusive, respectful and healthy workplace. As a result, representation of Women, Persons with Disabilities, Aboriginal Peoples, and Visible Minorities continue to exceed their respective labour market availability at PHAC.
- Work in support of the Multi-Year Mental Health and Wellness in the Workplace Strategy included a number of initiatives such as:
    - The implementation of National Standard for Psychological Health and Safety in the Workplace action plans; and
    - The delivery of mandatory Mental Health First Aid sessions. In 2016–17, sessions were completed by 15% of employees bringing the cumulative total to 30% of all employees.[16]

[16] These sessions are intended to help provide initial support to someone who may be developing a mental health problem or is experiencing a mental health crisis. As well, the sessions are intended to improve an employee's knowledge of mental disorders, reduce stigma, and increase the amount of help provided to others.

High-Performance Culture

- PHAC continued to support a culture of high performance through initiatives such as the Performance Management Initiative (PMI) and the post-secondary recruitment (PSR) program. The PMI completion rate for PHAC year-end assessments was 86%, well above the public service average. PHAC hired 32 new PSR employees in 2016–17, achieving 133% of the yearly target.
- PHAC continued implementation of workplace modernization projects such as the Workplace 2.0 standards that modernized the workspace and the GCDOCS pilot project.

Communications

- PHAC took an enhanced digital approach to strengthening the country's ability to respond to public health threats, outbreaks and emergencies. The CPHO digitally engaged Canadians and stakeholders on a variety of issues, including healthy living, seasonal flu, Zika, Lyme disease, food safety, and foodborne illness. PHAC also used multiple social media channels to share information on the emergency response to the Fort McMurray (Alberta) fires and launched A Vision for a Healthy Canada[xl] to provide a one-stop shop for healthy living information.
- PHAC used intelligence gathered from media monitoring, social media performance and analysis of media habits of target audiences to better communicate with clients, stakeholders and Canadians on matters affecting them. PHAC also conducted public opinion research and consultations to consider the views of Canadians and stakeholders during the development of its policies, programs, and public education campaigns.

Innovation and Experimentation

- Career ConneXions was launched as an employee-driven Blueprint 2020 initiative created in response to the 2014 Public Service Employee Survey results. The vision of Career ConneXions is to empower managers and employees to manage their own career development with a focus on growth, learning, and leadership.

Budgetary financial resources (dollars)

2016–17 Main Estimates	2016–17 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	2016–17 Difference (actual minus planned)
95,632,570	95,632,570	100,227,919	90,677,238	(4,955,332)

Actual spending was less than planned primarily due to delays in contracting and staffing processes.

Human resources (full-time equivalents)

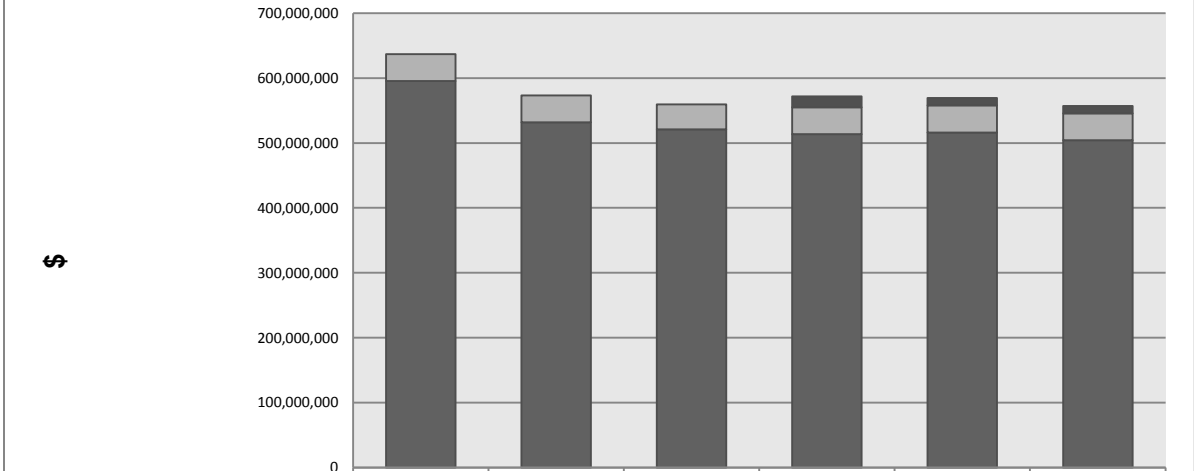
2016–17 Planned	2016–17 Actual	2016–17 Difference (actual minus planned)
611	276	(335)

The variance in FTE utilization is mainly due to the annual transfer of resources from PHAC to HC under the Health Portfolio Shared Services Partnership Agreement. The corresponding variance is being reported in the HC DRR.

Analysis of trends in spending and human resources

Actual expenditures

Departmental spending trend graph



	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
Sunset Programs – Anticipated	0	0	0	16,792,895	11,686,864	11,250,000
Statutory	41,719,601	41,089,511	38,139,286	41,673,764	41,599,289	41,572,759
Voted	595,249,584	531,990,629	521,077,742	513,468,272	516,143,760	504,196,494
Total	636,969,185	573,080,140	559,217,028	571,934,931	569,429,913	557,019,253

The changes in spending from 2015–16 to 2016–17 are primarily due to the transfer of the assessed contribution to the Pan American Health Organization to Global Affairs Canada, and the funding re-profile for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

The Agency will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

Budgetary performance summary for Programs and Internal Services (dollars)

Programs and Internal Services	2016–17 Main Estimates	2016–17 Planned spending	2017–18 Planned spending	2018–19 Planned spending	2016–17 Total authorities available for use	2016–17 Actual spending (authorities used)	2015–16 Actual spending (authorities used)	2014–15 Actual spending (authorities used)
1.1 Public Health Infrastructure	115,963,044	115,963,044	110,828,058	106,957,378	112,399,719	111,593,778	116,628,229	124,806,312
1.2 Health Promotion and Disease Prevention	300,679,998	300,679,998	309,597,402	310,966,946	303,044,432	290,050,854	297,511,369	351,381,857
1.3 Health Security	77,462,190	77,462,190	61,360,077	61,360,077	77,368,767	66,895,158	67,972,376	61,983,921
Subtotal	**494,105,232**	**494,105,232**	**481,785,537**	**479,284,401**	**492,812,918**	**468,539,790**	**482,111,974**	**538,172,090**
Internal Services	95,632,570	95,632,570	90,149,394	90,145,512	100,227,919	90,677,238	90,968,166	98,797,095
Total	**589,737,802**	**589,737,802**	**571,934,931**	**569,429,913**	**593,040,837**	**559,217,028**	**573,080,140**	**636,969,185**

Planned spending in 2017–18 and 2018–19 will decrease mainly due to the funding re-profile of the Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad, change of funding profile for the Medical Countermeasures for Small Pox and Anthrax preparedness, and the sunsetting of the Single Window Initiative. This decrease will be offset by a slight increase in new funding to improve vaccination coverage rates in Canada, harmonize concussion management guidelines across Canada, and help raise awareness of men's health issues.

The reduction of actual spending in 2016–17 is primarily due to the transfer of the assessed contribution to the Pan American Health Organization to Global Affairs Canada, and the funding re-profile for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad. The 2015–16 actual spending decreased from the previous year expenditures primarily due to final PHAC payments to provinces and territories under the Hepatitis C Health Care Services Program in 2014–15.

Actual human resources

Human resources summary for Programs and Internal Services (full-time equivalents)[a]

Programs and Internal Services	2014–15 Actual	2015–16 Actual	2016–17 Planned	2016–17 Actual	2017–18 Planned	2018–19 Planned
1.1 Public Health Infrastructure	717	704	723	743	735	729
1.2 Health Promotion and Disease Prevention	845	867	849	795	829	828
1.3 Health Security	275	300	315	314	312	311
Subtotal	**1,837**	**1,871**	**1,887**	**1,852**	**1,876**	**1,868**
Internal Services	265	271	611	276	597	595
Total	**2,101**	**2,142**	**2,498**	**2,127**	**2,473**	**2,463**

[a] Differences may arise due to rounding.

The variance in FTE utilization is mainly due to the annual transfer of resources from PHAC to HC under the Health Portfolio Shared Services Partnership Agreement. The corresponding variance is being reported in the HC DRR.

Expenditures by vote

For information on PHAC's organizational voted and statutory expenditures, consult the Public Accounts of Canada 2017.[xli]

Alignment of spending with the whole-of-government framework

Alignment of 2016–17 actual spending with the whole-of-government framework[xlii] (dollars)

Program	Spending area	Government of Canada activity	2016–17 Actual spending
1.1 Public Health Infrastructure	Social Affairs	Healthy Canadians	111,593,778
1.2 Health Promotion and Disease Prevention	Social Affairs	Healthy Canadians	290,050,854
1.3 Health Security	Social Affairs	A Safe and Secure Canada	66,895,158

Total spending by spending area (dollars)

Spending area	Total planned spending	Total actual spending
Economic affairs	0	0
Social affairs	589,737,802	559,217,028
International affairs	0	0
Government affairs	0	0

Financial statements and financial statements highlights

Financial statements

PHAC's financial statements (unaudited) for the year ended March 31, 2017, are available on the PHAC website.[xliii]

Financial statements highlights

Condensed Statement of Operations (unaudited) for the year ended March 31, 2017 (dollars)

Financial information	2016–17 Planned results	2016–17 Actual	2015–16 Actual	Difference (2016–17 actual minus 2016–17 planned)	Difference (2016–17 actual minus 2015–16 actual)
Total expenses	620,466,555	583,067,773	598,707,782[a]	(37,398,782)	(15,640,009)
Total revenues	13,982,738	14,252,180	13,723,154	269,442	529,026
Net cost of operations before government funding and transfers	606,483,817	568,815,593	584,984,628	(37,668,224)	(16,169,035)

[a] Total expenses was changed from $598,909,008 to $598,707,782 due to an adjustment in accommodation cost provided by Public Works and Government Services Canada.

PHAC's 2016–17 total actual expenses were $583,067,773 which was a decrease of $37,398,782 (6%) compared to 2016–17 planned results.

There was a decrease of $15,640,009 (2.6%) in actual expenses from 2015–16 to 2016–17 primarily due to the transfer of assessed contribution to the Pan American Health Organization to Global Affairs Canada, and re-profile to the Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad in 2016–17.

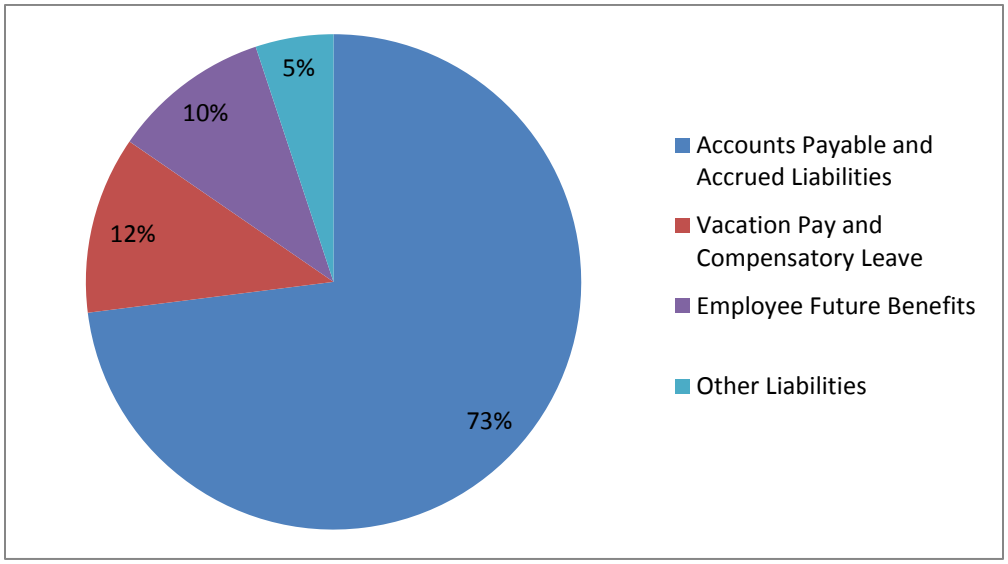
PHAC's total actual revenues, primarily from the Shared Services Partnership with HC, were $14,252,180 in 2016–17 representing an increase of $529,026 (3.9%) from the prior year actual revenues.

The difference between planned results and actual revenues was primarily due to the recognition of HC payments as revenues to PHAC for services provided to the Agency under the Shared Services Partnership Agreement and not Revenues Earned on Behalf of Government.

Condensed Statement of Financial Position (unaudited) as at March 31, 2017 (dollars)

Financial Information	2016–17	2015–16	Difference (2016–17 minus 2015–16)
Total net liabilities	95,786,120	85,020,443	10,765,677
Total net financial assets	74,905,965	61,339,217	13,566,748
Departmental net debt	20,880,156	23,681,226	(2,801,070)
Total non-financial assets	106,108,381	115,396,249	(9,287,868)
Departmental net financial position	85,228,225	91,715,023	(6,486,798)

Liability by type

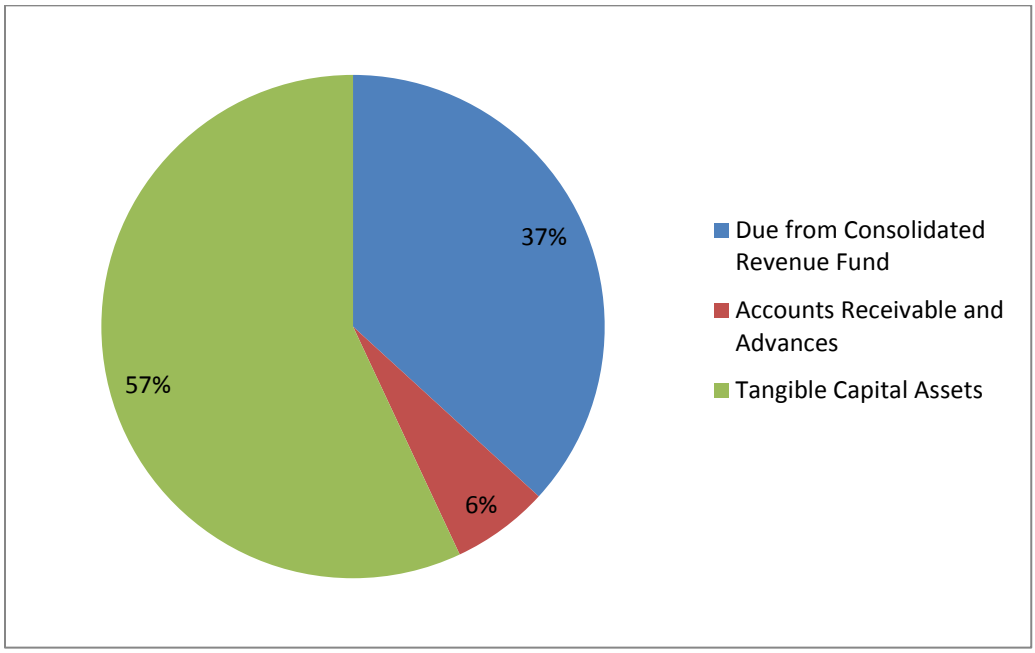


Total liabilities were $95,786,120, an increase of $10,765,677 (13%) over the previous year's total of $85,020,443. The variance was primarily due to an increase $13,395,687 in accounts payable and accrued liabilities. This increase was offset by a 23% decrease in employee future benefits and 3% decrease in other liabilities.

Of the total liabilities:

- Accounts payable and accrued liabilities represented $69,934,786 (73%);
- Vacation pay and compensatory leave represented $11,088,991 (12%);
- Employee future benefits represented $9,882,258 (10%); and
- Other liabilities represented $4,876,673 (5%).

Asset by type



Total assets were $181,014,345, an increase of $4,278,879 (2.4%) over the previous year's total of $176,735,466. This variance is primarily due to an increase in funds due from the Consolidated Revenue Fund, variations from employee future benefits and offset by a decrease in tangible capital assets, explained by accumulated amortization net of new acquisitions.

Of the total assets:

- Due from Consolidated Revenue Fund represented $68,519,449 (37%);
- Accounts receivable and advances represented $11,629,809 (6%); and
- Tangible capital assets represented $106,108,381 (57%).

Supplementary information

Corporate information

Organizational profile

Appropriate minister: The Honourable Ginette Petitpas Taylor, P.C., M.P.

Institutional head: Siddika Mithani, Ph.D.

Ministerial portfolio: Health

Enabling instruments: Public Health Agency of Canada Act,[xliv] Department of Health Act,[xlv] Emergency Management Act,[xlvi] Quarantine Act,[xlvii] Human Pathogens and Toxins Act,[xlviii] Health of Animals Act,[xlix] Federal Framework on Lyme Disease Act,[l] and the Federal Framework for Suicide Prevention Act.[li]

Year of incorporation / commencement: 2004

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

Reporting framework

PHAC's Strategic Outcome and Program Alignment Architecture of record for 2016–17 are shown below:

1 **Strategic Outcome:** Protecting Canadians and empowering them to improve their health

- 1.1 **Program:** Public Health Infrastructure
  - 1.1.1 **Sub-Program:** Public Health Workforce
  - 1.1.2 **Sub-Program:** Public Health Information and Networks
  - 1.1.3 **Sub-Program:** Public Health Laboratory Systems
- 1.2 **Program:** Health Promotion and Disease Prevention
  - 1.2.1 **Sub-Program:** Infectious Disease Prevention and Control
    - 1.2.1.1 **Sub-Sub-Program:** Immunization
    - 1.2.1.2 **Sub-Sub-Program:** Infectious and Communicable Disease
    - 1.2.1.3 **Sub-Sub-Program:** Food-borne, Environmental and Zoonotic Infectious Disease
  - 1.2.2 **Sub-Program:** Conditions for Healthy Living

1.2.2.1 Sub-Sub-Program: Healthy Child Development

1.2.2.2 Sub-Sub-Program: Healthy Communities

1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention

1.3 Program: Health Security

1.3.1 Sub-Program: Emergency Preparedness and Response

1.3.2 Sub-Program: Border Health Security

1.3.3 Sub-Program: Biosecurity

Internal Services

Supporting information on lower-level programs

Supporting information on results, financial and human resources relating to PHAC's lower-level programs is available on PHAC's website[lii] and on the TBS InfoBase.[liii]

Supplementary information tables

The following supplementary information tables are available on PHAC's website.[liv]

- Departmental Sustainable Development Strategy
- Details on transfer payment programs of $5 million or more
- Horizontal initiatives
- Internal audits and evaluations
- Response to parliamentary committees and external audits
- Status report on projects operating with specific Treasury Board approval

Federal tax expenditures

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

Organizational contact information

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Appendix: definitions

appropriation (crédit)
Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)
Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Core Responsibility (responsabilité essentielle)
An enduring function or role performed by a department. The intentions of the department with respect to a Core Responsibility are reflected in one or more related Departmental Results that the department seeks to contribute to or influence.

Departmental Plan (Plan ministériel)
Provides information on the plans and expected performance of appropriated departments over a three-year period. Departmental Plans are tabled in Parliament each spring.

Departmental Result (résultat ministériel)
A Departmental Result represents the change or changes that the department seeks to influence. A Departmental Result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

Departmental Result Indicator (indicateur de résultat ministériel)
A factor or variable that provides a valid and reliable means to measure or describe progress on a Departmental Result.

Departmental Results Framework (cadre ministériel des résultats)
Consists of the department's Core Responsibilities, Departmental Results and Departmental Result Indicators.

Departmental Results Report (Rapport sur les résultats ministériels)
Provides information on the actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

Evaluation (évaluation)
In the Government of Canada, the systematic and neutral collection and analysis of evidence to judge merit, worth or value. Evaluation informs decision making, improvements, innovation and accountability. Evaluations typically focus on programs, policies and priorities and examine questions related to relevance, effectiveness and efficiency. Depending on user needs, however, evaluations can also examine other units, themes and issues, including alternatives to existing interventions. Evaluations generally employ social science research methods.

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

government-wide priorities (priorités pangouvernementales)
For the purpose of the 2016–17 Departmental Results Report, government-wide priorities refers to those high-level themes outlining the government's agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada's Strength; and Security and Opportunity.

horizontal initiatives (initiative horizontale)
An initiative where two or more federal organizations, through an approved funding agreement, work toward achieving clearly defined shared outcomes, and which has been designated (for example, by Cabinet or a central agency) as a horizontal initiative for managing and reporting purposes.

Management, Resources and Results Structure (Structure de la gestion, des ressources et des résultats)
A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

non-budgetary expenditures (dépenses non budgétaires)
Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

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

performance indicator (indicateur de rendement)
A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

performance reporting (production de rapports sur le rendement)
The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

planned spending (dépenses prévues)
For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

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

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

priorities (priorités)
Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

program (programme)
A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture (architecture d'alignement des programmes)
A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

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

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

Strategic Outcome (résultat stratégique)
A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

sunset program (programme temporisé)
A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

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

voted expenditures (dépenses votées)
Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

Endnotes

[i] Concussion Ed, http://www.parachutecanada.org/concussion/whattodo

[ii] Public Health Agency of Canada, https://www.canada.ca/en/public-health.html

[iii] Health Portfolio, https://www.canada.ca/en/health-canada/corporate/health-portfolio.html

[iv] Minister's Mandate Letter, http://pm.gc.ca/eng/mandate-letters

[v] Testing Guidance, https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-public-health-laboratory-network-interim-laboratory-testing-guidance-detection-non-tuberculous.html

[vi] Guidance for Laboratory Testing, http://healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/laboratory-testing-zika-analyse-laboratoire/index-eng.php

[vii] Canada Communicable Disease Report, https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr.html

[viii] Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice Journal, https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice.html

[ix] Concussion Ed, http://www.parachutecanada.org/concussion/whattodo

[x] Carrot Rewards, https://www.carrotrewards.ca/home/

[xi] Community Hypertension Prevention Initiative, http://www.heartandstroke.ca/-/media/pdf-files/canada/other/chpi-backgrounder-en.ashx?la=en&hash=42F43CC420D992E4DC2FC90B1817B78D224253A1

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