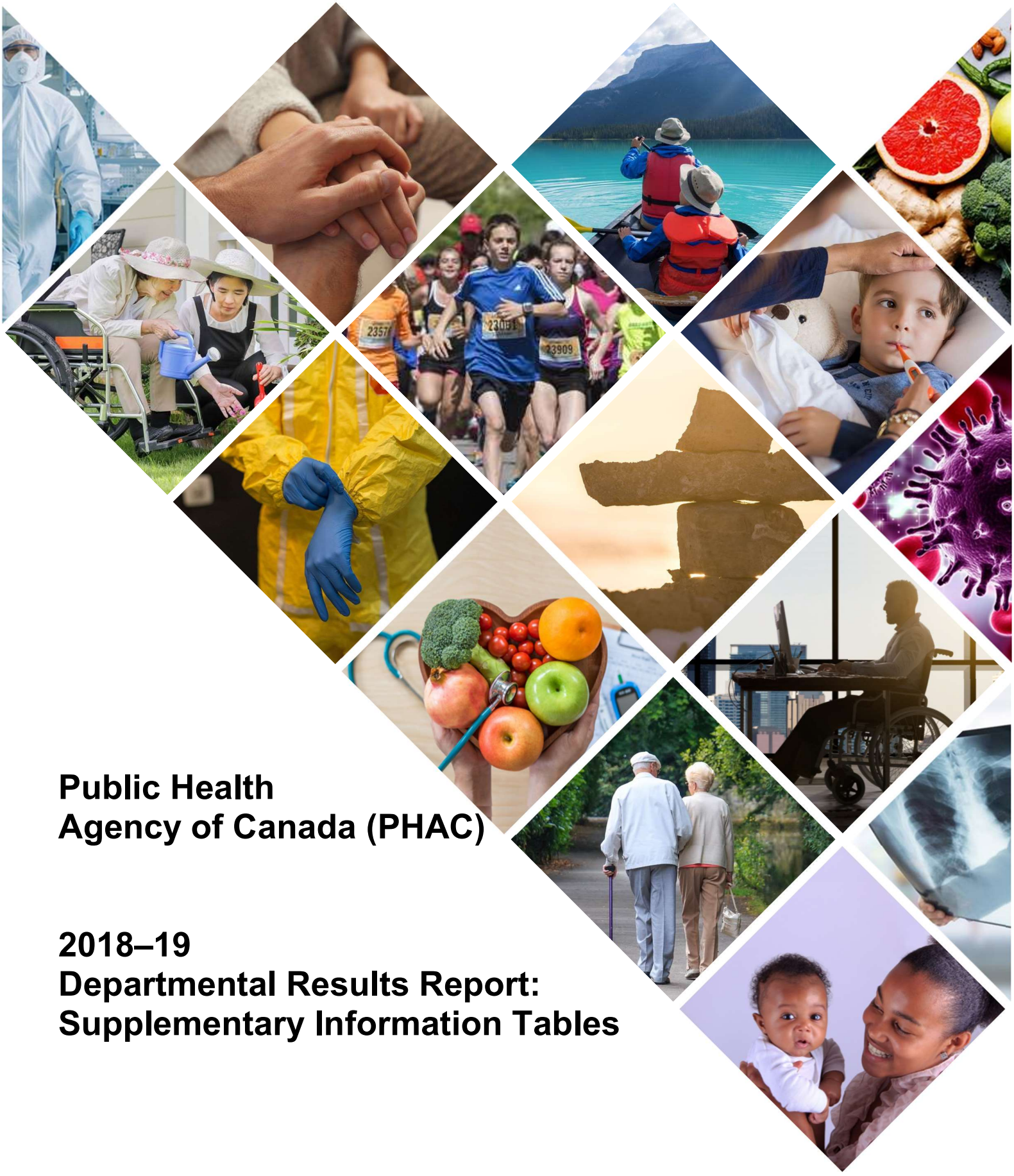
Public Health Agency of Canada | Agence de la santé publique du Canada

Canada



Public Health Agency of Canada (PHAC)

2018–19 Departmental Results Report: Supplementary Information Tables

Table of Contents

Departmental Sustainable Development Strategy

1. Context for the Departmental Sustainable Development Strategy

The 2016–19 Federal Sustainable Development Strategy (FSDS):

- Sets out the Government of Canada's sustainable development priorities;
- Establishes goals and targets; and
- Identifies actions to achieve them, 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 (PHAC) supports reporting on the implementation of the FSDS and its Departmental Sustainable Development Strategy (DSDS), or equivalent document, through the activities described in this supplementary information table.

2. Sustainable Development in PHAC

PHAC's DSDS for 2017 to 2020 describes the Agency's actions in support of achieving three of the thirteen long-term goals identified in the FSDS: effective action on climate change, clean drinking water, and low-carbon government. This progress report presents available results for the Agency's actions pertinent to the three goals. The progress report also links the departmental action to the corresponding United Nations Sustainable Development Goals target supported by the action.

3. Departmental performance by FSDS goal

The following tables provide performance information on the Agency's actions in support of the FSDS goals listed in section 2.

Context for the FSDS goal: Effective action on climate change

A low-carbon economy contributes to limiting the global average temperature rise to well below 2 degrees Celsius and supports efforts to limit the increase to 1.5 degrees Celsius.

PHAC's Infectious Diseases and Climate Change (IDCC) Program contributes to the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change. The program aims to address the impact of climate change on human health by building and increasing access to infectious disease evidence, education, and awareness. The focus is on preparing for and protecting Canadians from climate-driven infectious diseases that are zoonotic (diseases that can be transmitted from animals and insects to humans), food-borne, and/or water-borne.

FSDS goal: Effective action on climate change

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
By 2030, reduce Canada's total greenhouse gas (GHG) emissions by 30%, relative to 2005 emission levels.	Develop a solid base of scientific research and analysis on climate change.	Contribute to the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change (specifically sub-theme 4.3.1 - Addressing climate change-related health risks) by developing and implementing a new IDCC Program, which includes a Grants and Contributions Fund, and reduces the risks associated with climate-driven infectious diseases.	13.1 13.2 13.3	**Starting point:** Medium Term Indicators – 3-5 years (from 2020–21 onwards). **Performance indicator:** Number of meaningful partnerships/collaborations with organizations,	• Through PHAC's IDCC program, PHAC scientists have been working on vector-borne diseases with climatologists, ecologists, veterinarians, wildlife and livestock health specialists to: i) undertake risk assessments for the emergence and re-emergence of climate–sensitive vector-borne diseases that identify

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
				including the Métis Nation, on climate change and emerging infectious diseases. Number of new/enhanced systems and/or tools. Note: Baseline data will be established by 2020–21 and data trends will be assessed over time. Targets to be set for the performance indicators following the establishment of baseline data.	public health priorities and feed vulnerability, capacity, and adaptation assessments; ii) undertake surveillance for identified disease risks; and iii) develop tools to support adaptation efforts by public health including risk communications by developing and sharing risk maps, disease forecasting tools and knowledge synthesis on ways to prevent and control identified disease risks to inform federal, provincial and territorial decision-making. • These activities are complemented by the implementation of the IDCC (grants and contributions) Fund (https://www.canada.ca/en/public-health/services/funding-opportunities/infectious-diseases-climate-change-fund.html), which aims to build local community and health professional capacity, tools, and

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
					knowledge on infectious disease risks and support adaptation actions to protect the health of Canadians. • In 2018–19, the IDCC program was further expanded to enhance internal public health program capacity and scientific expertise on zoonoses, food-borne and water-borne infectious diseases. This allowed for continued risk modelling, surveillance, monitoring and enhanced laboratory diagnostics to inform F/P/T decision making. • PHAC scientists created risk maps and models to better predict the spread of the tick vectors that transmit Lyme disease and other tick-borne diseases, as well as mosquito-borne diseases. • Through the new IDCC Fund, sixteen projects were launched to advance surveillance and monitoring capacity as well

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
					as to build tools and resources to equip health professionals, communities, and Canadians to protect themselves from climate-driven infectious diseases. This includes eight projects which focus on Lyme and other tick-borne diseases. • A second solicitation under the IDCC Fund was launched in March 2019 with a focus on moving the marker on mosquito-borne and tick-borne diseases as well as activities to build a foundation and enhance our knowledge on zoonoses, food-and water- and environmentally mediated diseases. • In 2018–19, PHAC officials engaged the Métis National Council to advance work on health and climate change as part of the Métis' dedicated funding from Budget 2017. • The Canadian Lyme Disease Research Network was established

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
					to help improve surveillance, prevention, diagnosis, and treatment of Lyme disease in Canada, through funding support from Canadian Institutes of Health Research (CIHR) and PHAC. • PHAC supported the development of education tools and resources on prevention, and worked to increase health professionals' awareness of Lyme disease in order to help Canadians protect themselves. This included an interactive children's exhibit on ticks, a tick check wallet card and poster, and a tutorial video on how to properly remove a tick. • PHAC created opportunities to hear from domestic and international stakeholders on Lyme and other tick-borne diseases in order help identify priority areas where the federal government should focus its efforts, and to

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
					provide opportunities for networking and collaboration amongst diverse stakeholder groups and disciplines.

Context for the FSDS goal: Clean drinking water

All Canadians have access to safe drinking water, and in particular, the significant challenges Indigenous communities face are addressed.

FSDS goal: Clean drinking water

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
By March 31, 2019, 60% and by March 31, 2021, 100% of the long-term drinking water advisories affecting First Nations' drinking water systems financially supported by Indigenous Services Canada are to be resolved.	Use regulations to ensure clean drinking water.	Implement "Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations" (Potable Water Regulations) including conducting inspections and assessments on international and interprovincial airplanes, trains, cruise ships, ferries and buses to protect the health and safety of the travelling public, ensuring that critical violations are mitigated in a timely manner. This action corresponds to the overall FSDS goal of clean drinking water for all Canadians, and is not specifically related to First Nations drinking water.	3.9	**Starting point:** The percentage of inspected passenger transportation operators that met public health requirements in 2013–14 was 88%. **Target/Performance Indicator:** Percentage of inspected passenger transportation operators that meet public health requirements.	The percentage of inspected passenger transportation operators that met public health requirements in fiscal year 2018–19 was 94%.

Context for the FSDS goal: Low-carbon government

The Government of Canada leads by example by making its operations low-carbon.

FSDS goal: low-carbon government

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
Reduce GHG emissions from federal government buildings and fleets by 40% below 2005 levels by 2030, with an aspiration to achieve it by 2025.	Improve the energy efficiency of our buildings/operations.	Adopt and maintain approaches and activities that reduce Health Canada's (HC) and PHAC's energy use, where operationally feasible, and improve overall environmental performance of departmental-owned buildings. The objective being 'greener' buildings that require less energy to operate, reduce emissions and pollutants, conserve water, generate less solid waste, and have decreased operation and maintenance costs.	7.3 8.4 9.1	**Performance Indicator:** All applicable existing custodial building fit-ups, refits, major investments and new construction projects will have achieved an industry-recognized level of high-environmental performance. **Performance Indicator:** By March 31, 2019, real property managers and functional heads responsible for new construction, leases or existing building operations will have clauses related to environmental considerations incorporated in their performance agreements.	**Achieved:** All building fit-ups, refits, major investments and new construction projects have achieved an industry-recognized level of high-environmental performance. **Achieved:** Real property managers and functional heads responsible for new construction, leases or existing building operations have clauses related to environmental considerations incorporated in their performance agreements.

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
				Performance Indicator: By March 31, 2019, PHAC will have reduced GHG emissions from facilities by 5% from the 2013–14 baseline and report on the following: • Energy use intensity (GJ/m^2); • GHG emission intensity by floor space (CO_2eq/m^2); and • Density of use (FTE/ m^2).	**Achieved:** **Starting Point:** In 2013–14, GHG emissions from PHAC facilities were 9,170 tCO2e. By March 31, 2019, PHAC has reduced GHG emissions from facilities by 9% from the 2013-2014 baseline and is reporting on the following: • GHG Emissions were 8,320 tCO2e; • Energy use intensity was 5,849 MJ/m2; • GHG emission intensity by floor space was 199.4 $kgCO2e/m^2$; and, • Density of use was 1 FTE/ $52m^2$. Note: In 2018–19, PHAC and HC managed the custodial buildings jointly. In 2019-20, PHAC will begin to systematically use RETScreen

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
					technology to analyze data, forecast opportunities for GHG emission reductions, and plan effective reduction strategies.
	Modernize our fleet.	• Support the reduction of energy use in HC's and PHAC's fleet by selecting the smallest and most fuel-efficient vehicle to meet operational requirements, keeping vehicles properly maintained, and developing fleet infrastructure (e.g., charging stations). • Undertake a feasibility study regarding the deployment of electric vehicle charging stations at the PHAC-owned buildings.	7.1 7.3 8.4 9.1	**Starting Point:** In 2005–06, GHG emissions from HC's and PHAC's fleet were 3.06 $ktCO_2e$. **Performance Indicator:** By March 31, 2019, Health Canada and the Public Health Agency of Canada will reduce GHG emissions from fleet by 42% from the 2005-06 baseline and report on the following: • Overall fuel consumption (LGE) • GHG emissions (KtCO2e) Note: HC manages the entire fleet under the Shared Services Partnership Agreement; the target under this performance indicator will be reported by HC.	**Behind schedule**: In 2018–19, GHG emissions from the fleet were 2.17 ktCO2e, with an overall fuel consumption of 936,288 gasoline litres equivalent (GLE). This represents a 28% reduction from the 2005–06 baseline and progress toward the Government of Canada's target to reduce GHG emissions by 40% by 2030. Note: 2018–19 performance results for this indicator include vehicles from HC, HC's former First Nations and Inuit Health Branch which has been permanently

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
				Performance Indicator: By March 31, 2019, a feasibility study on the deployment of electric vehicle charging stations at the Public Health Agency of Canada-owned buildings will be completed.	transferred to Indigenous Services Canada, as well as vehicles from PHAC. **Achieved**: A feasibility study on the deployment of electric vehicle charging stations at the PHAC-owned buildings was completed. Recommendations stemming from the study will be evaluated in 2019-2020.
	Support the transition to a low-carbon economy through green procurement.	Promote environmental sustainability by integrating environmental performance considerations into departmental procurement process, including planning, acquisition, use and disposal, and ensuring there is the necessary training and awareness to support green procurement.	12.7	**Performance indicator:** By March 31, 2019, 100% of specialists in procurement and materiel management will have completed the Canada School of Public Service green procurement course or equivalent, or have included it in their learning plan for completion within a year.	**Achieved:** On March 31st 2019, 100% of specialists in procurement and materiel management completed the Canada School of Public Service green procurement course or equivalent, or had included it in their learning plan for completion within a year.

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
				Performance indicator: By March, 31, 2019, 100% of performance evaluations for procurement and materiel management managers will continue to include a discussion about how they supported and contributed to the Department's green procurement practices. **Performance indicator** By March 31, 2019, 80% of office supply purchases will continue to include criteria to reduce the environmental impact associated with the production, acquisition, use, and/or disposal of the supplies. **Performance indicator:** By March 31, 2019, 92% of information technology hardware purchases will continue to include criteria to reduce the environmental impact associated with the production, acquisition, use,	**Achieved:** On March, 31st, 2019, 100% of performance evaluations for procurement and materiel management to include a discussion about how they supported and contributed to the Department's green procurement practices. **Achieved:** On March 31st, 2019, 80% of office supply purchases included criteria to reduce the environmental impact associated with the production, acquisition, use, and/or disposal of the supplies. **Achieved:** On March 31st, 2019, 97% of information technology hardware purchases included criteria to reduce the environmental impact associated with the

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
				and/or disposal of the equipment. Note: this is done is conjunction with Shared Services Canada as the IT procurement authority.	production, acquisition, use, and/or disposal of the equipment.
	Promote sustainable travel practices.	Encourage and facilitate the use of sustainable work practices.	13.2	**Performance Indicator:** By March 31, 2019, four outreach or communication activities about sustainable workplace operations including travel practices.	**Achieved**: In 2018–19, messaging and social media communications related to sustainable work practices and events were communicated to employees via email from the Sustainable Development (SD) Champion, Broadcast News and using the Agency's Sustainable Workplace Operations Community of Practice (i.e. Green Team) on GCconnex. For example, through 21 blog posts, the Green Team shared knowledge and encouraged discussion on a range of topics such as Curbing Plastic Pollution; Conserving Energy Consumption During a Heat-wave; and ECCC

FSDS target(s)	FSDS contributing action(s)	Corresponding departmental action(s)	Support for UN Sustainable Development Goal target	Starting point(s), target(s) and performance indicator(s) for departmental actions	Results achieved
					Public Consultation: Moving Canada Towards Zero Plastic Waste.
	Understand climate change impacts and build resilience.	Review assets (buildings, fleet, etc.) to ensure that sources of GHG emissions are inventoried and that any impacts to climate change are quantified.	13.2	**Performance Indicator:** Assets (buildings and fleet) will continue to be reviewed on an on-going basis to ensure that sources of GHG emissions are tracked and impacts to climate change are quantified. In 2018–19 there will be a particular focus on defining parameters for metrics (in addition to buildings and fleet) with other federal departments to allow for comparability.	**Achieved**: Assets (buildings and fleet) continue to be reviewed on an on-going basis to ensure that sources of GHG emissions are tracked and impacts to climate change are quantified.

Additional Departmental Sustainable Development Activities and Initiatives related to Low Carbon Government

Additional departmental activities and initiatives	Support for United Nations Sustainable Development Goal (UN SDG) target	Starting points, targets and performance indicators	Results achieved
In 2012, HC and PHAC created the Health Portfolio Shared Services Partnership through which PHAC relies on HC to fulfill functions related to greening government operations. Under the Shared Services Partnership, HC and PHAC have jointly established a Fleet Management Standard that includes green procurement and environmentally responsible operational requirements. Fleet emission targets are described in the above table (please see: Contributing Action “Modernize Our Fleet”).	7.1 7.3 8.4 9.1	Please see Contributing Action “Modernize Our Fleet” for starting points/ targets/performance indicators/results achieved.	Please see Contributing Action “Modernize Our Fleet” for starting points/ targets/performance indicators/results achieved. HC and PHAC will continue to collaborate on the joint Fleet Management Standard through the Health Portfolio Shared Services Partnership. HC has also established a National Fleet Manager to help both the department and agency manage their fleets in an environmentally responsible manner and develop future GHG emissions reduction strategies for each entity.
Under the Shared Services Partnership, PHAC continues to conduct annual drinking water audits to identify opportunities to improve water management practices.	6	Conduct annual drinking water audit for each custodial laboratory facility (three) by March 31, 2019.	The department undertook monthly potable water testing at all three custodial laboratory facilities by March 31, 2019. PHAC continues to conduct annual drinking water audits and internal reviews of water usage in its custodial laboratories. PHAC also continues to study and implement means of reducing usage.

Additional departmental activities and initiatives	Support for United Nations Sustainable Development Goal (UN SDG) target	Starting points, targets and performance indicators	Results achieved
Under the Shared Services Partnership, the collection, diversion, and disposal of workplace waste in PHAC owned buildings continues to be managed in an environmentally responsible manner. This is an ongoing activity.	6 12	N/A. These are established activities that are part of building maintenance lifecycle. No additional implementation progress to report, as they are already in place.	N/A. These are established activities that are part of building maintenance lifecycle. No additional implementation progress to report, as they are already in place. PHAC continues to manage solid waste in an environmentally responsible manner.

4. Report on integrating sustainable development

Report on Strategic Environmental Assessment

During the 2018–19 reporting period, PHAC considered the environmental effects of proposals subject to the *Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals* (Cabinet Directive) as part of its decision-making processes.

The Agency applied the strategic environmental assessment (SEA) process to all PHAC-led proposals that required preliminary scans as per the Cabinet Directive: six Treasury Board Submissions, six Memoranda to Cabinet and seven other strategic proposals. Two PHAC-led proposals were found to potentially positively contribute directly to the 2016–19 FSDS goal of Effective Action on Climate Change and one PHAC-led proposal was identified as having potential indirect positive impact on the FSDS goal of Clean Drinking Water. PHAC did not develop any initiatives that required a detailed SEA and no related public statements were produced by the Agency.

In 2018–19, PHAC continued to strengthen the Agency's compliance with the Cabinet Directive. With the exception of two fast-paced proposals, the Agency implemented early integration of potential environmental impacts in PHAC-led proposals subject to the Cabinet Directive.

As of October 2018, PHAC also implemented a new requirement from the Treasury Board Secretariat, the *Mandatory Checklist: Consideration of Important Environmental Effects,* on PHAC-led Treasury Board Submissions. The Mandatory Checklist is now required as a companion piece to the PHAC SEA Preliminary Scan.

Integrating Sustainable Development

The PHAC SD Champion and the Sustainable Development Office (SDO) engage in outreach activities to senior management and employees to advance sustainable development commitments, to support compliance with the Cabinet Directive and to build awareness and capacity in the application of sustainable development into policy and program development and planning processes. More broadly, at the enterprise level, the SD Champion and the SDO communicate about, and promote sustainable development within the Agency and advance the integration of environmental, economic, and social factors, as well as FSDS and DSDS commitments in PHAC policies, programs, and plans.

The Agency continues to support existing sustainable workplace initiatives and environmentally positive workplace practices. At the same time, PHAC has taken a leadership role by launching new sustainable workplace initiatives: The Sustainable Workplace Operations Community of Practice - the PHAC Green Team - serves as an open forum for employees to share ideas, discuss and collaborate on activities, best practices and initiatives that promote a greener environment and support sustainable workplace operations.

In 2018–19, PHAC continued to support knowledge exchange on SD research. The Agency's internal seminar series hosted presentations on One Health and First Nations and environmental public health risks. The Agency published online scientific journal articles on health, climate change and SD-related issues (the Canadian Communicable Disease Report and Health Promotion and Chronic Disease Prevention in Canada: Research Policy and Practice).

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)
Start date	1995–96
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2016–17

Link to department's Program Inventory

Health Promotion

Description

Objective(s): Provide Indigenous preschool children off-reserve in rural, remote, urban, and Northern settings with a positive sense of self, a desire for learning, and opportunities to develop fully and successfully as young people.

Why this transfer payment program (TPP) is Necessary: Indigenous children are at higher risk of poor developmental and health outcomes than non-Indigenous children. Considerable evidence supports the mitigating role of community-based early childhood development programs in the lives of children facing similar risks.

Intervention Method(s): Funded projects must incorporate the six core program components (health promotion, nutrition, education, Indigenous 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.

Repayable contributions: No.

Results achieved

In 2017–18, when the most recent results are available, AHSUNC provided services to over 4,000 Indigenous children and their families at 134 sites in 117 communities across Canada. Key results include:

- The AHSUNC program was effective in reaching its target population: 82% of children enrolled were between 3 to 5 years of age.
- AHSUNC program sites are advancing several of the Agency's public health priorities including mental health promotion (81% of sites), healthy weights and nutrition (98% of sites), injury prevention (94% of sites), and child health and development (98% of sites).

- The AHSUNC program demonstrated sustainability through developing collaborations. Overall, 80% of AHSUNC sites worked with more than three different types of partners, largely with health organizations (81% of sites), educational institutions (81% of sites) and indigenous organizations (67% of sites).

The AHSUNC program contributed to the building of knowledge and skills of parents and caregivers, in support of maternal, child and family health. In 2015, as a result of program participation:

- 68% of parents/caregivers reported their parenting skills had improved;
- 84% of parents/caregivers reported their child's health and wellbeing had improved;
- 76% of parents/caregivers reported knowing more about how to keep their child healthy;
- 71% of parents/caregivers reported their child was more aware of Aboriginal cultures;
- 89% of parents/caregivers reported their child was better able to express him/herself; and
- 79% of parents/caregivers reported having a better relationship with their child as a result of coming to the AHSUNC program.

Additionally, the AHSUNC program has found that parents/caregivers are engaged and supported as children's primary teachers and caregivers. Because of coming to this program:

- 87% of survey respondents reported they do more things with their child to help the child learn;
- 71% of respondents reported they prepare healthier meals and snacks for their family;
- 81% of respondents reported they make time to read to their child more often; and
- 61% of respondents reported that their family is doing more Aboriginal and traditional activities.

The information from the study indicates that the program is having a positive impact not only on the health and well-being of children who attend the program, but also on their families.

Findings of audits completed in 2018–19	**Completed**: Audit of the Management of Grants and Contributions at Public Health Agency of Canada (2018–19) Summary of findings: The audit found effective processes for the design, planning and implementation of programs, and recipient monitoring. Opportunities for improvement identified include enhancing the identification and monitoring of program risks, strengthening controls over the management of recoverable amounts, and improving change management practices relating to the grants and contributions management system. **Planned**: N/A
Findings of evaluations completed in 2018–19	**Last Completed**: Aboriginal Head Start in Urban and Northern Communities (2016–17) Summary of findings: The evaluation reported that there are economic benefits to investing in early child development (ECD) programming, with returns on investment of up to $17 for every $1 spent. The AHSUNC program increased developmental benefits for participating children, including those with special needs, and provided long term benefits from exposure to Indigenous culture and language. The evaluation also found that collaborative efforts could be strengthened, roles clearly defined, and that the program should continue to support training, especially in special needs and transportation funding. To respond to the evaluation, PHAC committed to clarifying roles and responsibilities and sharing this information with project sites, as well as allocating funding for transportation and special needs training.

	Planned: Aboriginal Head Start in Urban and Northern Communities (2021–22)

Engagement of applicants and recipients in 2018–19

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally-appropriate, locally-controlled and designed early childhood development programs for Indigenous pre-school children and their families. They also support knowledge development and exchange at the community, provincial/territorial (P/T), and national levels through various types of training and meetings. In addition, we have a National Aboriginal Head Start Council represented by 13 AHSUNC service providers from each province and territory across Canada who are nominated by their regional committees to provide advice and guidance.

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	0	0	0	0	0	0
Total contributions	32,479,550	44,118,458	32,134,000	37,974,399	35,107,539	2,973,539
Total other types of transfer payments	0	0	0	0	0	0
Total program	**32,479,550**	**44,118,458**	**32,134,000**	**37,974,399**	**35,107,539**	**2,973,539**
Explanation of variances	Actual amounts varied from planned spending mainly due to funding received to support the Indigenous Early Learning Child Care Framework.					

Canada Prenatal Nutrition Program (CPNP)

General information

Name of transfer payment program	Canada Prenatal Nutrition Program (Voted)
Start date	1994–95
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2017–18

Link to department's Program Inventory

Health Promotion

Description

Objective(s): 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.

Why this TPP is necessary: 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. 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.

Intervention method(s): 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.

Repayable contributions: No.

Results achieved

In 2017–18, the CPNP provided programming to over 47,000 participants including pregnant women, postnatal women, and other parents/caregivers.

Data collected in 2015 has shown the CPNP to have contributed to building knowledge and skills of program participants to support maternal, child and family health. For example, as a result of coming to the program:

- 86% of survey respondents reported having a better understanding of the effects of drinking alcohol during pregnancy on their baby;
- 83% of respondents reported being better able to cope with stress;
- 85% of respondents reported making healthier food choices;
- 92% of respondents reported knowing more about the importance of breastfeeding; and
- 89% of respondents reported initiating breastfeeding. This is of particular significance as CPNP participants are likely to experience risk factors that are known to decrease the rate of breastfeeding.

<table>
<tr><td colspan="2">In addition, the CPNP has been able to demonstrate sustainability through developing collaborations and leveraging additional funding sources. For example:
• 89% of projects worked with more than three different types of partners in 2017–18; and
• 64% of projects were able to leverage funds from other sources such as P/T, regional, or municipal governments in 2015–16.
These figures have been consistent over time. In 2017–18, CPNP projects partnered most frequently with health organizations such as public health units, community health centres or clinics, family resource/early childhood/daycare centres and community organizations.</td></tr>
<tr><td>Findings of audits completed in 2018–19</td><td>Completed: N/A
Planned: Audit of Surveillance (2019–20)</td></tr>
<tr><td>Findings of evaluations completed in 2018–19</td><td>Last Completed: Community Action Program for Children, Canada, Prenatal Nutrition Program and Associated Activities (2015–16)
Summary of findings:
For Community Action Program for Children (CAPC) and CPNP funded organizations, the evaluation found that community partnerships have led to enhancements in program delivery with participants having greater access to local health and social service networks. Investments in maternal and child health have led to multi-sectoral and multi-jurisdictional partnerships which, in turn, have facilitated the design and dissemination of various valuable knowledge development and exchange activities. However, while a variety of knowledge products were developed, the evaluation recommended formalizing and implementing a knowledge development and exchange strategic plan to ensure complementarity and optimization of Agency resources. The evaluation also found that CAPC and CPNP funding has contributed to organizations having a positive impact on the short term health and well-being of participants and their families. It was noted however that although the mix of funded organizations for the CAPC and CPNP has been stable over the last twenty years or so there are potential gaps in terms of program reach (geographic distribution, wait lists, etc.). As such, there may be further opportunities to analyse a variety of data sources to explore gaps and optimize program reach. The Program committed to developing a knowledge development and exchange plan, an environmental scan, GIS mapping and collecting information on participant demographics.
Planned: Children’s Programs (CAPC, CPNP, FASD) (2020–21)</td></tr>
<tr><td colspan="2">Engagement of applicants and recipients in 2018–19
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.</td></tr>
</table>

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	0	0	0	0	0	0
Total contributions	25,593,868	26,209,733	27,189,000	26,363,307	26,214,057	(974,943)
Total other types of transfer payments	0	0	0	0	0	0
Total program	**25,593,868**	**26,209,733**	**27,189,000**	**26,363,307**	**26,214,057**	**(974,943)**
Explanation of variances	N/A					

Canadian Diabetes Strategy (CDS)

General information

Name of transfer payment program	Canadian Diabetes Strategy (Voted)
Start date	2005–06
End date	Ongoing
Type of transfer payment	Grants and Contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2009–10

Link to department's Program Inventory

Chronic Disease Prevention

Description

Objective(s): Support multi-sectoral partnerships and innovative approaches to promote healthy active living, thereby reducing the risk of developing diabetes and other chronic diseases.

Why this TPP is Necessary: Each year, close to 200,000 Canadians are newly diagnosed with diabetes and approximately 90% of those have type 2. Currently, about 3 million Canadians are living with diagnosed diabetes. With the growth and aging of the Canadian population, the number of Canadians living with diabetes is expected to continue to increase in the coming years.

Intervention Method(s): 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.

Repayable Contributions: No.

Results achieved

Since its launch in 2013, PHAC's Multi-Sectoral Partnership Approach to Promote Healthy Living and Prevent Chronic Disease has invested $112 million and leveraged over $92 million in funding from non-taxpayer sources to support initiatives that promote healthy eating, physical activity and wellness, and address the common risk factors that underlie major chronic diseases including diabetes. The Canadian Diabetes Strategy is one of several funds that support this approach and includes the following examples:

Play for Prevention

This project uses Right to Play's activity-based approach to youth empowerment to address diabetes prevention in First Nations, Inuit and Métis populations living in urban communities by focusing on education, awareness and promotion of healthy living; promoting leadership skills among Indigenous youth; providing culturally appropriate tools and resources; and promoting community development and sustainability. Trained community mentors plan and lead events that have engaged around 4,300 children and youth (ages 6 to21) in the past 3 years in 15 urban centres across Ontario, British Columbia, Alberta and Manitoba in healthy and active lifestyle programming. As a result of the project, youth have been trained in diabetes prevention and culturally appropriate tools and resources have been created.

Building Our Kids' Success (BOKS)

A program with proven efficacy in many jurisdictions, BOKS is a before school physical activity program for elementary school children to boost their physical, nutritional and mental health as well as

their confidence and well-being. Since the beginning of the project 1,211 schools across all provinces and territories have actively participated in BOKS and over 55,000 children have received the 12 week program delivered by trained volunteers. The project has improved the overall health of participants through physical activity and has prepared them to be more engaged in their education each day. Bilingual resources have also been created.	
Findings of audits completed in 2018–19	**Completed**: N/A **Planned**: Joint Audit and Evaluation of Multi-Sectoral Partnerships (2019–20); Audit of Surveillance (2019–20)
Findings of evaluations completed in 2018–19	**Last Completed**: Public Health Agency of Canada's Chronic Disease Prevention Activities 2009-2010 to 2014-2015 (2014–15) Summary of findings: Overall, the evaluation found early indications of behaviour changes (i.e., increased exercise) resulting from funded initiatives. Stakeholders used surveillance information developed by the Agency, although there are challenges, including the timeliness of surveillance products and low awareness of products and platforms. The evaluation recommended that the Centre for Chronic Disease and Prevention (Centre) ensure that priorities be communicated to stakeholders and that chronic disease prevention activities within the Centre and with other areas of the Branch be integrated more fully along with a review of the content of best practices. In response to the challenges and recommendations identified in this evaluation, PHAC committed to refine and update the Best Practices Portal, revise PHAC web information to clarify roles amongst Government of Canada partners, and provide a listing of upcoming surveillance publications on a web accessible platform. **Planned**: Joint Audit and Evaluation of Multi-Sectoral Partnerships (2019–20)
Engagement of applicants and recipients in 2018–19 Open solicitations posted on the PHAC 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.	

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	0	0	1,227,000	0	0	(1,227,000)
Total contributions	4,864,643	6,629,664	5,051,000	6,446,080	6,293,344	1,242,344
Total other types of transfer payments	0	0	0	0	0	0
Total program	**4,864,643**	**6,629,664**	**6,278,000**	**6,446,080**	**6,293,344**	**15,344**
Explanation of variances	N/A					

Community Action Program for Children (CAPC)

General information

Name of transfer payment program	Community Action Program for Children (Voted)
Start date	1993–94
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2017–18

Link to department's Program Inventory

Health Promotion

Description

Objective(s): 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.

Why this TPP is necessary: 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.

Intervention method(s): Programming across the country may include education on health, nutrition, early childhood development, parenting, healthy living, and social supports.

Repayable contributions: No.

Results achieved

In 2017–18,[1] CAPC provided services to over 231,000 participants.

As noted in the CAPC-CPNP and Associated Activities Evaluation (2016), a significant proportion of CAPC participants live in conditions of risk. Further, it was noted CAPC families experience conditions of risk at higher rates than the general population.

CAPC has been successful in helping to mitigate health inequalities for the program participants.

For example, the CAPC program contributed to building knowledge and skills of parents and caregivers, which supports maternal, child, and family health. A 2015 survey of participants revealed that, as a result of participating in CAPC:

- 86% reported their parenting skills has improved;
- 90% reported their child's health and wellbeing had improved;
- 85% reported knowing more about how to keep their child healthy; and
- 83% reported their child is better able to express him/herself.

Additional evidence showed that 87% of respondents reported having a better relationship with their child; 91% reported doing more things with their child to help him or her learn; and 90% reported having more people to talk to when they need support as a result of coming to the CAPC program.

[1] Data is collected every two years and its analysis will next be available in the 2019–20 DRR.

<table>
<tr><td colspan="2">As this was the first time data of this type was gathered, there is no comparable data to determine trends over time. The data shows that parents and caregivers feel the program is having a positive impact on their parenting knowledge and skills and the health and well-being of their child.

The CAPC demonstrated sustainability through developing collaborations and leveraging additional funding sources. For example:

• 88% of CAPC projects worked with more than three different types of partners in 2017–18; and
• 73% of projects were able to leverage funds from other sources such as provincial, territorial, regional, or municipal governments in 2015-16.

These figures have been consistent over time. In 2017–18, CAPC projects partner most frequently with health organizations such as public health units, community health centres or clinics, community organizations, and educational institutions.</td></tr>
<tr><td>Findings of audits completed in 2018–19</td><td>Completed: N/A

Planned: Audit of Surveillance (2019–20)</td></tr>
<tr><td>Findings of evaluations completed in 2018–19</td><td>Last Completed: Community Action Program for Children, Canada Prenatal Nutrition Program and Associated Activities 2010-2011 to 2014-2015 (2015–16)

Summary of findings:
For CAPC and CPNP funded organizations, the evaluation found that community partnerships have led to enhancements in program delivery with participants having greater access to local health and social service networks. Investments in maternal and child health have led to multi-sectoral and multi-jurisdictional partnerships which, in turn, have facilitated the design and dissemination of various valuable knowledge development and exchange activities. However, while a variety of knowledge products were developed, the evaluation recommended formalizing and implementing a knowledge development and exchange strategic plan to ensure complementarity and optimization of Agency resources. CAPC and CPNP funding has contributed to organizations having a positive impact on the short term health and well-being of participants and their families It was noted however that although the mix of funded organizations for the CAPC and CPNP has been stable over the last twenty years or so there are potential gaps in terms of program reach (geographic distribution, wait lists, etc.). As such, there may be further opportunities to analyse a variety of data sources to explore gaps and optimize program reach. The Program committed to developing a knowledge development and exchange plan, an environmental scan, GIS mapping and collecting information on participant demographics.

Planned: Children’s Programs (CAPC; CPNP; FASD) (2020–21)</td></tr>
</table>

Engagement of applicants and recipients in 2018–19

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.[2]

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	0	0	0	0	0	0
Total contributions	55,172,571	54,214,932	53,400,000	54,225,693	54,169,724	(769,724)
Total other types of transfer payments	0	0	0	0	0	0
Total program	**55,172,571**	**54,214,932**	**53,400,000**	**54,225,693**	**54,169,724**	**(769,724)**
Explanation of variances	N/A					

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

Economic Action Plan 2015 Initiative – Brain Health

General information

Name of transfer payment program	Economic Action Plan 2015 Initiative – Brain Health (Voted)
Start date	2015–16
End date	2019–20
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2015–16
Link to department's Program Inventory Evidence for Health Promotion, and Chronic Disease and Injury Prevention	
Description **Objective(s):** Support Baycrest Health Sciences in the establishment and operation of the Centre for Aging and Brain Health Innovation (CABHI). CABHI 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. **Why this TPP is Necessary:** 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, 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. **Intervention Method(s):** 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. **Repayable Contributions:** No.	
Results achieved Through its funding programs, the Centre for Aging and Brain Health Innovation (CABHI) supports innovations that address challenges associated with dementia and other neurodegenerative diseases. CABHI helps innovators gain access to key user groups in order to test, develop, validate and accelerate their solution in the field of aging and brain health. In 2018-2019, CABHI reports that it assessed 196 project proposals; approved and launched 73 new projects; supported 89 products, practices, and services introduced into use; and supported the creation of 247 new jobs. Examples of 2018-2019 projects include: • Virtual Wound Care for Clients Living in Residential Care – utilizes video calling to have clinicians perform virtual visits with patient. An electronic form system for patient referrals was also developed. • The Oasis Aging-in-Place model was introduced into three buildings in Ontario - the model provides a supportive living environment for seniors in a retirement community.	
Findings of audits completed in 2018–19	**Completed**: N/A **Planned**: Audit of Surveillance (2019–20)

Findings of evaluations completed in 2018–19	**Completed:** N/A **Planned**: Canadian Centre for Aging and Brain Health Innovation Contribution Program (2019-20)
Engagement of applicants and recipients in 2018–19 Budget 2015 identified Baycrest Health Sciences as the recipient of the funding to support the establishment of CABHI.	

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	0	0	0	0	0	0
Total contributions	6,000,000	10,000,000	12,000,000	12,000,000	12,000,000	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	**6,000,000**	**10,000,000**	**12,000,000**	**12,000,000**	**12,000,000**	**0**
Explanation of variances	N/A					

Healthy Living Fund (HLF)

General information

Name of transfer payment program	Healthy Living Fund (Voted)
Start date	2005–06
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2013–14

Link to department's Program Inventory

Chronic Disease Prevention

Description

Objective(s): Support multi-sectoral partnerships and innovative approaches focused on promoting healthy active lifestyles, thereby reducing the risk of developing a chronic disease.

Why this TPP is necessary: 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.

Intervention method(s): 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.

Repayable contributions: No.

Results achieved

Since its launch in 2013, PHAC's Multi-Sectoral Partnership Approach to Promote Healthy Living and prevent Chronic Disease has invested $112 million, and leveraged $92 million in funding from non-taxpayer sources to test and/or scale up the most promising primary prevention interventions to enable and change behaviour that will positively impact health through physical activity, healthy eating, smoking cessation and/or the creation of supportive social and physical environments, and reduce major chronic diseases including diabetes. The Healthy Living Fund is one of several funds that support this approach and includes the following project examples:

FoodFit: Promoting Healthy Eating and Fitness in Low-Income Communities

The project, sponsored by Community Food Centres Canada (CFCC), aims to support low-income community members who are self-motivated to make healthy changes, but for whom social barriers play a role in achieving health and wellness. The 12-week FoodFit program is delivered by trained facilitators and program volunteers to groups of 10-15 low-income participants. Participants gather once a week for a three-hour session that involves three key areas: a 30 minute group physical activity, a healthy eating or physical activity knowledge module and a cooking skills session followed by a shared group meal. For participants who have completed the program, facilitators may offer a monthly FoodFit Alumni group meeting to encourage sustainable behaviour change. Most of the FoodFit programs are delivered by eligible Community Food Centres and Good Food Centres which are in receipt of a FoodFit Grant of $40,000 over two years from CFCC to implement the program. Overall, 58 FoodFit programs were delivered to 1,664 individuals participating in 21 low-income communities nationally over the last three years. Among participants, 89% improved at least one food skill, 72% increased daily consumption of servings of fruits and vegetables, 63% increased daily steps, 49% decreased sugar sweetened beverage consumption, and 44% increased the frequency of making

home-cooked meals. In addition, CFCC has partnered with Six Nations Health Services in Ohsweken, Ontario to support a FoodFit curriculum adaptation to co-create and co-brand a program for an Indigenous community. While the program structure remains the same, cultural adaptation includes modification of recipes to incorporate traditional food. Recipes and activities are also adjusted to align with the four seasons.

Sharing Dance
Run by the National Ballet School of Canada, this project is testing and scaling up a 12 week dance program for both youth and seniors to foster healthier active lifestyles. Participants, who may not be motivated by other organized forms of exercise, engage in dance as a key form of physical activity. The project aims to increase physical activity levels, improve physical literacy skills, promote injury prevention, increase confidence, improve quality of life, and promote a positive public attitude towards dance as a healthy and accessible form of physical activity. At the inception of the project, the intervention was piloted in a variety of settings: marginalized communities, seniors' centres, youth clubs, ethno cultural communities, and general public venues. After the pilot phase, the intervention was fully deployed. In the last year, over 5,000 people (children, youth, and seniors) had access to healthy quality dance programming that included trained instructors and facilitators, free online resources such as videos and dance routines to support the Sharing Dance Program and an annual multi-generational community "Sharing Dance Day" performance. Program participants, trained instructors and facilitators self-declared that Sharing Dance Kids and Sharing Dance Seniors were effective in improving physical activity, physical health and well-being, social engagement and creative expression.

Run to Quit
The Canadian Cancer Society (CCS) and the Running Room developed and implemented a smoking cessation program which integrated tobacco use and physical activity as strategies for tobacco cessation. The program was based on an earlier pilot conducted in Ottawa which demonstrated positive smoking cessation rates and higher physical activity. During its first 4 years, the "Run to Quit" project enrolled 9,202 participants including 1,042 in-person participants, 665 participating virtually and 7,495 through Do-It-Yourself Contests. Among in-person participants, 3 in 4 were women. For the first 3 years of the program, 9 in 10 declared having reduced smoking as result of the program and almost 3 in 5 reported no longer smoking. After a 10-week program, participants increased their weekly physical activity time by 30%, and more than tripled their average run frequency. At follow-up, 6 months after the program, 38% were still running and maintaining their physical activity time. The program's name was changed from "Run to Quit" to "Walk or Run to Quit" and broadened in scope to include more walkers in the third year. Final results will be consolidated at the end of the project in 2020.

The Centre for Addiction and Mental Health (CAMH)'s online course
The Integrated Chronic Disease Management and Prevention Program: A person-centred approach to addressing tobacco use and other modifiable risk factors is an online course developed by CAMH and offered to a variety of health practitioners to support their tobacco cessation counselling activities. By March 31, 2019, the project offered 3 sessions in English and 1 in French. At these sessions, 257 practitioners participated, of which 88% were women. Participants demonstrated significant changes in terms of self-assessed knowledge, skills, feasibility and confidence in implementing tobacco cessation interventions in clients with multiple modifiable risk factors. More than 80% of participant practitioners reported their intention to engage in cessation activities within the next 6 months.

Let's Get Moving
ParticipACTION's *Let's Get Moving* project was initiated in July 2018, with 3 main components to stimulate healthy living practices among Canadians: a media campaign, an app and a community challenge. The *Everything Gets Better* national media campaign took place from October 15, 2018 to March 31, 2019 and the ParticipACTION app was launched on February 7, 2019. By March 31, the app reached 44,553 registered users, among which 80% were women, 19% men and 1% gender diverse; 92% were adults (18-64), 7% seniors (65+) and, 2% youth (<18). As of March 31, 2019, there were over 416,000 expected participants for the Community Challenge.

Online Program for Healthy and Green Life in Children and Youth, Childhood Obesity Foundation
The Living Green and Healthy for Teens project is an innovative project which supports a mobile application for youth called Aim2Be. The app engages youth and their families through interactive content and personalised coaching to adopt lifelong healthy behaviours in four areas – healthy eating, physical activity, screen time and sleep. The project, which aims to achieve long-lasting healthy lifestyle behaviours for its participants, has proven to be effective in improving levels of physical activity and healthy eating and decreasing sedentary behaviours. Early project results reveal that teens who used the Aim2Be app improved their: a) nutritional outcomes including knowledge, motivation, self-efficacy, and behaviours; b) screen time behaviours including improved motivation, self-efficacy, and behaviour; and c) physical activity behaviour motivation. In addition, parents who used the app more than 30 minutes improved their nutritional outcomes (increased fruits and vegetable intake and decreased sugar-sweetened beverage intake). Thus, the Aim2Be app has the potential to improve healthy behaviours in youth and families.

Findings of audits completed in 2018–19	**Completed**: N/A **Planned**: Joint Audit and Evaluation of Multi-Sectoral Partnerships (2019–20); Audit of Surveillance (2019–20)
Findings of evaluations completed in 2018–19	**Last Completed**: Public Health Agency of Canada's Chronic Disease Prevention Activities 2009-2010 to 2014-2015 (2014–15) Summary of findings: Overall, the evaluation found early indications of behaviour changes (i.e., increased exercise) resulting from funded initiatives. Stakeholders used surveillance information developed by the Agency, although there are challenges, including the timeliness of surveillance products and low awareness of products and platforms.The evaluation also recommended that the Centre ensure that priorities be communicated to stakeholders and that chronic disease prevention activities within the Centre and with other areas of the Branch be integrated more fully, along with a review of the content of best practices. In response to the challenges and recommendations identified in this evaluation, PHAC committed to refine and update the Best Practices Portal, revise PHAC web information to clarify roles amongst Government of Canada partners, and provide a listing of upcoming surveillance publications on a web accessible platform. **Planned**: Joint Audit and Evaluation of Multi-Sectoral Partnerships (2019–20)

Engagement of applicants and recipients in 2018–19

Open solicitations posted on PHAC'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.

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	80,000	0	0	0	0	0
Total contributions	4,908,740	5,686,912	5,388,000	11,897,064	11,784,388	6,396,388
Total other types of transfer payments	0	0	0	0	0	0
Total program	**4,988,740**	**5,686,912**	**5,388,000**	**11,897,064**	**11,784,388**	**6,396,388**
Explanation of variances	Actual amounts varied from planned spending mainly due to funding received to support ParticipACTION.					

HIV and Hepatitis C Community Action Fund (CAF)

General information

Name of transfer payment program	HIV and Hepatitis C Community Action Fund[3] (Voted)
Start date	January 2005 / November 2007
End date	Ongoing
Type of transfer payment	Grants and contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2012–13
Link to department's Program Inventory Communicable Diseases and Infection Control	

Description

Objective(s): Increase knowledge of effective HIV, hepatitis C, and/or related sexually transmitted and blood borne infections (STBBIs) interventions and prevention evidence; increase access to health and social services for priority populations; strengthen capacity (skills, competencies, and abilities) of priority populations and target audiences to prevent infection and improve health outcomes; enhance application of knowledge in community-based interventions; and increase uptake of personal behaviours that prevent the transmission of HIV, hepatitis C, and/or related STBBIs. The CAF is targeted to the following priority populations: gay/bisexual/and other men who have sex with men; people who use drugs; Indigenous peoples; people from ethno-cultural communities (particularly those representing countries with high HIV or hepatitis C prevalence, including immigrants, migrants and refugees); sex workers (people engaged in the sale or the purchase of sex); people living in, or recently released from, correctional facilities; transgender persons; people living with HIV or hepatitis C and related conditions; as well as women and youth among these populations.

Why this TPP is Necessary: Although HIV, viral hepatitis and sexually transmitted infections are preventable, treatable and, in many cases, curable, they remain a significant public health concern in Canada. As rates are either plateauing or increasing:

- The proportion of new HIV cases among gay, bisexual and other men who have sex with men, people from countries where HIV is endemic, and Indigenous peoples remain disproportionately high in Canada. Stigma and discrimination continue to prevent people from seeking testing and treatment, affecting our ability to reduce new infections when significant percentages of people remain unaware of their infections. Key populations at risk for HIV may also be at increased risk for viral hepatitis and sexually transmitted infections; and,

- In Canada, it is estimated that 44% of people infected with hepatitis C are unaware of their infection and may unknowingly transmit the infection to others. Newly diagnosed cases of the sexually transmitted infections (STIs) chlamydia, gonorrhea, and syphilis have been increasing consistently since the mid-1990s. Between 2007 and 2016, there was a 49% increase in the reported rate of chlamydia, an 81% increase in the reported rate of gonorrhea, and a 178% increase in the reported rate of syphilis.

[3] As of 2017–18, grants and contributions available through the Federal Initiative to Address HIV/AIDS in Canada and the hepatitis C Prevention, Support and Research Program were integrated into the HIV and hepatitis C Community Action Fund.

Canada is considered to have concentrated HIV epidemics, with very low prevalence in the general population and a higher prevalence in certain key populations. The Community Action Fund supports community-based, front-line organizations that have the potential to make the greatest impact through targeted evidence-based interventions focused on reaching priority populations at greater risk for HIV, hepatitis C, and other STBBIs. Community-based organizations play a critical role in supporting the prevention of new infections and reducing the stigma associated with being diagnosed with an infection.

Intervention Method(s): In addition to facilitating access to testing, diagnosis, treatment, and information on prevention methods, the CAF also supports and strengthens multi-sector partnerships to address the determinants of health. The CAF supports collaborative efforts to address factors that can increase transmission and acquisition of HIV, hepatitis C virus (HCV), and sexually transmitted infections (STIs). People living with and vulnerable to HIV, HCV and STIs were active partners in the development of the CAF objectives and priorities.

Repayable Contributions: No.

Results achieved

Under the HIV and Hepatitis C CAF, a total of 86 projects from 124 organizations are currently being funded.

Many of these projects, funded over a period of five years, were initiated in mid to late 2017.

Although most projects have not yet been able to report on short or medium term outcomes, preliminary project reporting shows that the five CAF objectives are being addressed and all priority populations are being reached.

The CAF is entering the mid-point of its five-year funding cycle. As a result, all CAF funding recipients are required to report on outcomes achieved to date at the end of fiscal year 2019-20. It is expected that these findings will allow the program to report in more depth on progress achieved in fiscal years 2017–18 to 2019–20.

Findings of audits completed in 2018–19	**Completed**: Audit of the Management of Grants and Contributions at Public Health Agency of Canada (2018–19) Summary of findings: The audit found effective processes for the design, planning and implementation of programs, and recipient monitoring. Opportunities for improvement identified include enhancing the identification and monitoring of program risks, strengthening controls over the management of recoverable amounts, and improving change management practices relating to the grants and contributions management system. **Planned**: Audit of Surveillance (2019–20)
Findings of evaluations completed in 2018–19	**Completed**: Horizontal Evaluation of the Federal Initiative to Address HIV/AIDS in Canada 2013-14 to 2017-18 (2018–19); Summary of findings: The evaluation found that the work done by PHAC to integrate its HIV response with its response to other STBBIs, such as hepatitis C, allowed for efficiency gains, as all these infections share common risk factors, transmission routes, and priority populations. Furthermore, through the 2017 implementation of the HIV and Hepatitis C CAF, PHAC had taken steps to better align investments with the most at-risk populations. **Completed**: Viral Hepatitis and Sexually Transmitted Infection Activities at the Public Health Agency of Canada 2013-14 to 2017-18 (2018–19)

	Summary of findings: The evaluation found that, through the 2017 implementation of the HIV and Hepatitis C CAF, PHAC had made efficiency gains by adopting an integrated approach to address all STBBI, as these infections share common risk factors, transmission routes, and priority populations. It was also found that through this new fund, PHAC had taken steps to better align investment with the most at-risk populations. In order to further reduce STBBI-related stigma and discrimination, and align investments with those populations with the highest burden of STBBI, PHAC committed to develop and implement the Government of Canada's Action Plan on STBBI that will outline the actions that will be undertaken by partners of the Federal Initiative to address HIV/AIDS and other Government of Canada departments to contribute to the goals of the Pan-Canadian STBBI Framework. **Planned**: Federal Initiative to Address HIV in Canada (including STBBI activities) (2023–24)
Engagement of applicants and recipients in 2018–19 Applicants and recipients were engaged through performance measurement and evaluation processes, and regular meetings with stakeholders involved in the prevention and control of communicable diseases.	

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	218,940	0	8,084,000	400,000	399,579	(7,684,421)
Total contributions	23,048,615	32,331,836	18,335,000	27,055,813	26,599,020	8,264,020
Total other types of transfer payments	0	0	0	0	0	0
Total program	**23,267,555**	**32,331,836**	**26,419,000**	**27,455,813**	**26,998,599**	**579,599**
Explanation of variances	N/A					

Innovation Strategy (IS)

General information

Name of transfer payment program	Innovation Strategy (Voted)
Start date	2009–10
End date	Ongoing
Type of transfer payment	Grants and Contributions
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2016–17

Link to department's Program Inventory

Health Promotion

Description

Objective(s): The Innovation Strategy (IS) funds the testing and delivery of evidence-based population health interventions.

The IS was launched in 2009 and uses a three-phased approach to develop and/or adapt, implement, evaluate and scale-up of promising, population health interventions in various settings and populations in Canada. A key component of the IS is support for knowledge development, translation and dissemination based on the systematic collection of results and outcomes of these interventions and promotion of their use across Canada.

The funding model uses a gated approach to funding across three phases to support the testing and delivery of evidence-based population health interventions. Phase 1 (18 months) includes the design, development, testing, initial delivery and partnership development. Phase 2 (Up to 4 years) includes the full implementation with partner organizations to deliver the intervention across multiple jurisdictions, adaptation for different populations in new communities and evaluation. Phase 3 (Up to 3 years) includes scale-up to expand the project, implementation in new communities to reach additional individuals and system-wide impact for sustainability.

In 2018–19, the IS funded 11 population health interventions under Phase 3 to scale up their work under the priority funding streams: Equipping Canadians: Mental Health Throughout Life, and Achieving Healthier Weights in Canada's Communities.

Additionally, in 2018–19, a portion of IS funds was directed to address family violence from a health perspective. Building on elements of the IS approach, specific objectives of this investment are to:

- Equip survivors 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 survivors of family violence;
- Build the knowledge base through intervention research on what works to improve the health of survivors of family violence; and
- Improve the capacity of professionals to support the health of survivors of family violence safely and effectively.

Family Violence Prevention

From 2015–16 to 2018–19, a portion of the IS funds has been used for projects in support of the health of survivors of family violence. The Family Violence Prevention Investment follows the same approach as the broader IS, by funding projects that deliver and test promising interventions, measure their effectiveness, and foster longer term knowledge mobilization and sustainability of effective programs. Beginning in 2019-20 the Family Violence Prevention Investment will be administered through its own fund and is no longer part of the IS.

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 TPP funds the generation of knowledge about policy and program interventions that are effective and have the potential to 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; 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.

Results achieved

Innovation Strategy

In 2018–19, the IS funded 11 population health interventions to scale up their work to promote mental health and achieve healthier weights across the country. In the most recent reporting year, projects reached over 146,000 individuals in communities across every province and territory.

IS projects have demonstrated the development of new or sustained partnerships that have supported the delivery of interventions by leveraging expertise and resources from across a range of sectors, including health, education, agriculture, and industry. For example, in 2017–18, the most recent year for which data is available, approximately 492 partnerships were developed (based on final and annual report data) and projects leveraged over $4.1 million in additional funding. In addition, projects leveraged in-kind support totalling over $1.2 million.

Projects continue to demonstrate an impact on the health of Canadians. In the most recent reporting year, 91% of projects reported changes in protective factors, reduced risk behaviours, and/or health outcomes for individuals, families, and communities. This included improved mental health or well-being, increased fruit and vegetable consumption, improved coping strategies, improved parenting skills, and improved resilience.

Additionally, in collaboration with key partners and stakeholders, IS projects have developed knowledge products around what works, for whom, and in what context as well as provided examples of how knowledge products were used to inform policy, programs, or practice. In the last reporting cycle, IS projects developed over 300 knowledge products, reaching over 95,000 stakeholders. Projects provided over 150 examples of how their knowledge informed concrete changes in policy, programs, or practice. The types of policies/practices that were informed by the evidence or intervention research were diverse across projects and included internal organizational policy, provincial government policy, legislation (by-laws), programmatic policy, and school policy. The Handle with Care project (Sick Kids Centre for Community Mental Health) provided an example of how evidence from the project is informing organizational policy through the development of an adapted program called “Guiding Stars”. This program aims to promote mental health of latency-aged children in at-risk communities who are transitioning to high school. This project builds on the Handle with Care Framework to promote children’s positive everyday interactions, healthy emotional environments and stronger relationships.

The IS seeks to support projects to scale up effective intervention to not only reach more people, but also to foster sustainable policy and program development. Follow up with IS projects found that after completion of IS funding 57% of projects secured funding (outside of PHAC) to continue to deliver components of the intervention, 86% of projects have been adopted in part or fully into existing

systems and 100% of projects continue to disseminate information and knowledge products developed through the IS. For example, the Fourth R program (University of Western Ontario) has aligned with curriculum standards with sustainability in mind. The Northwest Territories Department of Education continues to deliver Fourth R programming and provides funding for the training and program resources associated with the delivery of the program.

Family Violence

In 2018–19, PHAC continued to invest in projects that support the health of survivors of intimate partner violence and child maltreatment, and that build the capacity of public health professionals to respond safely and effectively to survivors of family violence. Of the 21 projects funded through the investment, two projects ended this fiscal year. Principal investigators from Brock University reported significant outcomes relating to improvements in the mental and physical health of participants in the Shape Your Life program - a trauma-informed, non-contact boxing program for women and trans survivors of family violence. The Being Trauma Aware project, led by the Calgary Child Advocacy Centre (formerly the Sheldon Kennedy Child Advocacy Centre), provided valuable training for health and allied professionals on the links between childhood maltreatment, brain development, problematic substance use, and mental health.

In 2018–19, projects funded through the Family Violence Prevention Investment reached more than 1,800 participants and 1,300 professionals in approximately 115 sites across Canada. In addition to supporting those who have experienced family violence, the projects are also reaching researchers, service providers and policy makers to share resources such as curricula, training materials, and presentations. During this reporting period, the family violence prevention projects have reached more than 67,000 stakeholders through knowledge dissemination and exchange activities, including 750 knowledge products and 400 knowledge events.

Through the Family Violence Prevention Investment, PHAC also funds a Knowledge Hub, a facilitated community of practice that connects representatives from all of the community-based projects to discuss mutual issues and challenges, develop common ways to measure progress, and share emerging findings and promising practices. During 2018–19, the Hub reached more than 13,000 professionals through its sector-wide webinars, meetings, presentations and other knowledge mobilization activities.

All projects funded through this investment involved a condition to collaborate with other organizations. In 2018–19, approximately 186 collaborations were developed or maintained and through which the projects leveraged more than $1.34 million in financial and in-kind contributions.

Findings of audits completed in 2018–19	**Completed**: Audit of the Management of Grants and Contributions at Public Health Agency of Canada (2018–19) Summary of findings: The audit found effective processes for the design, planning and implementation of programs, and recipient monitoring. Opportunities for improvement identified include enhancing the identification and monitoring of program risks, strengthening controls over the management of recoverable amounts, and improving change management practices relating to the grants and contributions management system. **Planned**: Joint Audit and Evaluation of Multi-Sectoral Partnerships (2019–20); Audit of Surveillance (2019–20)
Findings of audits completed in 2018–19	**Last Completed**: Innovation Strategy (2014-15) Summary of findings: The evaluation found early indications that the program enhanced resilience, self-esteem and self-image, coping and social skills, and communication and conflict or problem-

	solving skills at individual, family and community levels. Interventions were demonstrating readiness for scale up. The evaluation noted that additional efficiencies could be gained through increased collaboration and formal mechanisms for information sharing within the Health Promotion and Chronic Disease Prevention Branch and the Health Portfolio (Canadian Institutes of Health Research) as well as enhancing the sharing of IS-generated evidence. At the time, PHAC committed to identify areas for increased coordination and collaboration in the area of population health intervention research, enhance the sharing of lessons learned, and improve the collection of information on uptake and use. **Planned**: Innovation Strategy (2019–20)
Engagement of applicants and recipients in 2018–19 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, PHAC, and other partners to influence future program and policy design.	

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	1,304,646	969,849	7,370,000	513,600	513,600	(6,856,400)
Total contributions	11,078,853	12,017,172	3,827,000	15,764,786	14,413,150	10,586,150
Total other types of transfer payments	0	0	0	0	0	0
Total program	**12,383,499**	**12,017,172**	**11,197,000**	**16,278,386**	**14,926,750**	**3,729,750**
Explanation of variances	Actual amounts varied from planned spending mainly due to funding received to support Gender-based Violence and a re-allocation of resources to further support Suicide Prevention.					

National Collaborating Centres for Public Health (NCCPH)

General information

Name of transfer payment program	National Collaborating Centres for Public Health (Voted)
Start date	2004–05
End date	Ongoing
Type of transfer payment	Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2012–13

Link to department's Program Inventory

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

Description

Objective(s): 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.

Why this TPP is Necessary: 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.

Intervention Method(s): 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.

Repayable Contributions: No.

Results achieved

The NCCs use a variety of methods (e.g., online training, workshops, outreach programs, and networking events to broadly disseminate a wide array of knowledge products) to build public health system capacity at multiple levels. During 2018–19, the NCCs increased the development and dissemination of knowledge translation products and activities by producing and providing over 1232 new products and activities that consist of evidence reviews, published materials, videos, workshops, webinars, online courses, and conference presentations which supported practitioners and decision makers in applying new knowledge in their environments.

In addition, the NCCs undertook 475 knowledge-related needs and gaps identification activities to provide public health knowledge brokers with the resources and structures required to strengthen evidence-informed decision-making.

The NCCs also engaged and maintained over 585 partnerships and collaborations with F/P/T governments, academia, non-governmental organizations, private sector, and other external organizations for evidence-based interventions that reduce health risks. These collaborations were augmented with NCC knowledge exchange tools, resources, and expertise to facilitate and increase public health outreach.

Unique visitors to the 6 NCC websites to access knowledge products and activities also increased significantly from 2017–18 to a new total of 541,603 visitors for 2018–19.

Findings of audits completed in 2018–19	**Completed**: Audit of the Management of Grants and Contributions at Public Health Agency of Canada (2018–19) Summary of findings: The audit found effective processes for the design, planning and implementation of programs, and recipient monitoring. Opportunities for improvement identified include enhancing the identification and monitoring of program risks, strengthening controls over the management of recoverable amounts, and improving change management practices relating to the grants and contributions management system. **Planned**: N/A
Findings of audits completed in 2018–19	**Completed**: National Collaborating Centres for Public Health Programs 2014-15 to 2018-19 (2018–19) Summary of findings: The NCCs were perceived as a credible go-to source, and their ability to network with different partners across the public health system was seen as one of their greatest values. There were many examples of NCCs' contributions to informing decision making and policy making. The evaluation found limited interactions between PHAC and the NCCs, making it challenging for the NCCs to align annual work plans with areas of interest to PHAC, in order to foster collaboration and avoid duplication. To address these findings, the NCCPH program committed to raise internal awareness of NCCs annual work, implement exchanges on emerging public health issues arising from NCCs business domains, and foster new NCCs collaborations with PHAC programs and other public health stakeholders. It also committed to identify and review, with the NCCs, key priority areas for public health knowledge mobilization. **Planned**: National Collaborating Centres (2023-24)
Engagement of applicants and recipients in 2018–19 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.	

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	0	0	0	0	0	0
Total contributions	6,573,348	5,966,996	5,842,000	6,073,500	6,073,496	231,496
Total other types of transfer payments	0	0	0	0	0	0
Total program	**6,573,348**	**5,966,996**	**5,842,000**	**6,073,500**	**6,073,496**	**231,496**
Explanation of variances	N/A					

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

General information

Name of transfer payment program	Strengthening the Canadian Drugs and Substances Strategy (Harm Reduction Fund) (Voted)
Start date	2017–18
End date	Ongoing
Type of transfer payment	Grants and Contribution
Type of appropriation	Appropriated annually through Estimates
Fiscal year for terms and conditions	2017–18
Link to department's Program Inventory Communicable Disease and Infection Control	
Description **Objective(s):** The Harm Reduction Fund is one component of the overall Strengthening the Canadian Drugs and Substances Strategy. The objective of the Harm Reduction Fund is to strengthen the response of front-line organizations, public health and health professionals to reduce the transmission of infectious disease (HIV and hepatitis C) experienced by drug and substance users as a result of sharing drug use equipment (specifically for intravenous drug use and crack inhalation). **Why this TPP is Necessary:** In Canada, the sharing of injection drug-use equipment is a significant driver of infectious disease rates. The transmission of hepatitis C is most commonly associated with shared injection drug-use equipment. In addition, approximately 10% of new HIV infections are estimated to be the result of sharing injection drug-use equipment. **Intervention Method(s):** Grants and Contributions **Repayable Contributions:** No	
Results achieved To date, two separate rounds of funding (2017 and 2018) have been approved under the Harm Reduction Fund (HRF), with all projects being of two years in duration. Under the 2017 solicitation, 28 projects received funding totalling more than $9M in federal investments. Under the 2018 solicitation, 29 projects received funding totalling approximately $8M in federal investments. A first round of evaluation data will be reported to the Agency at the end of fiscal year 2019-2020 once projects ending in 2019-2020 have been completed. However, preliminary project reporting shows that HRF objectives are being addressed.	
Findings of audits completed in 2018–19	**Completed**: N/A **Planned**: N/A
Findings of audits completed in 2018–19	**Completed**: N/A **Planned**: Canadian Drug & Substance Strategy (2021–22)

Engagement of applicants and recipients in 2018–19

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

Financial information (dollars)

Type of transfer payment	2016–17 Actual spending	2017–18 Actual spending	2018–19 Planned spending	2018–19 Total authorities available for use	2018–19 Actual spending (authorities used)	Variance (2018–19 actual minus 2018–19 planned)
Total grants	0	0	3,000,000	694,710	694,710	(2,305,290)
Total contributions	0	0	3,000,000	4,248,047	4,002,409	1,002,409
Total other types of transfer payments	0	0	0	0	0	0
Total program	**0**	**0**	**6,000,000**	**4,942,757**	**4,697,119**	**(1,302,881)**
Explanation of variances	Actual amounts varied from planned spending primarily due to internal re-allocations to support the Federal Initiative to Address HIV/AIDS in Canada.					

Gender-based analysis plus

General information

Governance structures	In 2018–19, PHAC had a GBA+ implementation action plan in place based on three key pillars: 1) Strengthen use of evidence in surveillance, research, policy, programs and supporting functions, 2) Increase awareness and build capacity; and 3) Increase accountability. Integration of GBA+ into decision-making processes related to programs and operations was ensured through routine discussion of GBA+ at senior management committees and consideration of GBA+ and health equity perspectives during the development of Memoranda to Cabinet and Treasury Board Submissions. An accountability mechanism, consisting of an internal GBA+ attestation process, has been put in place to ensure the quality and accuracy of the GBA+ analyses carried out for those documents. PHAC developed a database of key indicators and associated characteristics, including whether the indicator can support the application of GBA+, for example, data can be disaggregated by sex. PHAC selected a GBA+ Champion to lead the integration of GBA+ in the organization's functions and programs. A GBA+ Responsibility Centre supports the Champion. The GBA+ Champion is part of PHAC's functional (leads) group responsible for the implementation of the Government of Canada's Results and Delivery Agenda, and its commitment to gender equality in policy, and practice. PHAC nominated a Champion on Building Gender Inclusive Services to support implementation of the new Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices, which aims to modernize how the Government of Canada handles information on sex and gender. PHAC has also established an intra-departmental GBA+ network of experts to support dissemination of GBA+ best practices within the organization.
Human resources	In 2018–19, six full-time equivalents (FTEs) were dedicated to GBA+ implementation in the department: 3 FTEs dedicated to advancing SGBA+ capacity and practice; and 3 FTEs: a combination of the SGBA+ Champion, program area staff across the Agency, and 30 members of the PHAC SGBA+ Network.
Major initiatives: results achieved	The following initiatives align with the Poverty Reduction, Health and Well-being pillar of the Gender Results Framework. 1. Communicable Disease and Infection Control - HIV and Hepatitis C CAF. The HIV and Hepatitis C CAF invests in community-based organizations across the country to address HIV, hepatitis C and other STBBIs. All projects funded through CAF require a focus on priority populations, supported by evidence that a particular population is disproportionately

	affected. As such, GBA+ considerations were mandatory in funding proposals and in the evaluation plans. These included consideration of gender, age, language, geography, ethnic origin, culture and language. GBA+ metric availability and findings will be used for the evaluation of CAF projects and will inform future program interventions / initiatives. 2. Surveillance data for immunization The 2018–19 seasonal influenza surveys included sex as a key socio-demographic determinant of immunization status. Using this data, a statistical analysis comparing immunization rates between males and females was conducted. Results will be published online by the end of 2019–20. Differences in vaccination coverage by sex will be analyzed and presented in all future immunization coverage surveys. Published results may help to provide information on the most appropriate target groups for vaccine promotion efforts. 3. Dementia Community Investment The Dementia Community Investment (DCI) funds community-based projects to develop, test and disseminate tools, resources and/or approaches to optimize the wellbeing of diverse groups of women and men living with dementia and/or their caregivers (i.e., family members/friends who care for them at home), as well as raise awareness and/or reduce stigma related to dementia. Projects funded through the DCI will be asked to incorporate the consideration of sex and gender and other identity factors into their proposals and will be expected to report on these considerations in their annual reporting to PHAC. 4. Federal Framework for Suicide Prevention The Federal Framework for Suicide Prevention (FFSP) is focused on raising awareness and reducing stigma, better connecting diverse Canadians to information and resources, and accelerating innovation and research to prevent suicide. The GBA+ analysis helped to inform a number of efforts that PHAC undertook in relation to the FFSP. For example, the evidence related to help-seeking among men and boys informed PHAC's efforts related to safe and appropriate messaging on suicide as well as on training/standard development for the Canada Suicide Prevention Service. The following initiative aligns with the Gender-based violence and access to justice pillar of the Gender Results Framework. 5. Family and Gender-based Violence Prevention This initiative consists of two programs. The Family Violence Prevention Investment is developing and testing community-based projects that equip survivors of violence with skills, knowledge and capacity to improve their health and building the capacity of health and social service professionals to work safely and effectively with survivors of violence. The Preventing Gender-Based Violence: The Health Perspective program, which is part of the Government of Canada's National Strategy to Address and Prevent Gender-Based Violence, focuses on preventing teen dating violence and child maltreatment, and supporting the development of training curricula and resources about gender-based violence, trauma-informed care and safety planning for health and allied professionals.

	A GBA+ analysis reveals that women and girls, as well as certain other population groups such as Indigenous women and LGBTQ2, are disproportionately impacted by family and gender-based violence. Recognizing this, a large number of projects that are funded focus on supporting women and girls, and several focus on supporting these additional vulnerable groups.
Reporting capacity and data	The following PHAC programs collect information that allows GBA+. 1. Program Inventory: Vaccination a. Program captures GBA+ metrics and provides analysis for some indicators, related to: i. Sex ii. Age b. Program has released the following public reports including GBA+ metrics: i. 2016/17 Seasonal Influenza Survey ii. 2017/18 Seasonal Influenza Survey iii. 2017 childhood National Immunization Survey 2. Program Inventory: Foodborne and Zoonotic Disease a. Program captures GBA+ metrics and provides analysis for some indicators, related to: i. Sex ii. Geographic distribution b. Program has released the following public reports including GBA+ metrics: i. Surveillance for Lyme Disease in Canada: 2009-2015 ii. National Enteric Surveillance Program (NESP), annual summary 3. Program Inventory: Communicable Disease and Infection Control a. Program captures GBA+ metrics and provides analysis for several indicators, related to: i. Sex ii. Age iii. Geographic distribution iv. Race/ethnicity v. Exposure category vi. Population group (foreign-born, Indigenous, non-Indigenous Canadians) b. Program has released the following public reports including GBA+ metrics: i. Canadian Antimicrobial Resistance Surveillance System 2017 Report ii. Canadian Nosocomial Infection Surveillance Program (CNISP): Summary Report of Healthcare Associated Infection (HAI), Antimicrobial Resistance (AMR) and Antimicrobial Use (AMU) Surveillance Data from January 1, 2013 to December 31, 2017 iii. Report on Hepatitis B and C in Canada: 2016 iv. Update on Sexually Transmitted Infections in Canada, 2016 v. Chlamydia in Canada, 2010-2015 vi. HIV in Canada – Surveillance Report, 2017 vii. Tuberculosis: Monitoring (2017) viii. The time is now – Chief Public Health Officer spotlight on eliminating tuberculosis in Canada

4. Program Inventory: Health Promotion
    a. Program captures, at regular intervals, GBA+ metrics for some indicators, related to:
        i. Sex
        ii. Age
        iii. Indigenous Status
        iv. Income
        v. Immigrant Status
        vi. Education
        vii. Family Type

    Trend analysis is conducted to determine which sociodemographic variables have a significant impact on outcomes gained by those participating in the Program.

To support more effective interventions to improve health equity and the implementation of GBA+, PHAC collects and disseminates health inequalities data through the Pan-Canadian Health Inequalities Reporting Initiative. This initiative recently developed two key products:

1) The Health Inequalities Data Tool: An online, interactive resource from which users can extract and download information on more than 70 indicators of inequalities in the health status and determinants of health of Canadians (https://infobase.phac-aspc.gc.ca/health-inequalities/data-tool/).

2) Key Health Inequalities in Canada - A National Portrait (released in May 2018). This is a narrative report on 22 key indicators that reflect some of the most pronounced and widespread health inequalities in Canada. In collaboration with its partners, PHAC developed infographic messages to communicate key results and messages from the report and a short video on health inequalities in Canada was released in January 2019. https://www.canada.ca/en/public-health/services/publications/science-research-data/understanding-report-key-health-inequalities-canada.html

PHAC also collects data that are used for regular monitoring and reporting on sex-based health inequalities through its several surveillance systems. Examples of such systems include the Canadian Chronic Disease Surveillance System (CCDSS). This system is a collaborative network of provincial and territorial surveillance systems, which collects data on all residents who are eligible for provincial or territorial health insurance and can generate national estimates and trends over time for over 20 chronic diseases. Recent data from the CCDSS suggest that in Canada the rate of dementia is higher in females than males aged 65 years and older, and that the discrepancy between sexes increases with age.

Horizontal initiatives

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

General information

Name of horizontal initiative	Federal Initiative to Address HIV/AIDS in Canada
Lead department	Public Health Agency of Canada (PHAC)
Federal partner departments	Department of Indigenous Services Canada (DISC), Canadian Institutes of Health Research (CIHR), and Correctional Service Canada (CSC)
Non-federal and non-governmental partners	N/A
Start date of the horizontal initiative	January 13, 2005
End date of the horizontal initiative	Ongoing

Description of the horizontal initiative

Objective(s):

- Increase knowledge with respect to HIV and other STBBIs in Canada through laboratory science, surveillance, and research on factors that contribute to ongoing new infections, and on better methods to respond effectively;
- Promote the use and uptake of public health guidance for prevention and control of HIV and other STBBIs as well as the availability of evidence-based HIV interventions that are centred on the needs of at-risk populations and people living with affected STBBIs; and
- Increase awareness of the need for STBBI testing and access to prevention, treatment and care and supportive social environments for people living with, affected by, or at risk of acquiring, STBBIs.

Why this HI is Necessary:

- Although HIV, viral hepatitis and sexually transmitted infections (STIs) are preventable, treatable and, in many cases, curable, they remain a significant public health concern in Canada. As rates are either plateauing or increasing:
    - The proportion of new HIV cases among gay, bisexual and other men who have sex with men, people from countries where HIV is endemic, and Indigenous peoples remain disproportionately high in Canada. Stigma and discrimination continue to prevent people from seeking testing and treatment, affecting our ability to reduce new infections when significant percentages of people remain unaware of their infections. Key populations at risk for HIV may also be at increased risk for viral hepatitis and sexually transmitted infections; and,
    - In Canada, estimates are that one in every five people living with HIV, and 44% of people infected with hepatitis C, are unaware of their infection and may unknowingly transmit the infection to others. Newly diagnosed cases of the STIs chlamydia, gonorrhea, and syphilis have been increasing consistently since the mid-1990s. Between 2007 and 2016, there was a 49% increase in the reported rate of chlamydia, an 81% increase in the reported rate of gonorrhea, and a 178% increase in the reported rate of syphilis.

- This horizontal initiative on STBBIs aims to help to address health inequalities and build more supportive environments for Canadians affected by STBBIs. Actions necessary to reduce rates of STBBIs are shared across multiple departments.

- The initiative creates the knowledge and evidence-base that supports effective public health interventions and practice; supports a robust community and federal response; contributes to the reduction of barriers, which prevent priority populations from accessing prevention, diagnosis, care, treatment, and support; and, promote a coherent and coordinated approach to achieve the 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, prevention and screening activities for First Nations living on-reserve, Inuit living south of the 60th parallel, and federal inmates;
- The creation of new knowledge through research funding;
- The delivery of public health and health services to federal inmates; and
- Support for community-based prevention activities through grants and contributions funding.

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

Governance structures

- The Responsibility Centre Committee (RCC) is the governance body for the FI. It is comprised of directors (or equivalent) from the nine 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 PHAC, the RCC promotes policy and program coherence among the participating departments and agencies, and enables evaluation, performance measurement, and reporting requirements to be met;
- PHAC is the federal lead for issues related to STBBIs, including HIV in Canada. It is responsible for laboratory science, surveillance, program development, knowledge exchange, public awareness, guidance for health professionals, global collaboration and coordination;
- DISC supports STBBI 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;
- As the Government of Canada's agency for health research, the CIHR 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
- CSC, an agency of the Public Safety Portfolio, provides health services (including services related to the prevention, diagnosis, care and treatment of STBBIs, including HIV) to offenders sentenced to two years or more.

Total federal funding allocated (from start to end date) (dollars)	Ongoing

Total federal planned spending to date (dollars)	72,600,000
Total federal actual spending to date (dollars)	71,764,475
Date of last renewal of the horizontal initiative	Not applicable
Total federal funding allocated at the last renewal and source of funding (dollars)	Not applicable
Additional federal funding received after the last renewal (dollars)	Not applicable
Funding contributed by non-federal and non-governmental partners (dollars)	Not applicable

Fiscal year of planned completion of next evaluation

Federal Initiative to Address HIV in Canada (including STBBI activities) (2023-24)

Shared outcome of federal partner departments

Increased awareness and knowledge of ways to prevent the acquisition and control the transmission of HIV and associated STBBIs.

Performance Indicator (PI) / Target (T) / Actual Result (AR):

PI 1: % of stakeholders reporting increasing their knowledge.
T 1: 90%
AR: 100%

PI 2: % of priority populations reporting increasing knowledge.
T 2: 95%
AR: 91%[a]

PI 3: % of publications available through open access.
T 3: 71%
AR: 91%

PI 4: % of target audiences reporting increasing knowledge.
T 4: 80%
AR: N/A[b]

Data source and frequency of monitoring and reporting:

Communicable Diseases and Infection Control yearly reporting, National Microbiology Laboratories yearly reporting, and CIHR yearly reporting.

Shared outcome of federal partner departments

Strengthened capacity (skills, competencies, and abilities) of priority populations and audiences.

Performance Indicator (PI) / Target (T) / Actual Result (AR):

PI 1: % of priority population's reporting increasing capacity.
T 1: 75%
AR: 83%[b]

PI 2: % of newly-admitted people who live in federal correctional facilities who attended Reception Awareness Program at admission.
T 2: 65%
AR: N/A[c]

PI 3: % of First Nations communities reporting that HIV testing is accessible on or near the reserve.
T 3: 100%
AR: 84%[d]

Data source and frequency of monitoring and reporting:

Communicable Diseases and Infection Control yearly reporting, Correctional Service Canada yearly reporting, and ISC yearly reporting (on Community-based Reporting Template (CBRT) with a lag due to data collection and reporting).

Shared outcome of federal partner departments

Improved uptake and application of knowledge in action and public health practice.

Performance Indicator (PI) / Target (T) / Actual Result (AR):

PI 1: % of clients indicating overall satisfaction with laboratory reference services.
T 1: 90%
AR: 98%

PI 2: % of molecular tests administered by referral services within the optimal time-response.
T 2: 70%
AR: 71%

PI 3: % of serological tests administered by referral services within the optimal time-response.
T 3: 90%
AR 3: 78%[e]

PI 4: % of peer-reviewed articles that were cited in other peer-reviewed articles - five years of data
T 4: 100%
AR: 95%

PI 5: % of attendees to STBBIs webinars indicating applying evidence acquired through webinars to guide their work.
T 5: 75%
AR: 81**%**

PI 6: % of CIHR grants leading to production of new method, new theory, or replication of findings.
T 6: 100%[f]
AR: 69%[g]

PI 7: % of CIHR grants reporting translation of knowledge/creating more effective health services and products.
T 7: 100%[h]
AR : 72%[i]

PI 8: % of CIHR grants leading to information or guidance for patients or public/patients' or public behaviour(s).
T 8: 100%[j]
AR: 41%[k]

PI 9: % of audiences that indicated they have enhanced their practices / community-based interventions following project activities.
T 9: 75%
AR: 89%[b]

Data source and frequency of monitoring and reporting:

National Microbiology Laboratories yearly reporting, Communicable Diseases and Infection Control yearly reporting, and CIHR yearly reporting.

Shared outcome of federal partner departments

Increased uptake of personal behaviours that prevent the transmission and acquisition of HIV and associated STBBIs.

Performance Indicator (PI) / Target (T) / Actual Result (AR):

PI 1: % of people who live in federal correctional facilities who are known to be HIV positive who have access to treatment.
T 1: 90%
AR 1: 99%

PI 2: % of priority populations reached indicating increased uptake of personal behaviours that prevent the transmission of HIV/hepatitis C or related STBBIs.
T 2: 5%
AR 2: N/A[b]

PI 3: % of priority populations who indicated improved access to health, social, and support services.
T 3: 75%
AR: N/A[b]

Data source and frequency of monitoring and reporting:

Correctional Service Canada yearly reporting, and Communicable Diseases and Infection Control yearly reporting.

Shared outcome of federal partner departments

Decreased acquisition and transmission of new infections.

Performance Indicator (PI) / Target (T) / Actual Result (AR):

PI 1: % of people living with HIV who know their status.
T 1: 90%
AR: 80%

PI 2: % of people who know their HIV positive status who are on treatment.
T 2: 90%
AR: 76%

PI 3: % of people receiving treatment who are virally suppressed.
T 3: 90%
AR: 89**%**

Data source and frequency of monitoring and reporting:

National HIV surveillance estimates annual reporting.

Expected outcome of non-federal and non-governmental partners

Not applicable

Name of theme

Not applicable

Performance highlights

In an effort to contribute to meeting global HIV, hepatitis C and STBBI targets in Canada, FI partners in collaboration with P/Ts, Indigenous communities and civil society, worked to improve the domestic response to HIV and other STBBIs. In 2018–19 FI partners:

- Supported the creation and synthesis of evidence and tools required to inform STBBI prevention and control efforts;
- Enabled community based interventions to prevent new infections; and
- Increased access to testing among priority populations and facilitated access to treatment and care for those living with HIV and/or hepatitis C.

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[a] Indicated results are based on reporting received to date by funding recipients. Additional data is still pending submission from funding recipients at the time of this report.

[b] Actual results will be based on the HIV and Hepatitis C CAF mid-term evaluation results as reported by funding recipients. The CAF is a five-year program launched in 2017–18 following an open and competitive solicitation process. Preliminary results for this indicator will be available in mid-2020 following receipt of interim evaluation reports.

[c] This indicator is no longer being tracked as the structured classroom component of Reception Awareness Program is no longer required at intake.

[d] Results for this indicator are not yet available for 2018–19. Based on the most recent data available (2016–17 Community-based Reporting Template) from communities that reported, 84% of First Nations communities have access to HIV testing on or near the reserve.

[e] In 2018–19, there was an increased demand for reference and surveillance testing that required prioritization over the normal workload resulting in testing delays. 78% of samples were completed within 10 days and 97% of samples were completed within 15 days.

[f] The target of 100% for this indicator is an administrative error and has been corrected to 89%, which will be reflected in the 2019-20 Departmental Results Report.

[g] Of the 29 end of research grant reports that were received for CIHR HIV/AIDS Research Initiative grants in 2018–19, 20 respondents (69%) indicated that their project led to the production of a new method, new theory, or replicated findings. In addition, of the 9 grantees who answered negatively to the production of new method or new theory, 4 (44%) indicated that their work may lead to a new method, new theory, or replication of findings in the future. The variability of these results are likely due to the relatively small sample size (n=29).

[h] The target of 100% reported in the 2018-19 Departmental Plan for this indicator is an administrative error and has been corrected to 73% in the 2019-20 Departmental Plan and will be reflected in the 2019–20 Departmental Results Report.

[i] Twenty-one of the 29 CIHR HIV/AIDS Research Initiative end of grant reports that were received in 2018–19 (72%) reported that the research had led to the translation of knowledge/creating more effective health services and products. The remaining 8 respondents (28%) all reported that their projects may lead to translation of knowledge/creating more effective health services and products in the future. The variability of these results is likely due to the relatively small sample size (n=29).

[j] The target of 100% reported in the 2018-19 Departmental Plan for this indicator is an administrative error and has been corrected to 33% in the 2019-20 Departmental Plan and will be reflected in the 2019–20 Departmental Results Report.

[k] Forty-one percent (12/29) of the CIHR HIV/AIDS Research Initiative end of grant reports that were received in 2018–19 indicated that work from their grant led to information or guidance for patients or public/patients' or public behaviour(s). A further 28% of grantees thought that their work would lead to information or guidance for patients or public/patients' or public behaviour(s) in the future. The variability of these results is likely due to the relatively small sample size (n=29).

Performance Information

Federal organizations	Link to department's Program Inventory	Horizontal initiative activities	Total federal allocation (from start to end date) (dollars)	2018–19 Planned spending (dollars)	2018–19 Actual spending (dollars)	2018–19 Expected results	2018–19 Performance indicators	2018–19 Targets	Date to achieve target	2018–19 Actual results
PHAC	Public Health Infrastructure	Public Health Laboratory Systems	Ongoing	6,334,589	6,811,282	ER 1.1 ER 1.2	PI 1.1.1 PI 1.1.2 PI 1.2.1	T 1.1.1 T 1.1.2 T 1.2.1	1.1.1, March 31, 2022 1.1.2, March 31, 2022 1.2.1, March 31, 2022	AR 1.1 AR 1.2
	Health Promotion and Disease Prevention[1]	Infectious and Communicable Diseases	Ongoing	35,188,702	34,843,183	ER 1.3 ER 1.4[1] ER 1.5 ER 1.6	PI 1.3.1 PI 1.3.2 PI 1.5.1 PI 1.6.1	T 1.3.1 T 1.3.2 T 1.5.1 T 1.6.1	1.3.1, March 31, 2022 1.3.2, March 31, 2022 1.5.1, March 31, 2022 1.6.1, March 31, 2022	AR 1.3 AR 1.5 AR 1.6
DISC	Communicable Disease Control and Management	Sexually Transmitted and Blood Borne Infections — HIV/AIDS	Ongoing	4,515,000	4,515,000	ER 2.1 ER 2.2	PI 2.1.1 PI 2.2.1 PI 2.2.2	T 2.1.1 T 2.2.1 T 2.2.2	March 31, 2019	AR 2.1 AR 2.2
CIHR	Horizontal Health Research Initiatives	Health and Health Service Advances	Ongoing	22,374,448	21,367,892	ER 3.1 ER 3.2	PI 3.1.1 PI 3.1.2 PI 3.2.1 PI 3.2.2	T 3.1.1 T 3.1.2 T 3.2.1 T 3.2.2	March 31, 2019	AR 3.1 AR 3.2
CSC	Custody	Institutional Health Services	Ongoing	4,187,261	4,227,118	ER 4.1 ER 4.2	PI 4.1.1 PI 4.2.1	T 4.1.1 T 4.2.1	March 31, 2020	AR 4.1 AR 4.2
Total for all federal organizations	N/A	N/A	Ongoing	72,600,000	71,764,475	N/A	N/A	N/A	N/A	N/A

[1] Note that for 2018–19, reporting on Expected Results is only for ER 1.3, 1.5, and 1.6.

Expected and actual results achieved for 2018–19:

Public Health Agency of Canada

ER 1.1: Public health interventions for addressing HIV and related STBBIs both in Canada and internationally will be informed by laboratory reference service testing; bioinformatics research infrastructure and improving testing methodologies.

PI 1.1.1: Percentage of HIV molecular test administered by referral services within the optimal time-response.
T 1.1.1: 90%
AR 1.1.1: 78%[4]

PI 1.1.2: Percentage of HIV serological test administered by referral services within the optimal time response.
T 1.1.2: 70%
AR 1.1.2: 71%

PI 1.1.3: Percentage of diagnostic specimens received at the National Microbiology Laboratory that are sequenced for HIV and related STBBI strain, drug resistance and bioinformatics.
T 1.1.3: 90%
AR 1.1.3: 90%

AR 1.1: The National HIV Reference Laboratory (NHRL) received 1,801 diagnostic specimens for testing, of which 799 were Dried Blood Spot (DBS). Of those specimens, 97% were tested within the specific turnaround times (TAT), with 3% exceeding the TAT, largely as a result of batching effects for sample runs, requirements for further/additional testing upon consultation with stakeholders, and/or equipment failure during initial testing. One thousand and two diagnostic specimens were provincial reference serum/EDTA samples, of which 808 specimens were tested for HIV and 199 were tested for Human T-lymphotropic virus. The remaining specimens (799) were DBS specimens tested for primarily HIV and hepatitis C virus (HCV) with some syphilis as well. The numbers of diagnostic specimens tested represent an increase of 80% from the previous fiscal year, to reflect the expansion of Dried-Blood Spot diagnostic testing services by the NHRL.

ER 1.2: The availability of diagnostic and patient care testing will be improved in Indigenous communities through the development of point-of-care, novel specimen collection methods and laboratory systems to facilitate HIV and other STBBI testing in remote communities.

PI 1.2.1: Percentage of indigenous communities where NML novel specimen collection methods and laboratory system to facilitate HIV and other STBBI testing in remote community are available.

[4] In 2018–19, there was an increased demand for reference and surveillance testing that required prioritization over the normal workload resulting in testing delays. 78% of samples were completed within 10 days and 97% of samples were completed within 15 days.

T 1.2.1: 75%
AR 1.2.1: 100%

PI 1.2.2: Percentage of individuals who are made aware of their HIV status in indigenous communities for which the National Microbiology Laboratory provides testing services.
T 1.2.2: 90%
AR 1.2.2: 100%

AR 1.2: The NHRL has engaged with First Nations communities to improve access to testing for STBBIs such as HIV, hepatitis B virus, HCV and syphilis using DBS, via a "train-the-trainer" model to facilitate training of community members such as healthcare workers (HCWs), nurses and peer support workers. Dried Blood Spots are sent to NHRL for testing using modified, validated assays in the ISO-accredited laboratory, with sensitivity and specificity values comparable or the same as those seen for plasma-based samples. The goal was to expand DBS collection and sample testing services to additional communities. In 2018–19, 799 DBS specimens were tested by the NHRL. Training was provided in 15 different workshops to First Nations and Indigenous Health Authorities, Tribal Council members and community members. With the train-the-trainer model, it is difficult to know how many communities then were engaged for collection and diagnostics; however, the individuals trained represented more than 100 individual communities from seven provinces.

ER 1.3: Data sources and methods required to measure more accurately progress against the global HIV targets will be improved.

PI 1.3.1: Percentage of provinces and territories participating and complying with standards to monitor the HIV treatment cascade.
T 1.3.1: 100%
AR 1.3.1: 92%

AR 1.3: The number of P/Ts collaborating on the refinement of standards to monitor the HIV treatment cascade is high; however, the 100% target for PI 1.3.1. was not met in 2018–19 as not all jurisdictions have the resource capacity to participate in these efforts. In addition, PHAC can only use its position as the national public health entity to influence P/T stakeholders; it has no authority over P/T participation and compliance with standards to monitor the HIV treatment cascade.

PHAC is able to update and disseminate the majority of its disease surveillance reports relevant to the global HIV targets annually. However, not all jurisdictions are able to participate in gonorrhea drug resistance surveillance and contribute data to a national report. This impacts the frequency of reporting on gonorrhea drug resistance by PHAC. PHAC reporting on hepatitis B and C surveillance has been delayed to allow for discussions with stakeholders to improve knowledge translation of surveillance findings and to allow for an expanded sex- and gender-based analysis of hepatitis surveillance data.

ER 1.4: HIV surveillance activities are reoriented to support population-level analysis, thus informing more effective population-specific prevention and care interventions.

PI 1.4.1: Percentage of planned funding disbursed for community-based investment to enhance the prevention of HIV and related STBBI by priority populations that are informed by HIV surveillance activities.
T 1.4.1: 100 %
AR 1.4.1: 100%

AR 1.4: The original objectives of the Tracks enhanced surveillance program were to describe the changing patterns in the prevalence of HIV infection, associated risk behaviour practices, and health care seeking behaviours in priority populations (including in particular people who inject drugs and gay, bisexual and other men who have sex with men). This program has recently been reoriented to address broader STBBI issues (specifically HCV and syphilis) and to include additional priority populations (specifically Indigenous peoples).

ER 1.5: Awareness and uptake of HIV screening efforts will be increased through the promotion of evidence of effective screening intervals for "at risk" groups (e.g., injection drug use, gay men, and other men who have sex with men) and on barriers and facilitators of HIV testing, in order to increase the number of people who are aware of their HIV status.

PI 1.5.1: Percentage of target audience indicating applying PHAC evidence to guide their work.
T 1.5.1: 60%
AR 1.5.1: 65%

PI 1.5.2: Percentage of target audiences that report they have increased their knowledge on evidence based practices and interventions to prevent the acquisition, and control the transmission of HIV and related STBBIs.
T. 1.5.2: 90%
AR 1.5.2: 76%[5]

PI 1.5.3: Percentage of HIV and related STBBI publications freely accessible.
T. 1.5.3: 66%
AR 1.5.3: 100%

AR 1.5: PHAC conducted an online survey of 1,071 participants to determine Canadian health care providers' awareness, use, and perceived usefulness of its evidence-based HIV Screening and Testing Guide. Results from the survey indicated that 65% of respondents were aware of the Guide and 34% of respondents used the Guide. A peer-reviewed research paper has been published in the journal *Operations Research for Health Care*, in which models are used to generate optimal scenarios on designing testing frequencies for HIV among men who have sex with men (MSM), aiming to achieve the first of the UNAIDS 90-90-90 goals that by 2020, 90% of those living with HIV will be diagnosed. A systematic review was also completed to gather published studies on the optimal HIV screening and testing intervals for different populations (i.e., the general population and higher risk groups including injection drug users, MSM, and migrants from HIV-endemic countries). There was insufficient evidence to support optimal HIV

[5] This result is limited to the survey responses of participants of 6 webinars (113 respondents). The majority of CDIC webinar attendees identified as working in public health units or the community NGO sector and may have high knowledge of the subject matter.

screening and testing intervals for different populations. Findings from modelling and the systematic review will be used to inform the development of future knowledge translation and exchange products. PHAC published three HIV factsheets: 1) Biomedical Prevention of HIV: PrEP and PEP, 2) Screening and Testing; and, 3) Types of HIV tests. The factsheets were posted to the Government of Canada's publications.gc.ca, and promoted by The College of Family Physicians Canada and CATIE (formerly the Canadian AIDS Treatment Information Exchange).

ER 1.6: Evidence-based community-based interventions focused on populations at-risk with the greatest potential for impact will be implemented in communities across the country to address HIV and other STBBIs.

PI 1.6.1: Percentage of planned funding disbursed for community-based investment to enhance the prevention of HIV and related STBBI among priority populations most at risk and target audiences.
T 1.6.1: 100%
AR 1.6.1: 100%

AR 1.6: In 2017, funding under the Federal Initiative to Address HIV/AIDS in Canada and the Hepatitis C Prevention, Support and Research Program (two existing HIV and hepatitis C grants and contributions programs) were amalgamated into the HIV and Hepatitis C CAF. Recognizing the reality of common risk behaviours, transmission routes, and at-risk populations, CAF takes an integrated, holistic approach to addressing HIV, hepatitis C, and other related STBBIs.

CAF is a $26.4M annual investment in community-based organizations across the country to address HIV, hepatitis C and other STBBIs. This integrated Fund aims to foster innovation, encourage collaboration and partnerships, maximize efficiencies and increase the effectiveness of community-based investment. CAF also reflects the global priorities to end HIV and hepatitis C by 2030, and aligns with the Pan-Canadian STBBI Framework Action Plan.

Following the first CAF solicitation in 2017, a total of 86 projects, involving 124 community-based organizations, were selected for funding.

Indigenous Services Canada (ISC)

ER 2.1: First Nations community members, chiefs, councils and service providers will demonstrate increased readiness to implement multidisciplinary STBBI prevention initiatives, such as the Know Your Status (KYS) program, which promote testing and access to care and support resources for diagnosed individuals, including treatment, mental health counselling and other supports.

PI 2.1.1: Increased number of First Nations communities demonstrating readiness as expressed by the community chief and council request to ISC to implement full or partial KYS program.
T 2.1.1: 50%
AR 2.1.1: 394%

AR 2.1: The STBBI prevention and control program in Saskatchewan (SK) achieved its stated objective in 2018–19. This was due to additional investments made in 2018–19 by the Department through an internal reallocation, targeting, and leveraging of resources to SK region based on the higher regional burden of STBBI in comparison with other ISC regions and demonstrated community readiness. Within SK region, efficient hiring practices facilitating recruitment of nurses and outreach/social workers as well as use of a targeted approach in choosing hub areas able to serve First Nations residents of multiple communities contributed to this annual outcome.

The number of First Nations communities in SK who had expressed readiness to implement "Know Your Status" (KYS) program has increased in 2018-2019 by 394% from the 2017–18 baseline of 17 communities and reached 84 (this metric includes 11 communities that are just KYS ready and 73 communities implementing partial or full KYS program).

ER 2.2: The number of KYS programs in select First Nation communities will be expanded to provide high-impact, culturally-appropriate STBBI interventions to increase access to testing and diagnosis; facilitate contact tracing; improve prevention and access to harm reduction services; and facilitate access to counselling, treatment, addictions programs, and other supportive services. These interventions will enable more First Nation communities to reach the 90-90-90 HIV targets by 2020.

PI 2.2.1: Increased number of First Nations communities implementing full KYS programs.
T 2.2.1: 30%
AR 2.2.1: 144%

PI 2.2.2: Increased number of First Nations communities implementing partial KYS programs.
T 2.2.2: 50%
AR 2.2.2: 200%

AR 2.2: The STBBI prevention and control program in SK achieved its stated objective in 2018–19. This was due to additional investments made by the Department through an internal reallocation, targeting, and leveraging of resources to SK region based on the higher regional burden of STBBI in comparison with other ISC regions and demonstrated community readiness. Within SK region, efficient hiring practices facilitating recruitment of nurses and outreach/social workers as well as use of a targeted approach in choosing hub areas able to serve First Nations residents of multiple communities contributed to this annual outcome.

The number of First Nations communities in SK that had gained access to full "Know Your Status" (KYS) program has increased by 144% from the 2017–18 baseline, or from 9 to 22 communities. The number of First Nations communities in SK that had gained access to partial KYS program has increased by 200% from the 2017–18 baseline, or from 17 to 51 communities.

As a result of this initiative, the number of First Nations communities in SK with access to full or partial KYS program has increased by 181% from the 2017–18 baseline, or from 26 to 73 communities.

Canadian Institute for Health Research

ER 3.1: Scientific knowledge about the nature of HIV and other STBBIs[6] including comorbidities, and the mitigation of their impact, will be created and shared freely.

PI 3.1.1: Percentage of grants leading to a new, or advanced, research method.
T 3.1.1: 55%
AR 3.1.1: 59%

PI 3.1.2: Percentage of publications freely accessible.
T 3.1.2: 66%
AR 3.1.2: 59%[7]

AR 3.1: In response to PI 3.1.1, of the 2018–19 research grant reports received, 59% (17/29 reports submitted) led to a new, or advanced, research method.

A study examining conformational changes of HIV-1 envelope induced by CD4 (cluster of differentiation 4 - a glycoprotein found on the surface of immune cells such as T helper cells, monocytes, macrophages, and dendritic cells) developed a new strategy to eliminate HIV-1 infected cells. This study led to a patent describing a new family of CD4mc (small-molecule CD4 mimetics), and the findings have been replicated by other researchers. The researchers are now performing new studies to examine if the strategy works in non-human primates, which could eventually impact guidelines for treating patients.

A grant-funded study led to the development of novel flow cytometry panels to detect NK cells phenotype and function. The research, which has been cited by others, has led to the addition of information to study subject databases, and has moved this field of research forward.

ER 3.2: HIV and related STBBI research reduces barriers to, and informs, prevention and treatment options.

PI 3.2.1: Percentage of grants reporting translating the knowledge from the research setting into real world applications.
T 3.2.1: 61%
AR 3.2.1: 62%

PI 3.2.2: Percentage of grant leading to newly developed or advanced information or guidance for patients or the public.
T 3.2.2: 22%
AR 3.2.2: 41%

[6] Although the objectives are expanded to include STBBI, CIHR is reporting on HIV related research that may or may not include other STBBIs for 2018–19.

[7] Seventeen of the 29 CIHR HIV/AIDS Research Initiative end of grant reports that were received in 2018–19 (59%) reported that all publications resulting from the grant were freely accessible from the publisher's website or an online repository within six months of publication. The variability of these results are likely due to the relatively small sample size (n=29).

AR 3.2: In response to PI 3.2.1, in 2018–19, the CIHR HIV/AIDS Research Initiative met its target with 62% (18/29 total reports submitted) of grants reporting to have led to the translation of knowledge from the research setting to real world applications to some or a greater extent.

Also, the CIHR HIV/AIDS Research Initiative met its target with 41% (12/29 total reports submitted) of grants reporting to have led to new or advanced information or guidance for patients or public to some or a great extent.

CIHR HIV/AIDS research funds were expected to help reduce barriers to prevention and treatment options for HIV and related STBBIs. Two research projects funded by CIHR that moved this objective forward are outlined below.

A research grant demonstrated the efficacy of a visual and performance arts based HIV intervention with Indigenous Youth in the North West Territories and Nunavut and produced information on sydemics[8] among Northern youth. This research was among the first to identify mental health factors associated with STI vulnerability and to publish articles demonstrating the efficacy of an arts-based intervention with Northern and Indigenous youth.

A team identified barriers and facilitators to sexually transmitted infections (STIs) testing for Toronto men who have sex with men (MSM), and identified eight interventions to improve STI testing for the community. The team is currently conducting a study to build consensus on which interventions should be implemented first into the community.

Correctional Service Canada (CSC)

ER 4.1: Evidence-based enhancements to the suite of prevention programs for HIV/AIDS and other STBBIs will be implemented in federal penitentiaries based on published evidence from enhanced surveillance analysis. CSC will conduct analysis and research to understand barriers to full participation in screening and testing and to reduce stigma among offenders so all inmates may know their HIV status and access prevention, treatment, care, and support services.

PI 4.1.1: Percentage of newly admitted offenders tested for HIV at reception.
T 4.1.1: 80%
AR 4.1.1: N/A[9]

AR 4.1: CSC deployed a new electronic health care record in 2016–17 and, after addressing system deficiencies, can now monitor the number of inmates who are aware of their HIV status. This incorporates inmates' testing histories, inmates testing at intake, and inmates testing throughout their incarceration.

[8] Sydemics is an aggregation of two or more concurrent or sequential epidemics or disease clusters in a population with biological interactions, which exacerbate the prognosis and burden of disease. They develop under health disparity caused by poverty, stress or structural violence and are studied by epidemiologists.

[9] This indicator is no longer being routinely measured and was improved to reflect knowledge of HIV status among all federal offenders (not restricted to just newly admitted offenders). The improved measure is consistent with reporting to PHAC for the 90-90-90 HIV estimates.

ER 4.2: Inmates known to be living with HIV will be linked to medical specialists to support retention in care and maintain viral suppression among those on treatment.

PI 4.2.1: Percentage of inmates on HIV treatment with viral suppression.
T 4.2.1: 90%
AR 4.2.1: 93%

AR 4.2: Among inmates known to be living with HIV and on highly active antiretroviral therapy, the proportion with viral suppression was 93%.

ER 4.3: Inmates diagnosed with chronic hepatitis C infection will be linked to medical specialists in order to access treatment and achieve sustained viral response (SVR).

PI 4.3.1: Percentage of inmates on HCV treatment that achieved SVR.
T4.3.1: 90%
AR 4.3.1: 99%

AR 4.3: Among inmates known to have completed HCV treatment in 2018–19, the proportion that achieved a sustained viral response was 99%.

Response to parliamentary committees and external audits

Response to parliamentary committees

Standing Committee on Health

On May 1, 2017 the Standing Committee on Health tabled a report entitled: A Study on the Status of Antimicrobial Resistance in Canada and Related Recommendations. The report summarizes the testimonies and briefs, presents the Committee's findings and includes 10 recommendations in relation to the forthcoming *Pan-Canadian Action Plan for the Tackling Antimicrobial Resistance and Antimicrobial Use: A Pan-Canadian Framework for Action*. Recommendations reflect the need to do more, particularly with respect to federal leadership and coordination, and investment in research and innovation. The findings also identified the need for improved education for physicians and patients in relation to appropriate prescribing practices for antimicrobials while recognizing the role of the provinces with respect to that particular issue.

The Government Response to the Report was tabled in the House on July 18, 2018. The response addresses each of the committee's recommendations and illustrates the integral roles that several federal departments and agencies play in facilitating coordinated action to combat AMR, including recent initiatives and ongoing efforts. It focuses on actions to preserve the effectiveness of antimicrobials and the work to mobilize sectors and disciplines in collaborative action through the pan-Canadian Action Plan, currently under development. It includes strengthening surveillance systems to address data gaps, collaborating with provincial and territorial partners and stakeholders to better promote appropriate use of antimicrobials, support towards research and innovation, and improving access to alternative therapies for food-producing animals. In addition, it underlines the specific commitments to action made by the Government of Canada both domestically and internationally.

Response to audits conducted by the Office of the Auditor General of Canada (including audits conducted by the Commissioner of the Environment and Sustainable Development)

Report 2, Fall 2018 – Commissioner of the Environment and Sustainable Development – Departmental Progress in Implementing Sustainable Development Strategies

Objective: The objectives of this audit were to determine whether federal departments and agencies:

- Had adequately applied the Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals and its related guidelines to policy, plan, and program proposals submitted for approval to Cabinet, including the Treasury Board; and
- Had adequately met their commitments to strengthening their strategic environmental assessment practices as outlined in their departmental sustainable development strategies, the Federal Sustainable Development Strategy, and departmental responses to recommendations from past audits by the Commissioner of the Environment and Sustainable Development.

For the purpose of this objective, “adequately” is defined as completed in a manner that meets the stated objectives of each departmental or agency commitment and the stated requirements of the Cabinet directive and its related guidelines.

The Report was tabled on October 2, 2018.

Report 4, Fall 2018 – Environmental Petitions Annual Report

Focus: This Report informs Parliament and Canadians about the number, nature, and status of petitions and responses received between 1 July 2017 and 30 June 2018.

The Report was tabled on October 2, 2018.

Response to audits conducted by the Public Service Commission of Canada or the Office of the Commissioner of Official Languages (OCOL)

Results of the System-Wide Staffing Audit

- Final report - Integrity of the Federal Public Service Staffing System

Objective: The objectives of the System-Wide Staffing Audit were:

- To determine progress on implementing the New Direction in Staffing requirements;
- To assess adherence to the Public Service Employment Act and other applicable statutes, the Appointment Policy, and the Appointment Delegation and Accountability Instrument; and,
- To gauge stakeholders’ awareness and understanding of New Direction in Staffing requirements as well as their roles and responsibilities.

The following Report was published in December 11, 2018.