



**PUBLIC HEALTH  
AGENCY OF CANADA 2020-21  
DEPARTMENTAL RESULTS REPORT  
SUPPLEMENTARY INFORMATION TABLES**



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

**Canada**

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# Reporting on Green Procurement

## Context

The Public Health Agency of Canada (PHAC) is bound by the [Federal Sustainable Development Act](#)<sup>i</sup> and was required to develop a 2020 to 2023 Departmental Sustainable Development Strategy (DSDS). PHAC has developed its corresponding 2020-21 DSDS Report, including applicable reporting on green procurement activities. This report can be found on the [PHAC website](#).<sup>ii</sup>

## Details on transfer payment programs

### Transfer payment programs of \$5 million or more

#### Aboriginal Head Start in Urban and Northern Communities

**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:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

#### Purpose and objective of transfer payment program

Provide Indigenous preschool children living 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.

#### Results achieved

PHAC continued to fund organizations across Canada throughout 2020-21. As per the established schedule, the most recent results data from 2019-20,<sup>1</sup> indicate that Aboriginal Head Start in Urban and Northern Communities (AHSUNC) provided services to over 4,000 Indigenous children and their families at 134 sites in 117 communities across Canada. Of these, 68% of children enrolled were between 3 to 5 years of age. First Nations children represented 57% of the children enrolled followed by Métis (17%) and Inuit (17%). The majority of sites (77%) supported the inclusion of family and community as volunteers including parents and caregivers of current child participants, Indigenous Elders and community members.

The 2015 AHSUNC Participant Survey<sup>2</sup> found that the program was having a positive impact on the health and well-being of the children, as well as their families. For example:

- 84% of Parents/caregivers reported their child's health and well-being 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.

The survey also found that the program engaged and supported parents and caregivers as the primary teachers and caregivers for children. Because of coming to this program:

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<sup>1</sup> The data presented reflects AHSUNC program and activities implemented between April 1, 2019 and March 31, 2020. The COVID-19 pandemic impacted programming towards the end of the reporting period, including program participation. Data for Fiscal Year 2020-21 will be available February 2022.

<sup>2</sup> The 2015 AHSUNC Participant Survey is the latest survey data for the program.

- 87% of Respondents reported they do more things with their child to help the child learn;
- 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.

Additional evidence from 2019-20, showed that the AHSUNC program has been successful in leveraging partnerships and advancing PHAC’s public health priorities. For example:

- Of the 134 AHSUNC sites, 76% worked with more than three different types of partners: health organizations (80% of sites), educational institutions (77% of sites) and Indigenous organizations (73% of sites); and
- The majority of sites were advancing PHAC’s public health priorities of mental health promotion (92% of sites), healthy weights and nutrition (98% of sites), injury prevention (87% of sites) and child health and development (97% of sites).

**Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

**Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2022-23.

**Engagement of applicants and recipients in 2020-21**

Recipients were engaged through targeted solicitations. Funded recipients delivered comprehensive, culturally appropriate and locally controlled and designed early childhood development programs for Indigenous preschool children and their families. They also supported knowledge development and exchange at the community, provincial/territorial and national levels through various types of training and meetings.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	35,107,539	36,378,087	32,134,000	32,134,000	32,106,970	(27,030)
Total other types of transfer payments	0	0	0	0	0	0
Total program	35,107,539	36,378,087	32,134,000	32,134,000	32,106,970	(27,030)
Explanation of variances						



# Canada Prenatal Nutrition Program

**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 departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

## Purpose and objectives of transfer payment program

Mitigate health inequalities for pregnant individuals and infants, improve maternal-infant health, increase the rates of healthy birth weights and promote and support breastfeeding. This transfer payment program also seeks to strengthen community capacity in order to increase community-level supports for vulnerable pregnant people and new parents/caregivers.

## Results achieved

PHAC continued to fund organizations across Canada throughout 2020-21. As per the established schedule, the most recent results data from 2019-20<sup>3</sup> indicate that the Canada Prenatal Nutrition Program (CPNP) provided programming to approximately 45,000 participants including pregnant people, postnatal people and other parents/caregivers.

Survey data collected in 2018 found that CPNP program participants gained knowledge and skills to support maternal, child and family health. For example, as a result of coming to the program:

- 83% of respondents reported having a better understanding of the effects of drinking alcohol during pregnancy on their baby;
- 81% of respondents reported being better able to cope with stress;
- 82% of respondents reported making healthier food choices;
- 88% of respondents reported knowing more about the importance of breastfeeding; and
- 93% 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.

In addition, the CPNP was shown to leverage partnerships and additional funding sources, as demonstrated through the following results:

- 86% of projects worked with more than three different types of partners in 2019-20; and
- 46% of projects were able to leverage funds from other sources such as provincial, territorial, regional, or municipal governments in 2019-20.

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<sup>3</sup> The data presented reflects CAPC and CPNP programs and activities implemented between April 1, 2019 and March 31, 2020. Note: The COVID-19 pandemic impacted programming towards the end of the reporting period, including project closures.

In 2019-20, 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.

#### Findings of audits completed in 2020-21

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### Findings of evaluations completed in 2020-21

Completed: Evaluation of the Community Action Plan for Children and the CPNP.

Summary of Findings: The evaluation found that project participants gained knowledge and skills, in addition to improving their health and wellbeing. CAPC and CPNP projects played an important role in addressing the ongoing and fundamental needs of their participants to support prenatal health and early childhood development. The Programs complement provincial and territorial programs by targeting populations that identify with specific socio-demographic characteristics, while the provinces and territories focus more on the general population. The evaluation recommends that the Programs review program objectives and consider ways to strengthen and improve information sharing among stakeholders and funded organizations; examine alternative program delivery models to optimize program reach; and examine opportunities to strengthen communication and coordination with the Joint Management Committees. The Programs committed to developing a new program framework, identify program delivery options as well as engaging stakeholders to strengthen information sharing and communication and coordination to address the recommendations.

Planned: The next evaluation is scheduled for 2025-26.

#### Engagement of applicants and recipients

In 2020-21, recipients were engaged through targeted solicitations. Funded recipients were expected to deliver comprehensive, culturally appropriate and locally controlled and designed programs for pregnant people, new parents/caregivers, their infants and families facing conditions of risk across Canada.

#### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	26,214,057	26,264,197	27,189,000	26,369,229	25,929,802	(1,259,198)
Total other types of transfer payments	0	0	0	0	0	0
Total program	26,214,057	26,264,197	27,189,000	26,369,229	25,929,802	(1,259,198)
Explanation of variances						

## Community Action Program for Children

**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 departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

### Purpose and objectives of transfer payment program

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. This transfer payment program also seeks to promote the creation of partnerships within communities and strengthen community capacity to increase support for vulnerable children and their families.

### Results achieved

PHAC continued to fund organizations across Canada throughout 2020-21, as per the established schedule. The most recent results data from 2019-20,<sup>4</sup> the Community Action Program for Children (CAPC) provided services to approximately 230,000 participants.

Data collected in 2018 showed that a significant proportion of CAPC participants experience conditions of risk that may affect their health and well-being. CAPC has also been successful in helping to mitigate health inequalities for 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 2018 survey of participants revealed that as a result of participating in CAPC:

- 85% reported their parenting skills has improved;
- 85% reported knowing more about how to keep their child healthy; and
- 80% reported their child is better able to express him/herself.

Additional evidence showed that 90% of respondents reported their child's health and well-being improved; 86% of respondents reported having a better relationship with their child; and 89% reported having more people to talk to when they need support as a result of coming to the CAPC program.

Results have been consistent over time and have shown 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 has also been successful in leveraging partnerships and additional funding sources. For example:

- 86% of CAPC projects worked with more than three different types of partners in 2019-20; and

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<sup>4</sup> The data presented reflects CAPC and CPNP programs and activities implemented between April 1, 2019 and March 31, 2020. Note: The COVID-19 pandemic impacted programming towards the end of the reporting period, including project closures.

- 53% of projects were able to leverage funds from other sources such as provincial, territorial, regional, or municipal governments in 2019-20.

In 2019-20, CAPC projects partnered most frequently with health organizations, community organizations and educational institutions.

#### Findings of audits completed in 2020-21

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### Findings of evaluations completed in 2020-21

Completed: Evaluation of the CAPC and the CPNP.

Summary of Findings: The evaluation found that project participants gained knowledge and skills, in addition to improving their health and wellbeing. CAPC and CPNP projects played an important role in addressing the ongoing and fundamental needs of their participants to support prenatal health and early childhood development. The Programs complement provincial and territorial programs by targeting populations that identify with specific socio-demographic characteristics, while the provinces and territories focus more on the general population. The evaluation recommends that the Programs review program objectives and consider ways to strengthen and improve information sharing among stakeholders and funded organizations; examine alternative program delivery models to optimize program reach; and examine opportunities to strengthen communication and coordination with the Joint Management Committees. The Programs committed to developing a new program framework, identify program delivery options as well as engaging stakeholders to strengthen information sharing and communication and coordination to address the recommendations.

Planned: The next evaluation is scheduled for 2025-26

#### Engagement of applicants and recipients in 2020-21

Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for at-risk children aged 0–6 years and families facing conditions of risk across Canada.

#### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	54,169,724	54,164,910	53,400,000	54,219,771	53,831,101	431,101
Total other types of transfer payments	0	0	0	0	0	0
Total program	54,169,724	54,164,910	53,400,000	54,219,771	53,831,101	431,101
Explanation of variances						

## COVID-19 Border Testing Measures

**Start date:** 2020-21

**End date:** 2021-22

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated through COVID-19 response, one-time funding

**Fiscal year for terms and conditions:** 2020-21

**Link to departmental results:** Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively

**Link to department's Program Inventory:** Communicable Disease and Infection Control

### **Purpose and objective of transfer payment program**

PHAC is implementing COVID-19 related projects with various partners to determine effective risk assessment, testing and quarantine strategies. Designed to inform policy decisions, these projects incorporate an assessment of resource use associated with a border testing regime, including administration, test volume, infrastructure, human resources and ongoing real-time analytic capacity.

The first grant under this program was with Alberta Health and it funded the Alberta Border Testing Pilot Program. Implemented from November 2020 to February 2021, the pilot program tested a border entry procedure that was aimed at reducing the mandatory 14-day quarantine period for eligible asymptomatic international travellers entering Alberta at the Coutts land border crossing and at the Calgary International Airport. The program was a partnership between the provincial and federal governments, with a planned enrolment of 52,000 participants.

A second grant from this program funded the Canada Border Testing Program's COVID-19 arrival testing requirements at three of the four Canadian airports that were designated for international flights.

The grants provided data for analysis on COVID-19 positivity among international travellers and the effectiveness of the testing program as part of Canada's broader border measures put in place to reduce risk of importation of COVID-19 to protect the health and safety of Canadians.

### **Results achieved**

A preliminary analysis of the Alberta Border Testing Pilot Program examined 9535 international travellers entering Alberta by air (N=8398) or land (N=1137) that voluntarily enrolled in the program. Among the 9310 participants who received at least one test, 200 tested positive for COVID-19. Of the 200 that tested positive, 69% (138/200) of these positive tests were detected on arrival. 62 cases were identified among participants that had been released from quarantine following a negative test result on arrival. Detailed information on the results of the program can be found at [COVID-19 infection among international travellers: a prospective analysis](#).<sup>iii</sup>

From February 21 to March 31, 2021, there were 91,960 COVID-19 arrival (Day 1) tests completed at the three international airports funded by this grant (Vancouver, Calgary and Montreal) and at the Toronto airport (funded via an alternate mechanism). Of all the tests completed during this period, 1.6% were positive for COVID-19. The detection and isolation of these cases prevented new chains of transmission in Canada and contributed to Canada's ongoing efforts to prevent and contain the COVID-19 pandemic.

Full COVID-19 test results achieved through the Canada Border Testing Program at all four designated airports and land border points of entry can be found at [COVID-19: Summary data about travellers, testing and compliance](#).<sup>iv</sup>

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

**Findings of evaluations completed in 2020–21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2023-24

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	59,801,980	41,102,683	41,102,683
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	59,801,980	41,102,683	41,102,683
Explanation of variances	Actual spending was higher than planned due to the establishment of a new program to support enhanced borders and quarantine measures and strengthen the border and travel health program during the COVID-19 pandemic.					

## **Distress Line Investment – COVID 19 Funding**

**Start date:** 2020-21

**End date:** 2021-22

**Type of transfer payment:** Contribution and Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

Through the 2020 Fall Economic Statement, the Government of Canada committed to investing \$50 million to bolster the capacity of distress centres in addressing pressures and service demands related to the COVID-19 pandemic, helping to connect Canadians to appropriate supports and resources.

### **Results achieved**

In early 2021, PHAC administered an initial funding opportunity to distress centres. As of March 31, 2021, PHAC had entered into grant agreements with 42 distress centres across Canada, investing a total of \$6.9 million. Distress centres are able to use this funding over a period of 18 months. The balance of the Government of Canada commitment will be available for distress centres in fiscal year 2021-22.

This funding provides distress centres across Canada with the support they need to meet the increased demand for crisis services, including support for the following activities:

- Hiring of new staff, support for recruitment, onboarding and training, including increases to staff time;
- Managing increased demand for service delivery during the COVID-19 pandemic, including supporting changes to service delivery (e.g. tools that support the shift to virtual operations and office related costs for infection control/COVID-19 prevention);
- New or adapted resources for responders; and
- Knowledge exchange meetings and communities of practice to share lessons learned.

This investment is supporting a range of distress centres across the country, including in rural and remote areas. It will also support centres that provide crisis support for specific populations—including seniors, Indigenous communities, LGBTQ2<sup>5</sup> populations and racially and linguistically diverse communities.

### **Findings of audits completed in 2020-21**

No audits were completed in 2020-21.

### **Findings of evaluations completed in 2020-21**

No evaluations were completed in 2020-21.

The timing of the next evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

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<sup>5</sup> LGBTQ2 terminology is continuously evolving. LGBTQ2 refers to Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirit. This is the acronym used by the Government of Canada to refer to the Canadian community.

### Engagement of applicants and recipients in 2020-21

PHAC launched a solicitation for funding applicants in early 2021 and established grant agreements with 42 distress centres before March 31, 2021.

An additional 15 centres that applied for funding in FY 2020-21 will receive funds in FY 2021-22 upon approval.

### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	50,000,000	6,900,000	6,900,000
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	50,000,000	6,900,000	6,900,000
Explanation of variances	Actual spending was higher than planned due to the establishment of a new program to support the increased demand on distress lines during the COVID-19 pandemic.					



## Healthy Canadians and Communities Fund

(Formerly known as the Healthy Living and Chronic Disease Prevention - Multi-Sectoral Partnerships.)

**Start date:** 2005-06

**End date:** Ongoing

**Type of transfer payment:** Grants and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2013-14

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Chronic Disease Prevention

### Purpose and objectives of transfer payment program

The Healthy Canadians and Communities Fund (HCCF) encourages all sectors of society to participate in supporting healthy living. The intent of the HCCF is to fund interventions that target unhealthy eating, physical inactivity and/or tobacco use. Improving these health behaviours will help prevent diabetes, cardiovascular disease and cancer. The focus is on priority populations that face health inequalities and are at greater risk of developing these chronic diseases. HCCF has a Phased Funding Model for project funding: Design, Implement and Scale. This approach recognizes the importance of supporting projects at various stages. The first HCCF solicitation was launched in March 2021 and invited applications for Design Phase projects that focus on improving physical and social environments and creating opportunities for individuals to engage in healthy behaviours. The HCCF replaced the previous Healthy Living and Chronic Disease Prevention - Multi-sectoral Partnerships (MSP) program which focused on testing and scaling up innovative solutions for healthy living and chronic disease prevention.

### Results achieved

In 2020-21, 36 projects continued to receive funding under the MSP Program. Addressing common risk factors for chronic disease, these projects were delivered in multiple communities across Canada including workplaces, clinics, schools and community settings. Participants included children and youth, adults and seniors including priority populations facing greater health inequalities such as newcomers and immigrants, Indigenous people and remote and rural communities. Partners across sectors such as academia, industry, sport and recreation and health and social services contributed to the delivery of project activities.

#### The Apple School Foundation - Transforming Healthy School Communities

Transforming Healthy School Communities is a school health program which aimed to improve health behaviours among children. The project was based on the Comprehensive School Health framework which is an internationally recognized framework for supporting improvements in student educational outcomes while addressing health in a planned, integrated and holistic way.

PHAC funding supported the expansion and implementation of the APPLE Schools model in 21 new communities in rural and remote regions of Alberta, British Columbia, Manitoba and the Northwest Territories. To support a healthy school culture, Apple Schools integrated healthy eating, active living, mental health and well-being activities in the health curriculum, developed the leadership skills of students, facilitators, administrators and staff, empowered kids to be 'change makers' in the community, forged community partnerships and adapted the program to the unique culture of the various school communities. Apple Schools was named as one of the world's top 100 most innovative and inspiring education projects of 2020 by HundrED, a global education non profit organization.

Between 2016 and 2020, the project reached approximately 3,800 children per year. Several schools had a high proportion of immigrant and First Nations, Inuit and Métis student populations. The project examined changes in grade 4 to 6 students with respect to knowledge, attitudes, lifestyle behaviours, mental health and wellbeing. Findings showed positive behaviour changes in terms of increase in fruit and vegetable intake and reduction in screen time. Mental health and wellbeing improvements were not observed during this same period, however they did not decline further which may have been expected given the COVID-19 context. Resources developed by the project include a comprehensive guide to building sustainable healthy school communities, shared with stakeholders across Canada.

#### Canada's National Ballet School - Sharing Dance

From 2016 to 2021, the Sharing Dance project supported Canadians in adopting dance to improve and maintain physical, cognitive, emotional and social well-being. 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. The project also launched Bring Dance Into Your Home, an online hub of free resources designed to help people of all ages dance safely at home.

The project and regional partners directly delivered in-person and online dance classes to over 160,000 children, youth and older adults, with a focus on underserved communities across all Canadian regions. The project also delivered in-person, online and hybrid training courses and conference presentations to 11,500 educators, programmers and dance teachers across Canada. Project participants reported increased physical activity, physical literacy and greater self-efficacy in movement and dance and improved attitudes toward dance as a physical, creative and social activity. The project also facilitated the development of new social relationships and connections and decreased social-isolation. Project success factors included strong multi-sectoral partnerships with more than 130 organizations across multiple sectors, a commitment to iterative program design and the use of technology as a delivery mechanism to expand program reach.

#### St. James Town Family Literacy Services - Healthy Living in St. James Town

The Healthy Living in St. James Town project focussed primarily on the South Asian and African populations, who are twice as likely to have diabetes and hypertension in St. James Town, a low income neighbourhood in Toronto that is home to a high number of new immigrants to Canada. The project aimed to improve health self-efficacy of community residents by creating "circles of care" activities grounded in local resources that supported established cultural practices, local nutrition initiatives and culturally appropriate physical activities. Trained residents of the community worked to reach out and engage neighbours in healthy living programming.

Between 2014 and 2021, residents experienced measurable health improvements in their lifestyle through community-led activities. A total of 8,553 residents participated in self-health groups, nutrition workshops and recreation programs; 1,215 residents were screened for diabetes, cancer and cardiovascular disease; and 430 women screened for cervical cancer. As well, a total of 32 community assistants were trained in health promotion, community building and organizational development, contributing to increased confidence of the community in its ability to address a number of health and social issues. Project success factors included listening and building trust, recognizing the value and evolving role of community assistants and neighbours and partner engagement and buy-in into this community public health model.

#### Heart and Stroke Foundation of Canada - ACTIVATE

ACTIVATE, Canada's first health related social impact bond model, engaged MaRS Centre for Impact Investing, investors and key partners to deliver a comprehensive health prevention intervention that aimed to reduce and prevent hypertension among pre-hypertensive adults by providing participants with tools, supports and incentives to make healthy lifestyle changes. Participants had to be pre-hypertensive, over 40 years old and not on blood pressure medication to enrol in the program. They received a range of tools to keep them engaged over a 6 month period such as trackers, community forums, personalized health coaching, educational workbooks; and incentives such as a 2 month free YMCA-YWCA membership, Loblaw's dietician tours and PC Optimum points.

More than 4,500 participants enrolled in this program. Results of this project included a decrease in participants' systolic blood pressure, an increase in the number of participants who noted the importance of healthy eating, as well as an increase in those who mentioned having greater confidence in their ability to eat a balanced diet, a larger number of individuals consuming 5-7 servings of fruit and vegetables per day, an increase in the percentage of participants who felt confident in their ability to exercise and a decrease in the percentage of participants who used tobacco.

ACTIVATE demonstrated the success of a community hypertension prevention project in reducing systolic blood pressure. Project successes also included strong partnerships, leadership and implementation flexibility and the value of a data-driven approach.

**Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

**Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2024-25.

**Engagement of applicants and recipients in 2020-21**

Open solicitations posted on PHAC's website and targeted solicitations are utilized to attract potential applicants. Stakeholders are engaged to inform potential program and solicitation priorities. A variety of forums will be used to share learnings from funded projects (e.g., key learnings and evaluation results).

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	1,200,000	2,749,000	0	0	(2,749,000)
Total contributions	11,784,388	27,677,485	19,697,000	21,529,859	21,424,030	1,727,030
Total other types of transfer payments	0	0	0	0	0	0
Total program	11,784,388	28,877,485	22,446,000	21,529,859	21,424,030	(1,021,970)
Explanation of variances						

## HIV and Hepatitis C Community Action Fund

**Start date:** 2005-07

**End date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 2.1: Infectious diseases are prevented and controlled

**Link to department's Program Inventory:** Communicable Diseases and Infection Control

### **Purpose and objectives of transfer payment program**

The Government of Canada's efforts to address sexually transmitted and blood-borne infections (STBBI) in Canada includes a community-based response funded through the HIV and Hepatitis C Community Action Fund (CAF). The CAF seeks to support community-based efforts to reach key populations disproportionately impacted by STBBI through time-limited projects across Canada.

### **Results achieved**

A total of 86 community-based projects from 124 organizations are advancing the priorities set out in the [Government of Canada Five Year Action Plan on STBBI](#).<sup>v</sup>

The COVID-19 pandemic continues to have a significant impact on the recipients of the CAF and other similar front-line organizations who work with vulnerable and marginalized populations. As a result of the pandemic and its associated public health measures, organizations had to temporarily cease operations, reduce staff complement who may have been assisting with evaluation and reporting requirements and/or were required to shift efforts to respond to the immediate health needs of the populations they are serving. Consequently, the following results come from the previous years of funding (2017-2019); however, preliminary project reporting from 2019-20 and 2020-21 suggests that key populations are being reached.

Modifications in behaviours that contribute to the transmission of HIV and hepatitis C (such as reduced sharing of used needles for drug use) are noted in enhanced surveillance approaches and are the first sign that rates may be dropping after a long period of stability; however, further work is underway to investigate the extent of behavioural changes. In 2017-18 and 2018-19, the CAF reached 180,000 unique individuals from key populations across every Canadian province and territory. CAF projects promoted linkages and enhanced referrals to STBBI testing, prevention, treatment, care and support services through:

- 36,000 Referrals to STBBI testing services which act as a springboard to support engagement in the prevention, treatment, care and support cascade; and
- 7,000 Referrals to medical treatment, prevention and related health services such as vaccination (hepatitis B, human papilloma virus), condoms and lubricants, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), harm reduction services, etc.

Funded projects reported that individuals from the key populations felt empowered to take charge of their health by adopting or expressing their intention to adopt individual practices of health behaviours, such as getting tested and adopting safe sex and injection behaviours.

CAF projects in Alberta, Manitoba and Saskatchewan have engaged and supported a total of 11,900 women, including women of reproductive age who may be unaware of their infection status and risk mother-to-child transmission of syphilis. Projects like these employ an integrative approach to STBBIs that include interventions that address the complexity and interrelated nature of risk factors and transmission routes.

The CAF reached policy and program decision-makers from the public or private sectors; front-line public health or health care professionals; educators; frontline service providers and community organizations; peer-mentors and navigators; and researchers or academics.

In order to achieve the program's objective of increasing access to health and social services for key populations, the CAF supported initiatives to eliminate homophobia, transphobia, racism, sexism, ableism and other forms of stigma and discrimination associated with STBBI.

Funded projects reported that healthcare professionals improved their attitudes and behaviours towards STBBI and people living with them and were advocating for changes in policies in their working environment to eliminate intersecting forms of stigma and discrimination associated with STBBI.

The CAF has been able to demonstrate sustainability through leveraging funds and in-kind support from other sources such as provincial/territorial, regional or municipal governments. For example, projects leveraged \$1.48 million in in-kind contributions; and nearly half (44%) of projects were able to leverage funds from other sources in the same years.

#### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2023-24.

#### **Engagement of applicants and recipients in 2020-21**

A series of 19 virtual engagement sessions were held in both French and English from June to September 2020 to engage stakeholders on the next solicitation of the CAF. Most sessions included both regional and national community-based stakeholders; however, some additional population specific sessions occurred:

- 2 virtual Indigenous Sharing Circles were held with representatives from First Nation, Inuit and Métis organizations;
- 2 sessions were held with community-based organizations who work with African, Caribbean and Black (ACB) and other racialized communities, as well as individuals from these communities;
- 5 sessions were held with people living with HIV or hepatitis C and people with lived experience of hepatitis C; and
- Current open solicitation (launched in November 2020 for the April 2022 funding cycle).

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	399,579	149,945	8,609,000	549,455	512,703	(8,096,297)
Total contributions	26,599,020	25,932,259	18,335,000	26,706,325	26,701,405	8,366,405
Total other types of transfer payments	0	0	0	0	0	0
Total program	26,998,599	26,082,204	26,944,000	27,255,780	27,214,108	270,108
Explanation of variances						

## Immunization Partnership Fund

**Start date:** 2016

**End date:** 2023

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2012-13

**Link to departmental results:** Result 2.1: Infectious diseases are prevented and controlled

**Link to department's Program Inventory:** Vaccination

### **Purpose and objectives of transfer payment program**

The Government of Canada launched the Immunization Partnership Fund (IPF) in 2016 to reduce the incidence of vaccine preventable disease by supporting projects that improve access to vaccines and encourage vaccine uptake. The IPF evolved in response to COVID-19 and is a key lever in advancing vaccine acceptance and uptake amongst Canadians.

In September 2020, the IPF received \$64 million as part of Canada's pandemic response. This funding supported community-based organizations working directly with marginalized and underserved populations (e.g., rural or urban Indigenous, racialized communities, those with low socio-economic status and young people) to increase COVID-19 vaccine confidence and uptake in Canada by focusing on three priority areas:

- Capacity-building for health care providers as vaccinators and vaccine promoters;
- Supporting community-based COVID-19 education, promotion and outreach; and
- Building capacity for evidence-based vaccination communication.

The funding, available through 2022-23, includes:

- \$30.25 million for community-led projects to develop tailored, targeted tools and educational resources to raise awareness of and confidence in, COVID-19 vaccines;
- \$32.5 million to support provincial and territorial governments in enhancing their electronic vaccination registries to help monitor vaccine uptake; and
- \$1.3 million to amend existing funded projects to incorporate measures and activities to address COVID-19.

### **Results achieved**

In 2020-21, PHAC invested in capacity-building projects through the IPF to:

- Launch mass campaigns to raise vaccine awareness in Canada;
- Build information-sharing networks to support PHAC's epidemiological, public health and medical expertise and capacity; and
- Support Canada's response to the COVID-19 pandemic through directed IPF solicitation and funding towards priority populations, including those disproportionately impacted by the virus:
  - This included directed solicitations and amendments to projects and launching a call for solicitations that yielded 228 letters of interest.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### Findings of evaluations completed in 2020-21

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2024-25.

### Engagement of applicants and recipients in 2020-21

In support of Canada's response to the COVID-19 pandemic, PHAC worked with IPF recipients to amend existing funding agreements to better orient efforts towards Canada's COVID-19 vaccine roll-out.

In September 2020, as part of Canada's COVID-19 vaccination efforts, the Government of Canada committed an additional \$30.25M through 2022-23 for community-led projects to develop tailored, targeted tools and educational resources to raise awareness of and confidence in, COVID-19 vaccines.

Beginning in January 2021, national, regional and local organizations, as well as provinces and territories, were invited to submit proposals aligned with the IPF's three priority areas, which include:

- Capacity-building for health care providers – interventions that provide tools, training and evidence-based information for health care providers to counsel individuals on the importance of COVID-19 vaccines and other vaccines;
- Community-based COVID-19 education, promotion and outreach – developing tailored and evidence-based information to increase Canadians' vaccine confidence and acceptance, with a particular focus on COVID-19 vaccines, including information on where and how to access the vaccine(s); and
- Capacity-building for evidence-based vaccination communication – supporting organizations to develop communications and public engagement strategies to foster evidence-based dialogue around vaccines.

### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
<b>Total grants</b>	290,925	754,786	575,000	9,587,816	3,450,971	2,875,971
<b>Total contributions</b>	3,393,730	3,456,714	1,623,241	3,836,926	3,447,143	1,853,902
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	3,684,655	4,211,500	2,198,241	13,424,742	6,928,114	4,729,873
<b>Explanation of variances</b>	Actual spending was higher than planned primarily due to additional COVID-19 funding received to support medical countermeasures related to the vaccine envelope.					



# Indigenous Early Learning and Child Care Transformation Initiative

**Start date:** 2019

**End date:** 2027-28

**Type of transfer payment:** Contribution (as part of Horizontal Initiative lead by Employment and Social Development Canada)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2019-20

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

## Purpose and objectives of transfer payment program

The Indigenous Early Learning and Child Care (IELCC) Transformation Initiative supports the implementation of the co-developed IELCC Framework. This framework reflects the unique cultures and priorities of First Nations, Inuit and Métis children across Canada. The Initiative enables greater control in IELCC through a new partnership model to facilitate Indigenous-led decision making to advance national and regional priorities.

Employment and Social Development Canada (ESDC) is the federal focal point guiding this horizontal initiative, with Indigenous Services Canada (ISC) and PHAC as key federal partners.

## Results achieved

The IELCC Transformation Initiative will contribute to the shared objective of providing high quality early learning and child care services that are also affordable, flexible and inclusive, as outlined in [Employment and Social Development Canada's Indigenous Early Learning and Child Care Framework](#)<sup>vi</sup>.

This horizontal initiative is funded under Infrastructure Canada's Investing in Canada Plan (IICP) linked to the Social Development theme for the [Indigenous Early Learning and Child Care Transformative Initiative](#)<sup>vii</sup>.

Specifically, the IELCC Transformation Initiative will contribute to achieving expected results through reporting on the number of quality improvement projects funded that for example:

- Enable the development of curriculum content incorporating Indigenous traditions, cultures and languages;
- Build community, administration and professional capacity and centres of expertise; and
- Support staff training and other activities that will enhance access to high quality IELCC.

Targets will be determined with Indigenous partners.

The IELCC Transformation Initiative will also demonstrate progress on the shared outcome through reporting on the number of children accessing culturally appropriate and inclusive IELCC, with the target to be determined with the Public Health Agency of Canada (baseline 4,600 children).

## Findings of audits completed in 2020-21

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

## Findings of evaluations completed in 2020-21

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2023-24.

### Engagement of applicants and recipients in 2020-21

The co-developed IELCC Framework was informed by comprehensive engagement including over 100 engagement activities and 3,000 participants across Canada. This process was jointly led by ESDC and National Indigenous Organizations.

In implementing this framework through horizontal collaboration, PHAC's AHSUNC-IELCC Partnership Strategy guides engagement with applicant and recipient partners. This active and ongoing outreach supports partners' involvement in existing IELCC processes to contribute to holistic, Indigenous-led decision outcomes, including the development of allocation methodologies, results-based frameworks and future priority setting.

### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	6,084,143	14,367,557	11,718,654	5,634,511
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	6,084,143	14,367,557	11,718,654	5,634,511
Explanation of variances	Actual spending was higher than planned primarily due to the Agency receiving additional funding to support the safe reopening of child care sites in Indigenous Communities during the COVID-19 pandemic.					

## National Collaborating Centres for Public Health

**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:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

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.

### **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. In 2020–21, the NCCs increased the development and dissemination of knowledge translation products and activities by producing and providing over 2,272 new products and activities that consisted of evidence reviews, published materials, videos, workshops, webinars, online courses and conference presentations, which supported various practitioners and decision makers in applying new knowledge in their environments.

To assist with the urgent needs of Federal, Provincial, Territorial and municipal governments, local public health actors and public health decision-makers in the midst of a pandemic response, the NCCs: contributed hundreds of quality appraisals and evidence reviews; developed environmental scans and guidance documents; modelled possible scenarios; applied health equity considerations in emergency response; and developed public health ethics guidance and other knowledge mobilization tools. This work incorporated the principles of inclusivity and respect and included a focus on issues affecting First Nations, Inuit and Métis populations.

In addition, the NCCs undertook 332 knowledge-related needs and gap 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 547 partnerships and collaborations with federal, provincial and territorial 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 six NCC websites to access knowledge products and activities also increased significantly from 742,894 visitors in 2019-20 to 963,877 unique visitors for 2020-21.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2023-24.

**Engagement of applicants and recipients in 2020-21**

The Program does not anticipate issuing further solicitations as contribution agreements with recipients are eligible for renewal in fiscal year 2028. Work plans are reviewed and approved annually.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	6,073,496	5,911,996	5,842,000	6,707,750	6,707,746	865,746
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	6,073,496	5,911,996	5,842,000	6,707,750	6,707,746	865,746
<b>Explanation of variances</b>	Actual spending was higher than planned primarily due additional expenditures incurred to enhance capacity and address special projects for the National Collaborating Centres for Public Health.					

## Preventing Gender-Based Violence: the Health Perspective

**Start date:** 2017-18

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution (as part of the Horizontal Initiative lead by Department for Women and Gender Equality)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

### Link to departmental results:

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

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory:** Health Promotion

### Purpose and objectives of transfer payment program

The Preventing Gender-Based Violence: the Health Perspective Program invests in promising programs and initiatives to prevent teen/youth dating violence and child maltreatment and equips health and allied professionals to respond safely and effectively to gender-based violence. This program is part of the Government of Canada's Strategy to Prevent and Address Gender-Based Violence. It supports:

- The delivery and evaluation of diverse initiatives to develop and share knowledge of effective approaches to prevent child maltreatment and teen/youth dating violence; and
- The development of training and resources to equip health and allied professionals to recognize, prevent and respond safely and effectively to gender-based violence.

### Results achieved

Through the [Preventing Gender-Based Violence: The Health Perspective](#)<sup>viii</sup> investment, PHAC supported 35 projects to build the evidence base for effective approaches to prevent teen/youth dating violence and child maltreatment and equip professionals to prevent and respond safely to gender-based violence.

Projects funded include parenting programs designed to contribute to the development of healthy family relationships and the prevention of child maltreatment. For example, the Triple P (Positive Parenting Program) is designed to reduce behavioural and emotional problems in children and improve parenting practices by increasing parents' knowledge, skills and confidence. The adapted program Baby Triple P promotes healthy infant development and parental mental health.

Funds also supported a range of school and community-based approaches to equip youth with the knowledge and skills for healthy and safe relationships. For example, the WiseGuyz program aims to reduce male-perpetrated dating violence by helping participants identify and deconstruct health-harming gender norms and explore healthier, more inclusive ways of "being a guy." [Ode'imaazhigo ode'imaazhigo](#)<sup>ix</sup> (Heart to Heart), developed by Ndinawemaaganag Endaawaad Inc. (Ndinawe), is a community-driven and culturally adapted dating violence prevention program for Indigenous teens. This group of projects was connected through the [Teen Dating Violence Community of Practice \(CoP\)](#),<sup>x</sup> led by the Promoting Relationships and Eliminating Violence Network (PREVNet), that created a venue for projects to share promising practices and problem solve issues—this proved particularly valuable as projects navigated the impacts of the COVID-19 pandemic.

Projects designed to equip health and allied professionals to respond safely and effectively to gender-based violence engaged a diverse group of stakeholders, including staff at child advocacy centres, midwives, coaches and other community support workers. For example, the Canadian Women’s Foundation’s [Building the Field of Teen Healthy Relationships](#)<sup>xi</sup> project convened working groups and created regional hubs to enhance communication and collaboration amongst health professionals, researchers, policy makers, youth serving agencies, funders, Indigenous communities and youth working to prevent and address teen and youth dating violence.

In 2020-21, funded projects directly reached 4,684 participants and 7,991 professionals in 85 sites across Canada, including schools, community centres, social service agencies, sport and recreation organizations and sexual assault centres. Funded projects collaborated with more than 398 partners. These collaborative relationships enhanced the reach of project activities and leveraged more than \$2.5 million in financial and in-kind contributions. The projects developed 532 knowledge products reaching an estimated 330,663 stakeholders, and 1,008 events engaging more than 14,191 service providers, policy makers, researchers and professionals.

#### Findings of audits completed in 2020-21

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### Findings of evaluations completed in 2020-21

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2022-23.

#### Engagement of applicants and recipients in 2020-21

PHAC continued to engage regularly with funding recipients, including through the Teen Dating Violence Community of Practice. Regular communication helps recipients situate their activities within the government's program objectives and provides PHAC with insights to help shape and inform policy initiatives and future program design. A focus of discussion this year was the impact of public health restrictions from COVID-19, which caused projects to pause, adapt, or pivot activities to support the health and wellbeing of community members, program participants, staff and partners.

#### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	500,000	5,931	0	(500,000)
Total contributions	0	0	8,450,000	8,213,500	7,920,393	(529,607)
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	8,950,000	8,218,891	7,920,393	(1,029,607)
Explanation of variances	Actual spending was lower than planned primarily due to project activities being paused because of COVID-19 public health restrictions.					

## **Safe Voluntary Isolation Sites Program (Part of PHAC's COVID-19 Response)**

**Start date:** 2020-21

**End date:** 2021-22

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 2.2 Infectious disease outbreaks and threats are prepared for and responded to effectively

**Link to department's Program Inventory:** Communicable Diseases and Infection Control and Chronic Disease Prevention

### **Purpose and objectives of transfer payment program**

The Safe Voluntary Isolation Sites Program (SVISP) aims to decrease community transmission of COVID-19 by addressing gaps identified for individuals who are unable to safely self-isolate due to crowded housing conditions and/or resource constraints.

### **Results achieved**

- Signed nine (9) contribution agreements;
- Funded 24 safe voluntary isolation sites in 18 different communities/regions across Canada; and
- Supported 4200 individuals for isolation services since launching the program's pilot site in September 2020.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The timing of the next evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

### **Engagement of applicants and recipients in 2020-21**

Applicants are engaged through a targeted call for proposals with continuous intake until the program's end date (March 31, 2022). Recipients are invited to participate through an established Community of Practice that connects and supports funded projects.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	49,500,000	23,362,314	23,362,314
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	49,500,000	23,362,314	23,362,314
Explanation of variances	Actual spending was higher than planned due to the establishment of a new program to support safe isolation sites in communities during the COVID-19 pandemic.					



## Serosurveillance Research Program

**Start date:** 2020-21

**End date:** 2022-23

**Type of transfer payment:** Grant and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2019-20

**Link to departmental results:** Evidence for Health Promotion and Chronic Disease and Injury Prevention, Communicable Diseases and Infection Control, Foodborne and Zoonotic Diseases and Emergency Preparedness and Response

**Link to department's Program Inventory:** Health Promotion

### Purpose and objectives of transfer payment program

The Serosurveillance and Research Program was developed to administer the [COVID-19 Immunity Task Force](#)<sup>xii</sup> (CITF), established by the Government of Canada in April 2020 with an original 2-year investment of \$300 million.

The program is coordinating the CITF with a mandate to enable serological studies that will determine the extent of the SARS-CoV-2 infection in the Canadian population and in specific high risk subgroups. This knowledge will help to better understand potential immunity and help to deliver a clear and comprehensive Pan-Canadian Serosurveillance Strategy that aligns researchers across Canada with the aim of generating evidence to inform public health pandemic decision-making and management.

With the deployment of authorized COVID-19 vaccines, the program has successfully established a no-cost extension into a third-year for this program. This will enable the CITF and its secretariat to support work to advance studies of vaccine safety and effectiveness. The Vaccine Surveillance Reference Group (VSRG) was established in January 2021 as a collaboration among the CITF, the Canadian Immunization Research Network and the National Advisory Committee on Immunization (NACI) to support this work. The collection and analysis of these studies will inform ongoing public health practices such as prevention and mitigation, as well as to guide immunization plans and monitoring.

### Results achieved

In 2020-21, the CITF program made commitments of \$104M for 54 funded studies, including the establishment of the secretariat and a national Sero-tracker web portal to track and monitor all seroprevalence results in Canada and internationally. Data and analyses are widely disseminated to help inform Canadian and global public health science and policy and healthcare.

Current studies represent the following:

- Geographical representation of COVID-19 across the country;
- Pan-Canadian seroprevalence surveys via the Canadian Biosafety Standard (CBS), Hema-Quebec (HQ), Statistics Canada, the Canadian Longitudinal Study on Aging (CLSA), Canadian Partnership for Tomorrow's Health (CANPATH) and Action to beat COVID-19 (Ab-C);
- Hotspots seroprevalence and vaccine surveillance (occupational groups, demographics, populations at-risk, long-term care settings, the Pediatric Network studies (ENCORE, CHILD, Target Kids, Spring);
- Vaccine Safety, including through Canadian National Vaccine Safety Network (CANVAS), the Canadian Immunization Research Network (CIRN) and multiple studies in vulnerable populations;
- Vaccine effectiveness including studies with Primary Care Networks (PCN) and key populations including vulnerable populations, individuals who are pregnant and Indigenous populations; and

- Duration of immunity studies.

Activities to-date have revealed insights related to:

- The levels and trends in SARS-CoV-2 infection across age groups, risk groups, occupational hotspots and geographical hot spot areas in Canada;
- The degree and duration of immune protection arising from infection and the risk of re-infections;
- How best to measure immunity linked to SARS-CoV-2 using diverse assays (venipuncture, finger-prick, nasopharyngeal, other);
- Data modeling of aggregate reporting of seroprevalence findings in Canada and globally through support for the creation of Sero-Tracker;
- Establishment of bio-banking for storage of blood samples for future reference and use in studies that progressively advance the understanding of the immunology of the virus; and
- Establishment of studies to monitor the correlates of immunity and vaccine efficiency and safety.

Additionally, the CITF program has generated the following outputs:

- 55 CITF projects funded;
- 29 CITF-funded research publications;
- Over 44 implementing partners;
- 79 lead Canadian investigators;
- Over 50 media releases on CITF-funded studies and results;
- Over 100 instances of coverage in mainstream media (Canadian Broadcasting Corporation (CBC), the Globe and Mail, the Montreal Gazette, etc.);
- Over 1,000 subscribers to the Weekly Research Roundup Newsletter; and
- Over 5,000 hits on print and online media.

#### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The timing of the next evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

#### **Engagement of applicants and recipients in 2020-21**

The CITF secretariat's targeted communications, targeted outreach actions and CITF website are used as the principal platform for information and applications. Engagement with a wide range of relevant stakeholders is conducted through direct solicitation via public health networks from within Canada.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	69,078,320	4,474,400	4,474,400
Total contributions	0	0	0	56,620,945	16,903,716	16,903,716
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	125,699,265	21,378,116	21,378,116
Explanation of variances	Actual spending was higher than planned due to the creation of the COVID-19 Immunity Task Force for conducting serological surveillance, monitoring of seroprevalence and monitoring immune response to COVID-19 vaccines					

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

**Start date:** 2017-18

**End date:** Ongoing

**Type of transfer payment:** Grant and Contribution (as part of the Horizontal Initiative lead by Health Canada)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 2.1: Infectious Diseases are prevented and controlled

**Link to department's Program Inventory:** Communicable Disease and Infection Control

### **Purpose and objectives of transfer payment program**

The Canadian Drugs and Substances Strategy (CDSS) formally restores harm reduction as a pillar of federal drug and substance use policy, alongside the existing prevention, treatment and enforcement pillars. Supporting all pillars is a strong, modern evidence base that informs policy development and public health interventions that protect the health and safety of all Canadians by minimizing harms from substance use for individuals, families and communities.

The public health focus on the CDSS, along with the inclusion of harm reduction as a core pillar of the strategy, will better enable the Government to address the current opioid crisis and to work toward preventing the emergence of new challenges in substance abuse.

### **Results achieved**

The existing performance indicator (Health Canada 2021-22 commitment) has been retired and replaced with "Percentage of people who report sharing of inhalation or injection drug-use equipment". Reporting on the revised indicator will commence in April 2022.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2022-23.

### **Engagement of applicants and recipients in 2020-21**

Current federal/provincial/territorial engagement is achieved through a number of federal/provincial/territorial mechanisms, including the federal/provincial/territorial Committee on Problematic Substance Use and Harms co-chaired by Health Canada and the Province of British Columbia. Secretariat support for the Canadian Drugs and Substances Strategy (CDSS) is provided by the Controlled Substances Directorate within Health Canada.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	694,710	100,000	3,500,000	471,437	100,000	(3,400,000)
Total contributions	4,002,409	6,621,303	3,500,000	5,820,200	5,558,407	2,058,407
Total other types of transfer payments	0	0	0	0	0	0
Total program	4,697,119	6,721,303	7,000,000	6,291,637	5,658,407	(1,341,593)
Explanation of variances	Actual spending was lower than planned primarily due to reprioritization of funding to support Sexually Transmitted and Blood-borne infections and COVID-19 vaccine hesitancy research.					

## Support for Canadians Impacted by Autism Spectrum Disorder Initiative

**Start date:** 2018-19

**End date:** 2022-23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

Through Budget 2018, PHAC received:

- \$20 million over five years for two new initiatives to support the needs of Canadians living with autism spectrum disorder, herein after autism and their families;
- \$9.1 million for innovative community-based projects through the Autism Spectrum Disorder Strategic Fund that will provide tangible opportunities for Canadians with autism, their families and caregivers to gain knowledge, resources and skills leading to improved health behaviours and,
- \$10.9 million for the creation of the Autism and Intellectual Disabilities Knowledge Exchange Network (AIDE Canada) which helps connect people with autism and their families to information, resources, employment opportunities and local programming.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2022-23.

### **Engagement of applicants and recipients in 2020-21**

For the first three years of the five-year funding under the Autism Spectrum Disorder Strategic Fund, an open solicitation was posted on PHAC's website to reach applicants. The remaining two years of funding opportunities was also posted as an open solicitation. A targeted solicitation was used for the AIDE Network. Virtual or teleconference meetings with recipients were used to promote collaboration, evaluation and knowledge synthesis, as well as to share learnings from funded projects on knowledge, resources and support on autism spectrum disorder.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	253,700	5,376,399	4,958,513	5,187,361	5,048,138	89,625
Total other types of transfer payments	0	0	0	0	0	0
Total program	253,700	5,376,399	4,958,513	5,187,361	5,048,138	89,625
Explanation of variances						

## Supporting the Mental Health Promotion Innovation Fund

**Start date:** 2019-20

**End date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

### **Link to departmental results:**

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

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

This program works to improve mental health among individuals and communities by scaling up successful interventions and focusing on reducing systemic barriers for vulnerable populations in Canada. Formerly known as the Innovation Strategy, the Mental Health Promotion Innovation Fund supports positive mental health for children, youth, their caregivers and communities. The program builds on the best practices and lessons learned from the Innovation Strategy and uses a multi-phase approach to fund the testing and delivery of evidence-based population health interventions. Knowledge gained from the evaluation of each community-based intervention is then applied to public health policy and practice.

### **Results achieved**

In 2020-21, the Mental Health Promotion Innovation Fund supported 20 community-based mental health promotion projects and an associated Mental Health Promotion for Children & Youth Knowledge Development and Exchange (KDE) Hub. Funded projects adapted their interventions to respect COVID-19 public health measures and guidance by, for example, rapidly pivoting to the deployment of virtual interventions. Preliminary project-level results will be available in October 2021.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2024-25.

### **Engagement of applicants and recipients in 2020-21**

Applicants were engaged through open and directed calls for proposals. Recipients participate in a knowledge development and exchange hub that supports projects. Knowledge exchange events, project monitoring and evaluation activities and site visits and stakeholder meetings are used to engage recipients.



Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	2,070,000	0	0	(2,070,000)
Total contributions	0	1,536,792	2,877,000	5,873,073	5,358,548	2,481,548
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	1,536,792	4,947,000	5,873,073	5,358,548	411,548
Explanation of variances						

## Transfer payment programs less than \$5 million

### Addressing Evidence Gaps to Better Understand the Public Health Impact of the Opioid Crisis Among Select Indigenous Populations

**Start date:** 2019-20

**End date:** 2021-22

**Type of transfer payment:** Contribution (as part of the Horizontal Initiative lead by Health Canada)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2014-15

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Evidence for Health Promotion, Chronic Disease and Injury Prevention - Enhanced Surveillance

#### Purpose and objectives of transfer payment program

In Canada, the dramatic and increasing number of overdoses and deaths related to the use of opioids is a national public health crisis. This funding opportunity will help address evidence gaps to better understand the public health impact of the opioid crisis among select Indigenous populations.

#### Results achieved

Recipients of project funding accomplished many major goals, amongst which highlights include:

- The creation of Regional Advisory Circles and including knowledge keepers on the completion of reports entitled "[Opioids and Substance of Misuse among First Nations People in Alberta](#)"<sup>xiii</sup> and "[Alberta Opioid Response Surveillance Report](#)";<sup>xiv</sup>
- A report titled "[The Health Status of and Access to Healthcare by Registered First Nations People in Manitoba](#)",<sup>xv</sup> that analysed the prescribing practices of opioids in Manitoba by regional health authority and tribal council/independent affiliates areas, which are significantly higher for First Nations than all other Manitobans. A draft data analysis plan has been created in partnership with the Manitoba Centre for Health Policy and will be updated depending on what the preliminary results demonstrate;
- A draft Environmental Scan outlining the Canada-wide picture of data surveillance for Opioids was presented at the National Cannabis, Opioids & Crystal Meth: Enhancing a First Nation context to Health Policy and Models of Care in February 2020;
- The promotion and dissemination of the First Nations Opioid Survey in First Nations communities, Treatment centres and Indigenous organizations via the engagement of First Nations community leaders and representatives of Indigenous organizations and treatment centres by funding recipients:
  - Informational presentations and promotional discussions occurred within the 16 communities, 12 treatment centres, 3 Organizations and 3 First Nations gatherings. Recipients have successfully collected 903 adult surveys and 90 youth surveys while respecting the principles of Ownership, Control, Access and Possession (OCAP). Data entry training to support community capacity has been offered.
  - Data collected was returned to communities in a community-specific report. These reports highlight data analyzed in a readable manner. Reports provide additional information that aims to support communities in decision making by linking the findings to First Nations Mental Wellness Continuum (FNMWC) Framework and Honouring our Strengths (HOS) framework.
- A study of a cohort of Métis individuals has been successfully constructed. Design elements include defining opioid use in administrative data, linkage of Métis study cohort with health indicators; generation

of aggregate data and graphs; and ongoing administrative data analysis to describe study cohort and determine rates and patterns of prescription opioid use;

- Preliminary analysis of administrative data to determine rates of health and social harms associated with prescription opioid use was done by examining the rates of hospital admission, medical visits, emergency department visits associated with opioid use, mortality, suicide attempts and deaths by suicide associated with opioid use. Work continues on including adjustment variables such as physical health status, previous mental health status, age and sex, as well as methods to determine whether opioid use has a differential impact on Métis when compared with all other Manitobans; and
- The submission of articles to peer reviewed journals and the publishing of abstracts, including [Use of Prescription Opioids and Impact of Replacing OxyContin With OxyNeo On Opioid Use Among Metis Citizens, 2013-2018](#).<sup>xvi</sup>

#### Findings of audits completed in 2020-21

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### Findings of evaluations completed in 2020-21

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2022-23.

#### Engagement of applicants and recipients in 2020-21

Under the terms of contribution agreements established, recipients will be responsible for submitting progress reports semi-annually and annually program reports by April 30<sup>th</sup> of each year.

#### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	984,742	1,000,000	1,000,000	970,599	(29,401)
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	984,742	1,000,000	1,000,000	970,599	(29,401)
Explanation of variances						

## Blood Safety

**Start date:** 1998-99

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2004-05

**Link to departmental results:** Result 2.1: Infectious diseases are prevented and controlled

**Link to department's Program Inventory:** Communicable Diseases and Infectious Control

### **Purpose and objectives of transfer payment program**

Support provinces and territories in monitoring adverse events associated with the transfusion of blood, blood products and cells/tissues/organ transplantation that could include infectious diseases and allergic and immune-mediated events.

### **Results achieved**

Recipients participated in national surveillance system that monitored adverse events associated with transfusion or transplantation. Data on adverse events was submitted to PHAC for compilation, analysis and reporting and was used for jurisdiction and international comparisons and to inform public health decision-making.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2022-23.

### **Engagement of applicants and recipients in 2020-21**

Provincial and territorial governments were engaged via meetings and teleconferences to support the assessment, validation and reconciliation of data and dissemination of surveillance information contained in the Transfusion Error Surveillance System (TESS), Transfusion Transmitted Injuries Surveillance System (TTISS) and Cells, Tissues and Organs Surveillance System (CTOSS).

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	2,190,000	2,139,182	1,460,998	(729,002)
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	2,190,000	2,139,182	1,460,998	(729,002)
Explanation of variances	Actual spending was lower than planned primarily due to the reprioritizing of funding to support the HIV and Hepatitis C Community Action Fund and the CANCOVID Sentinel Intelligence Proposal.					

## **Canadian/First Nations Incidence Study of Reported Child Abuse and Neglect (Assembly of First Nations – National Indian Brotherhood)**

**Start date:** 2018-19

**End date:** 2021-22

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Evidence for Health Promotion and Chronic Disease and Injury Prevention

### **Purpose and objectives of transfer payment program**

This funding supports a surveillance project - the Canadian/First Nations Incidence Study of Reported Child Abuse and Neglect - that will build evidence in the area of children involved in the child welfare system in Canada, within both First Nations and non-First Nations populations. The outcomes of the project will contribute to a better understanding of the context and circumstances of children reported to child welfare; monitoring short-term outcomes such as referral, or placement in foster care; understanding the relationship to selected determinants of health; and understanding child welfare agency policies and contexts, including available referral and health promotion services.

### **Results achieved**

Data collection continued at participating agencies with one-on-one support in survey completion being provided to workers over the phone, instead of in person due to COVID-19. In addition to ensuring that quality data was collected, the research team also conducted a review of the database (data cleaning) and merged the data collected with the same administrative data and data collected in the Ontario Incidence Study of Reported Child Abuse and Neglect - 2018.

Two Major Findings Reports were completed, one for the national Canadian Child Incidence Study, 2019 sample and the other for the First Nations Child Incidence Study, 2019 sample. These reports are under review by the Assembly of First Nations and are expected to be published in the coming months.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

### **Engagement of applicants and recipients in 2020-21**

Under the terms of the contribution agreement established, the recipient is responsible for submitting progress reports semi-annually and annually by April 30th of each year.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	596,456	595,067	595,067
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	596,456	595,067	595,067
Explanation of variances	Actual spending was higher than planned to address an evidence gap related to children in the child welfare system in Canada, within both First Nations and non-First Nations populations. This project was funded through short term investments using surplus/available funds in the Agency.					

## CanCOVID Sentinel Intelligence Group (SITE)

**Start date:** 2020-21

**End date:** 2021-22

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020-21

**Link to departmental results:** Result 2.1: Infectious diseases are prevented and controlled

**Link to department's Program Inventory:** Communicable Diseases and Infectious Control

### **Purpose and objectives of transfer payment program**

Purpose: Develop a mechanism (CanCOVID Sentinel Group) for PHAC to optimize its external science advice in order to help reduce the spread of COVID-19. CanCOVID links over 2,400 members of Canada's research community to collaborate across critical COVID-19 research and development areas, from clinical trials and testing, to diagnostics and treatment.

Objective(s): Knowledge Exchange on emerging COVID-19 issues: The CanCOVID theme leaders will facilitate seminar style presentations on emerging science topics. "PHACTUALLY SPEAKING" (PHAC's science-policy seminar series) will be leveraged to deliver the seminars tailored to PHAC staff and collaborators.

Conduct CanCOVID Expert Panel discussions: These in-camera sessions provide a forum for academic and governmental science and policy experts to openly engage with top national and international scientists on priority topics.

### **Results achieved**

In December 2020, the first multi stakeholder expert panel session of this initiative was successfully implemented and it focused on Quarantine and Border testing. Consideration for future sessions include: Long COVID; Mental health; Vaccine/variant issues; Relaxation of public health measures; and Immunity science.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: Not applicable.

### **Engagement of applicants and recipients in 2020-21**

Contribution agreement recipients engaged through targeted solicitations within public health networks across Canada.



Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	15,000	15,000	15,000
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	15,000	15,000	15,000
Explanation of variances	Actual spending was higher than planned due to the requirement for new resources to strengthen the COVID-19 response.					

## COVID-19 Public Education and Awareness – La Liberte Magazine – Presse-Ouest

**Start date:** 2020-21

**End date:** 2021-22

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated through COVID-19 response funding

**Fiscal year for terms and conditions:** 2020-21

**Link to departmental results:** Result 2.1: Infectious Diseases are prevented and controlled

**Link to department's Program Inventory:** Chronic Diseases Prevention

### **Purpose and objectives of transfer payment program**

**Purpose:** To assist the general public and more importantly school educators, in the fight against COVID-19, by offering educational COVID-19 prevention material to children and youth. The distributed information is designed to improve behaviours that reduce COVID-19 infection and spread.

**Objective(s):** Increase knowledge and adoption of healthy behaviours designed to avoid COVID-19 spread. These learning tools help to build self-reliance and promote self-protection by providing key information from a relatable light-hearted, easy-to-access and free magazine publication that explains in plain language the science of COVID-19 and how to prevent spread.

### **Results achieved**

Publication of the magazine Sciences Mag Junior: Tous ensemble contre les Coronas! / Junior Science Mag, everyone together against Corona Viruses! in November 2020. The ultimate goal of the magazine is to teach and empower children and their families about key behaviours that lead to or prevent COVID-19 spread and learn tools for self-protection to enable them to help reduce the spread of COVID-19. The illustrated magazine content was generated by reliable science-based experts, with 25,000 copies produced in both English and French. It was included in the La Liberté publication, the Winnipeg Free Press and available online at [lalibertesciencesmagjunior.ca](http://lalibertesciencesmagjunior.ca)<sup>xvii</sup>

Canadian and international readers, especially children and youth, learned about COVID-19 from a reliable science-based source. The content is innovative and had reach into all parts of Canada. The magazine was used as a pedagogical tool by teaching professionals in school-based environments. On the international scene, the content was translated into Guyanese and distributed through their educational networks. The magazine was viewed more than 100,000 times online.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

### **Engagement of applicants and recipients in 2020-21**

Recipients engaged through targeted solicitations. Funded recipients were expected to deliver culturally-appropriate, locally controlled and designed COVID-19 awareness programming, in partnership with local science experts and other key publication stakeholders.

### **Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	122,091	121,284	121,284
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	122,091	121,284	121,284
Explanation of variances	Actual spending was higher than planned due to the requirement for new resources to strengthen the COVID-19 response.					

## Dementia Community Investment

**Start date:** 2018

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

This funding program seeks to optimize the wellbeing of people living with dementia and family/friend caregivers through community-based projects that address the challenges of dementia.

### **Results achieved**

As of March 2021, PHAC funded 18 projects that aim to increase knowledge about dementia and/or improve the quality of life of those impacted by dementia. To further support the objectives of the DCI, PHAC funded Schlegel-UW Research Institute for Aging Foundation to implement a knowledge hub that facilitates a community of practice for the DCI community-based projects and disseminates program findings and best practices to the dementia policy and program community across Canada.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2023-24.

### **Engagement of applicants and recipients in 2020-21**

DCI recipients are engaged on a regular basis on the delivery of their projects and recipients submit both a mid-year and annual report. The Fall 2020 open call for proposals which focused on addressing the impacts of COVID-19 enabled additional engagement with new partners. All project recipients participate in a knowledge hub that facilitates a community of practice to foster joint learning and collaboration, improve project capacity and share and encourage use of findings and best practices to the dementia policy and program community across Canada. Dementia Community Investment projects deliver community-based projects that develop, test and scale-up knowledge, tools and initiatives to optimize the wellbeing of people living with dementia and family/friend caregivers.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
<b>Total grants</b>	0	172,964	0	79,531	77,036	77,036
<b>Total contributions</b>	0	1,609,022	4,775,000	4,241,936	3,835,110	(939,890)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	1,781,986	4,775,000	4,321,467	3,912,146	(862,854)
<b>Explanation of variances</b>	Actual spending was lower than Planned primarily due to COVID-19 restrictions which resulted in delays and cancellations of planned activities.					

## Dementia Strategic Fund and Public Health Surveillance and Data Funding

**Start date:** 2019-20

**End date:** 2023-24

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018

### **Link to departmental results:**

Result 1.1: Canadians have improved physical and mental health;

Result 1.2: Canadians have improved health behaviours; and

Result 1.3: Chronic diseases are prevented.

**Link to department's Program Inventory:** Health Promotion; Evidence for Health Promotion; and Chronic Disease and Injury Prevention

### **Purpose and objectives of transfer payment program**

This transfer payment program will support the implementation of key elements of Canada's first national dementia strategy.

It is estimated more than 432,000 Canadians were living with diagnosed dementia in 2016-17, two-thirds of whom are women. Nine seniors are diagnosed with dementia every hour. As Canada's population ages, it is expected that the total number of Canadians living with dementia will continue to rise despite the decreasing trend in the rate of new cases. This program will support the national dementia strategy's vision of a Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized and dementia is prevented, well understood and effectively treated.

Dementia Strategic Fund initiatives will support the development and implementation of targeted awareness raising activities, the development and/or dissemination of dementia guidance, including guidelines and best practices and an online portal to share information resources with the general public and targeted audiences. Funding for public health surveillance and data will support the enhancement and expansion of data and the development of new evidence to address priority evidence gaps related to dementia.

### **Results achieved**

Through the [Dementia Strategic Fund \(DSF\)](#),<sup>xviii</sup> PHAC is funding a project led by the Native Women's Association of Canada which was launched in June 2020 and focuses on building capacity to undertake awareness raising on stigma. Additionally, the project proposals for the open funding opportunity, *DSF: Awareness Raising Initiatives*, were reviewed. Recommended projects on how to prevent or delay onset, reduce stigma, including stigmatizing behaviours and/or encourage and support communities to be more dementia-inclusive, are expected to launch in 2021. Out of the broader \$50 million budget, \$5 million will be directed to grants and contributions funding for enhanced dementia surveillance.

A targeted solicitation under the Enhanced Dementia Surveillance Program was launched in August 2019. The recipient organizations and the titles of the funded projects are:

- Laurentian University: *A National Indigenous Dementia Surveillance Initiative – A feasibility study*;
- LIFE Research Institute University of Ottawa; *Health Surveillance of Community-Dwelling, Persons-with-Dementia and Caregiver Dyads*;

- McMaster University (Canadian Longitudinal Study on Aging): *Ascertaining dementia and surveillance of risk factors in the Canadian Longitudinal Study on Aging*;
- Queens University (Canadian Primary Care Sentinel Surveillance Network): *The implementation of the 'Canadian Primary Care Sentinel Surveillance Network Data Presentation Tool' in primary care clinics to enhance the surveillance, prevention and management of chronic disease: Phase 3*; and
- Schlegel-University of Waterloo Research Institute for Aging: *A comprehensive and holistic approach to dementia surveillance in Canada*.

#### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2023-24.

#### **Engagement of applicants and recipients in 2020-21**

##### Dementia Strategic Fund:

Recipients were engaged through a mix of open and directed solicitations in 2020-21. Funding recipients of the open solicitation are expected to deliver resources and activities that raise awareness of actions that can be taken to prevent dementia, reduce stigma and/or encourage and support communities to be more dementia-inclusive. Proposals received were assessed against several funding principles, including taking into consideration the cultural context of their target populations. Funding recipients of directed solicitations are expected to build capacity to conduct dementia awareness raising activities, with an initial focus on Indigenous organizations.

##### Public health surveillance and data:

As part of the solicitation process, initiatives funded through this program were required to integrate GBA Plus considerations into their proposals, which were assessed as part of the screening process. Further, projects were expected to report on these considerations in their progress and annual reporting to PHAC. Since each of the four projects established its own activities, each of them will report on different GBA Plus indicators. Some examples of information being captured for analysis as part of this program include, sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status including diagnosed mental health conditions, access to social supports, primary language spoken, ethnicity, religion, etc.

Recipients of funding for public health surveillance and data activities were expected to generate evidence that may be used by decision-makers, public health and care planners at the federal, provincial/territorial and regional level to inform their dementia programming and service delivery to better meet the needs of people living with dementia and their caregivers.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	6,897,767	5,705,527	592,943	(6,304,824)
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	6,897,767	5,705,527	592,943	(6,304,824)
Explanation of variances	Actual spending was lower than planned primarily due to project activities being paused because of COVID-19 public health restrictions. New projects scheduled to start in 2020-21 are delayed until 2021-22.					



# Drug Overdose Crisis in Canada: Funding for Actions to Protect Canadians and Prevent Overdose Deaths

**Start date:** 2019-20

**End date:** 2021-22

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.2: Canadians have improved health behaviours

**Link to department's Program Inventory:** Health Promotion

## **Purpose and objectives of transfer payment program**

As part of a 2019 off-cycle funding ask, PHAC secured \$3.3 million in funding to support large-scale projects that aim to reduce barriers and enhance pathways to care for people who use drugs. By reducing these barriers and improving access to services through the creation of new entry points and/or transitions between services, systems will more ably respond to the unique and diverse needs of individuals.

## **Results achieved**

This transfer payment program funded projects that leveraged existing evidence-based interventions that are ready for scale-up or adaptation.

In 2020-21, five contribution agreements were put in place to support projects for a duration of 18-24 months, with all projects ending March 31, 2022. Highlights of results achieved through the Supporting Pathways to Care for People Who Use Drugs (Pathways to Care) in 2020-21 include:

- Forming advisory committees, identifying best-practices through systematic reviews and consultations with key stakeholders including people with lived experience of substance use and people who experience substance use stigma, healthcare professional and hospital management teams;
- Developing policies, practice guidelines/procedures and other tools for organization and healthcare professionals, including trauma- and violence-informed and culturally safe resources to better address stigma related to substance use and all aspects of marginalizing experiences and educational material for executive leaders and managers to address Indigenous specific bias and discrimination in the health care system;
- Developing tools to capture reach and collaboration, capacity and knowledge enhancement;
- Developing guidelines for engaging Knowledge Keepers and other cultural resources;
- Developing attachment protocols designed to support clients with methamphetamine concerns who do not have a primary care provider; and
- Piloting workshops with healthcare workers on policies and guidelines.

The COVID-19 pandemic has presented the funded organizations under Pathways to Care with unprecedented challenges. The pandemic has created an additional burden and challenge on funded organizations to provide care in a manner that ensures timely access to care, is low barrier and addresses the immediate and timely needs of individuals seeking services. As a result of the pandemic, organizations shifted many of their activities to online platforms and conducted online consultations.

## **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

**Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2022-23.

**Engagement of applicants and recipients in 2020-21**

Under the terms of contribution agreements established, recipients are responsible for submitting progress reports semi-annually and annual program reports by April 30th of each year.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	1,630,000	1,630,000	1,504,164	(125,836)
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	1,630,000	1,630,000	1,504,164	(125,836)
Explanation of variances	Actual spending was lower than planned primarily due delays imposed by the COVID-19 pandemic.					

## Economic Action Plan 2015 Initiative - Brain Health

**Start date:** 2015-16

**End date:** 2020-21

**Type of transfer payment:** Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2015-16

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Evidence for Health Promotion and Chronic Disease and Injury Prevention

### **Purpose and objectives of transfer payment program**

Support Baycrest Health Sciences in the establishment and operation of the Centre for Aging and Brain Health Innovation (CABHI). CABHI accelerates the development, validation, commercialization, dissemination and adoption of innovative products, services and best practices to support brain health and aging, with a focus on dementia. Innovative solutions to address brain health and aging include medical devices, therapeutic approaches, emerging technologies, wellness and digital health solutions, healthcare delivery practices and practitioner and caregiver training and support.

### **Results achieved**

Through its funding programs, CABHI supports innovations that address aging and brain health. 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 2020-21, CABHI reports that it assessed 127 project proposals; approved and launched 44 new projects; evaluated 24 products, practices and services; and supported the creation of 55 new jobs.

Examples of 2020-21 projects funded include:

- Hospital Without Walls - a pilot program helping older adults who make frequent hospital trips for medical treatment age independently for longer, by having their health monitored from the comfort of their own homes in Prince Edward Island; and
- Tamaduni Connect - a trustworthy web app for older adults and their families that enables them to locate companions and residential care facilities with compatible cultural perspectives.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2024-25.

### **Engagement of applicants and recipients in 2020-21**

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	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	12,000,000	10,000,000	0	2,000,000	2,000,000	2,000,000
Total other types of transfer payments	0	0	0	0	0	0
Total program	12,000,000	10,000,000	0	2,000,000	2,000,000	2,000,000
Explanation of variances	Actual spending was higher than anticipated due to the establishment of a new program to support the implementation of the Centre for Aging and Brain Health Innovation.					

## Fetal Alcohol Spectrum Disorder (FASD) National Strategic Projects Fund

**Start date:** 1999

**End date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 1999

**Link to departmental results:** Result 1.2: Canadians have improved health behaviours

**Link to department's Program Inventory:** Evidence for Health Promotion, Chronic Disease and Injury Prevention

### **Purpose and objectives of transfer payment program**

To collaborate with key stakeholders across Canada to develop nationally applicable tools, resources and knowledge that can be used to prevent Fetal Alcohol Spectrum Disorder (FASD) and improve outcomes for those who are already affected, including their families and communities.

### **Results achieved**

The FASD National Strategic Projects Fund supported seven contribution agreements in 2020-21. Two of these contribution agreements were completed at the end of 2020-21. These projects support the prevention of FASD and reduction of stigma associated with FASD. The projects reach an audience of non-pregnant people of childbearing age, pregnant people and their partners, young adults, individuals with FASD, service providers and policy makers.

In 2020-21, the project activities included:

- Dissemination of and training on the 2016 FASD diagnostic guidelines;
- The continued development of a national database of FASD diagnostic data collected from clinics across Canada;
- The development of guidelines for practitioners to use for screening and talking to women about alcohol use in pregnancy;
- The collection of longitudinal data on participant outcomes from the eight Level 3 FASD holistic prevention programs across Canada;
- Community outreach to support the development of a toolkit;
- Modifying, culturally adapting and translating a school-based FASD Education and Prevention Curriculum to be taught in Canada;
- The promotion of FASD prevention in Inuit communities (4 land claim regions and 3 urban centres: Ottawa, Edmonton and Montreal); and
- A bilingual awareness campaign to prevent alcohol consumption during pregnancy and to address stigma associated with FASD.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020 -21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2022-23.

### Engagement of applicants and recipients in 2020-21

Recipients are engaged through targeted or directed solicitations. Recipients continued to be engaged in 2020-21 through regular follow-up as part of ongoing project monitoring. Funded recipients are expected to develop national tools, resources and knowledge that can be used to prevent FASD and improve outcomes for those who are already affected.

### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	1,572,791	1,499,000	1,499,000	1,453,418	(45,582)
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	1,572,791	1,499,000	1,499,000	1,453,418	(45,582)
Explanation of variances						

## Healthy Early Years

**Start date:** 2018

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

This funding will support communities to improve access to comprehensive, culturally and linguistically appropriate early childhood health promotion programming for children (aged 0-6 years) and their families living in Official Language Minority Communities (OLMC). It is part of a broader government initiative aimed to strengthen official-language minority communities, improve access to services in both official languages and promote a bilingual Canada.

### **Results achieved**

In 2020-21, the two Healthy Early Years (HEY) program funding recipients funded 51 third party projects aimed at improving access for vulnerable families living in OLMCs to early childhood health promotion programming. The goal was to help these populations acquire knowledge and skills, adopt positive healthy behaviours and improve long-term health outcomes.

In 2020-21, approximately 10,500 participants (children aged 0-6 years and parents and caregivers) benefited from the program. A variety of public health topics were addressed and promoted through funded projects, with a focus placed on mental health of parents/families and healthy child development guidance. Projects were made accessible to a range of participants and were offered in diverse settings and locations, including being successfully adapted to virtual delivery in response to the COVID-19 pandemic. In addition, in 2020-21 over 420 new partnerships were created as a result of HEY program funding.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2022-23.

The horizontal evaluation of the Action Plan for Official Languages 2018-2023 is underway.

### **Engagement of applicants and recipients in 2020-21**

Recipients continued to be engaged in 2020-21 through ongoing project monitoring and annual recipient meetings, which facilitate the discussion of program implementation successes and challenges and evolving priority population needs. Funding recipients, in turn, focussed on ongoing engagement of community organizations (the

third party funding recipients) and exchanges with their partner networks to remain up-to-date on areas of greatest need and emerging public health priorities.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	0	2,113,732	1,890,000	2,314,314	2,314,064	424,064
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	2,113,732	1,890,000	2,314,314	2,314,064	424,064
<b>Explanation of variances</b>	Actual spending was higher than planned primarily due to the launch of programs in 2020-21 that were delayed in 2019-20.					



# Infectious Diseases and Climate Change (IDCC) Program and Fund - Adapting to the Impacts of Climate Change

**Start date:** 2017

**End date:** 2027-28

**Type of transfer payment:** Grants and Contributions (as part of the Horizontal Initiative lead by Environment and Climate Change Canada)

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018

**Link to departmental results:** Result 2.1: Infectious diseases are prevented and controlled

**Link to department's Program Inventory:** Foodborne and Zoonotic Diseases

## **Purpose and objectives of transfer payment program**

The Infectious Disease and Climate Change (IDCC) Program and Fund addresses the impact of climate change on human health in Canada by:

- Increasing capacity to respond to the rising demands posed by climate-driven zoonotic, food-borne and water-borne infectious diseases;
- Enabling Canadians and communities to have access to timely and accurate information to better understand their risks and take measures to prevent infection; and
- Improving adaptability and resiliency to the health impacts of climate-driven infectious diseases, through surveillance and monitoring activities and access to education and awareness tools.

This helps to equip health professionals with the information they need to provide advice to their patients and clients on climate-driven infectious diseases while providing Canadians and communities with the tools to protect themselves from the health risks associated with climate-driven food-borne, water-borne and zoonotic infectious diseases.

## **Results achieved**

The IDCC Fund continued to expand its reach to support community capacity-building and local action and to better equip health professionals, communities and Canadians with the tools to protect themselves from climate-driven infectious diseases.

In 2020-21: the IDCC Fund invested in ten (10) projects totalling \$2.7 million; with 31 projects up and running since its launch in 2017. Projects continued to further build capacity in the IDCC Fund priority areas of public health monitoring and surveillance of infectious diseases and public education/awareness. Three of the ten projects funded in 2020 help to advance work under the Federal Framework on Lyme Disease and Action Plan by raising awareness among youth and investigating new and emerging tick species. Additionally, these new projects will investigate, analyze and improve knowledge gaps related to climate-driven food-borne, water-borne and zoonotic diseases.

PHAC has also continued its work with the Métis National Council and Governing Members to deliver on the dedicated Métis Nation funding to advance action on climate change and health, committed in Budget 2017. Five projects received funding approval and contribution agreements have been established with the Métis National Council, Métis Nation of Saskatchewan, Métis Nation of Alberta, Manitoba Métis Federation and Métis Nation of Ontario to better understand the impacts of climate change on health through local community engagement, planning and monitoring and assessments of risks.

### Findings of audits completed in 2020-21

Completed: No audit was completed in 2020-21.

Planned: Not applicable

### Findings of evaluations completed in 2020-21

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2025-26.

### Engagement of applicants and recipients in 2020-21

The program continued to engage funding recipients for projects that currently receive funding on a quarterly basis, shared information of interest with recipients regularly through distribution lists and regularly highlighted funded project deliverables via a PHAC-hosted webinar series “Zoonoses and Adaptation in a Changing World”. In addition, the program helped to foster partnerships and information sharing to raise the profile of projects.

The IDCC Fund also helped to advance work under the [Federal Framework on Lyme Disease and Action Plan](#)<sup>xix</sup> to increase capacity in provinces/territories and underserved communities by enhancing surveillance activities and identifying new or emerging at-risk areas and by raising awareness and improving knowledge among Canadians, communities and healthcare professionals.

PHAC continued to work closely with the Métis Nation and five governing members to address the health effects of climate change through the implementation of contribution agreements in 2021-22.

### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	669,459	474,977	500,000	500,000	400,661	(99,339)
Total contributions	691,222	2,198,144	2,559,319	2,559,319	2,215,509	(343,810)
Total other types of transfer payments	0	0	0	0	0	0
Total program	1,390,681	2,673,121	3,059,319	3,059,319	2,616,170	(443,149)
Explanation of variances	Actual spending was lower than Planned primarily due to COVID-19 restrictions that resulted in delays or cancellation of planned program activities.					

## Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease

**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:** 2018

**Link to departmental results:** Result 1.2: Canadians have improved health behaviours

**Link to department's Program Inventory:** Evidence for Health Promotion and Chronic Disease and Injury Prevention

### Purpose and objectives of transfer payment program

Enhance capacity for public health chronic disease surveillance activities to expand data sources for healthy living and chronic disease surveillance, address persistent public health surveillance evidence gaps and support the development of a robust evidence base on chronic diseases and conditions, injury, problematic substance use and their risk factors in Canada.

### Results achieved

The [Enhanced Surveillance for Chronic Disease Program](#)<sup>xx</sup> launched an open solicitation, which closed September 25, 2019 and resulted in 144 Letter of Intent submissions and 12 signed contribution agreements. The recipients and project titles follow:

- New Horizons Indigenous Association- A Community-Led Surveillance Approach for Chronic Diseases: Pilot Study with the Gwa'sala -'Nakwaxda'xw Nations;
- Institute for Work & Health - Opioid-related harms among Ontario workers: Leveraging the Occupational Disease Surveillance System as a surveillance tool for working population;
- University of Victoria - WalkRollMap.org: Citizen Mapping of Microscale Barriers to Mobility;
- Community-Based Research Centre Society - Community-Based Participatory Surveillance of Chronic Health Outcomes and Determinants among Lesbian, Gay, Bisexual, Trans, Queer and Two-Spirit People (LGBTQ2+);
- Simon Fraser University- Advancing measurement of bicycling environments: Tapping into open data;
- The University of Western Ontario - ParkSeek: Understanding the access and quality dimensions of parks and recreational facilities in Canada;
- Lawson Research Institute - Homelessness Counts;
- The Governing Council of the University of Toronto - Equity in Built Environment Surveillance Tool (E-BEST);
- McMaster University - Developing a national chronic disease surveillance system for the population in federal prisons in Canada;
- University of British Columbia - Canadian Surveillance of COVID-19 in Pregnancy: Epidemiology, Maternal and Infant Outcomes (CANCOVID-Preg);
- Governors of the University of Alberta - Climate change surveillance for chronic health effects in populations; and
- Institut national de santé publique du Québec - Monitoring road safety and mode transportation issues related to the built environment and their impact on health.

As part of the solicitation process, initiatives funded through this program were required to integrate GBA Plus considerations into their proposals, which were assessed as part of the screening process. Further, projects are expected to report on these considerations in their progress and annual reporting to PHAC. Since each of the 12 projects established its own activities, each of them will report on different GBA Plus indicators. Some examples of information being captured for analysis in this program include, sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status including diagnosed mental health conditions and visible minority and immigration status.

#### Findings of audits completed in 2020-21

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### Findings of evaluations completed in 2020-21

Completed: No evaluation was completed in 2020-21.

Planned: The timing of the next evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

#### Engagement of applicants and recipients in 2020-21

Under the terms of the contribution agreements, recipients are responsible for submitting progress reports semi-annually and annual program reports by April 30 of each year. In addition, video conference update calls took place every 7-8 weeks between the recipients and PHAC representatives.

#### Financial information (dollars)

Type of transfer payment	2018-19 Actual spending	2019-20 Actual spending	2020-21 Planned spending	2020-21 Total authorities available for use	2020-21 Actual spending (authorities used)	Variance (2020-21 actual minus 2020-21 planned)
Total grants	474,977	259,846	395,000	54,240	54,240	(340,760)
Total contributions	2,198,144	2,525,849	2,334,000	2,391,714	2,360,211	26,211
Total other types of transfer payments	0	0	0	0	0	0
Total program	2,673,121	2,785,695	2,729,000	2,445,954	2,414,451	(314,549)
Explanation of variances	Actual spending was lower than Planned primarily due to reprioritizing of funding to support Brain Health and COVID-19 emerging issues					

# **Integrated Strategy for Healthy Living and Chronic Disease – Joint Consortium for School Health**

**Start date:** 2005

**End date:** Ongoing

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2005-06

**Link to departmental results:** Result 1.2: Canadians have improved health behaviours

**Link to department's Program Inventory:** Evidence for Health Promotion and Chronic Disease and Injury Prevention

## **Purpose and objectives of transfer payment program**

The Joint Consortium for School Health (JCSH): promotes the health, wellbeing and achievement of school-aged children in Canada and facilitates collaboration among provincial and territorial ministries responsible for health and education in support of healthy schools; builds the capacity for these ministries to work together more effectively and efficiently; and promotes understanding and support for comprehensive school health.

## **Results achieved**

The JCSH grant extension supported the operating costs of the JCSH Secretariat, which in turn facilitated collaboration and information sharing between federal, provincial and territorial ministries responsible for health and education to promote a comprehensive approach to school health. The JCSH Secretariat convened monthly meetings for the School Health Coordinators Committee and three meetings for the Management Committee to support information sharing, knowledge exchange and capacity building among participating jurisdictions (all provinces and territories except Quebec). Information was also shared through the distribution of a weekly newsletter, environmental scans and by email in response to requests for information. In addition, the grant extension supported the development of knowledge summaries on substance use, a topic that was deemed a priority by both the School Health Coordinators Committee and the Management Committee.

## **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

## **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The timing of the next evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

## **Engagement of applicants and recipients in 2020-21**

PHAC engaged with the JCSH Secretariat on a regular basis and participated as observers on the Management Committee and the School Health Coordinators Committee. The primary focus of the engagement for 2020-21 was supporting the renewal of the JCSH's mandate for another 4 years. PHAC also engaged with the Secretariat to facilitate information sharing.

**Financial information (dollars)**

<b>Type of transfer payment</b>	<b>2018–19 Actual spending</b>	<b>2019–20 Actual spending</b>	<b>2020–21 Planned spending</b>	<b>2020–21 Total authorities available for use</b>	<b>2020–21 Actual spending (authorities used)</b>	<b>Variance (2020–21 actual minus 2020–21 planned)</b>
<b>Total grants</b>	250,000	250,000	250,000	62,186	0	(250,000)
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	250,000	250,000	250,000	62,186	0	(250,000)
<b>Explanation of variances</b>	Actual spending was lower than planned primarily due delays imposed by the COVID-19 pandemic.					

# **Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices**

**Start date:** 2012-13

**End date:** Ongoing

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2005-06

**Link to departmental results:** Result 1.3 Chronic diseases are prevented

**Link to department's Program Inventory:** Communicable Disease and Infection Control

## **Purpose and objectives of transfer payment program**

The observatory of Best Practices supports primary care providers in delivering preventive health care via the development of clinical practice guidelines based on the systematic analysis of scientific evidence with input from patients, the public, health care practitioners, knowledgeable specialists, health professional associations, health charities, academic institutions and guidance procedures in other countries.

It builds collaborative linkages nationally and internationally, between researchers, policy makers and practitioners, to increase the adoption of effective practices.

## **Results achieved**

The Canadian Task Force on Preventive Health Care developed and disseminated clinical practice guidelines and protocols on chlamydia and gonorrhea, cervical cancer screening, falls prevention and depression screening.

## **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

## **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The timing of the next evaluation will be determined in an upcoming version of PHAC's Departmental Evaluation Plan.

## **Engagement of applicants and recipients in 2020-21**

- Presented the guidelines, knowledge translation tools and evidence review results at meetings focused on the primary care practice and prepared implementation activities for frontline practitioners;
- Collaborated with the various stakeholders to develop and disseminate the Task Force's guidelines;
- Prepared a communications plan and responded to inquiries from the media and the public about the Task Force's guidelines;
- Implemented the results and recommendations on patients' preferences;
- Established and implemented an evaluation plan for the Task Force guidelines to measure the impact of dissemination activities;
- Published study results in the main scientific journals and disseminate them through presentations at major scientific meetings; and

- Organized meetings where members of the Task Force Working Groups discuss guideline contents.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	46,000	0	0	(46,000)
Total contributions	0	419,058	171,000	217,000	217,000	46,000
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	419,058	217,000	217,000	217,000	0
Explanation of variances						



## International Health Grants Program

**Start date:** 2008

**End date:** Ongoing

**Type of transfer payment:** Grant and assessed contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2014-15

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health.

**Link to department's Program Inventory:** Evidence for Health Promotion and Chronic Disease and Injury Prevention

### Purpose and objectives of transfer payment program

The International Health Grants Program (IHGP) facilitates the Health Portfolio's international engagement to: advance Canada's health priorities at home and abroad through knowledge transfer and capacity building; strengthen relationships with international partners; and promote increased awareness and understanding of current and emerging global health issues to inform policy and program development.

The IHGP seeks to:

- Identify, assess and promote approaches, models and best practices that respond to Canada's global health priorities and international commitments;
- Increase knowledge on current and emerging global health issues to inform policy and program development and contribute to improving health outcomes within and outside Canada;
- Increase collaboration and strengthen relationships with key partners and stakeholders on global health issues of importance to the Health Portfolio;
- Support Canada's participation in select multilateral organizations in line with Canada's international health commitments and obligations;
- Strengthen Canada's leadership on global health and ensure that Canada's priorities are reflected in the international health agenda; and
- Enhance global health capacity/participation in areas directly related to Government of Canada foreign policy objectives.

### Results achieved

The projects funded in FY 2020-2021 through the IHGP included:

- World Health Organization (WHO): Waste in the era of COVID-19: catalyzing whole systems solutions to more sustainable waste management services and practices;
- WHO: Strengthening public health regulation of drinking-water and sanitation services;
- WHO Europe: Enhanced Pilot to Measure the Extent and Nature of Digital Marketing towards Children and Adolescents;
- Organisation for Economic Co-operation and Development (OECD): Canada's Voluntary Contribution to the OECD Health Committee for work on patient-reported measures;
- United Nations Office on Drugs and Crime (UNODC): International Neonatal Abstinence Syndrome Guide on Opioid Dependence;
- OECD: Advancing Methodologies and Regulatory Scientific Assessment of Chemicals;
- World Health Organization Global Outbreak Alert and Response Network (WHO GOARN): Monitored implementation of the Go.Data lab module for the COVID-19 response;
- WHO GOARN: Online Gaming for Enhanced Outbreak Response;

- Pan American Health Organization (PAHO): Responding to Mental Health and Psychosocial Support (MHPSS) Needs during COVID-19 Indigenous and Afro-descendant Communities in the Americas; and
- Asia Pacific Foundation Canada (APF): Translating Asia Pacific COVID-19 Experiences for Canada.

Achieved results of IHGP projects as reported in FY 2020-2021 include:

- WHO: Updated global guidelines on physical activity and sedentary behaviour;
- WHO: Health risk assessment of radiofrequency electromagnetic fields available to policy-makers in ministries of health, environment and telecommunications, development agencies, NGOs and professional societies and academia as a foundation for the development and review of national regulations, guidelines, standards and safety codes pertaining to radiofrequency-emitting devices that are available globally;
- WHO/UNICEF: Strengthened countries' capacities to promote young adolescents' emotional wellbeing and reduce mental health conditions, risk behaviours and self harm; guidance and open-access tools available for the mainstreaming of evidence-based psychosocial interventions through various delivery platforms, including education, community and digital; and
- OECD: deepened understanding of the service delivery and policy landscape for mental health and mental health care provision across the OECD; enabled cross-country learning and sharing of best practices between OECD Member countries; comprehensive data on mental health included in bi-annual Health Care Quality and Outcomes collection.

#### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The program will be evaluated as part of three separate evaluations. The first in 2021-22, the second in 2023-24 and the third in 2024-25.

#### **Engagement of applicants and recipients in 2020-21**

International health grants are provided to support Canada's leadership at various multilateral fora and to strengthen Canada's relationships with strategic partners who advance the Health Portfolio's global health interests. Funded recipients are expected to implement international projects and initiatives facilitating knowledge generation and uptake (e.g., applied research) and supporting international capacity building (e.g., the development of food safety regulatory frameworks in developing countries).

As a reporting requirement, international recipients are expected to submit a final report within thirty days of the end of a project, outlining whether the intended deliverables of the grant have been achieved. Final reports are assessed to determine whether program objectives have been met. In the final reports, international organizations indicate the various performance measurement strategies they have used to internally measure the achievement of project results.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
<b>Total grants</b>	2,196,708	1,985,511	1,180,000	76,880,050	1,788,209	608,209
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	2,196,708	1,985,511	1,180,000	76,880,050	1,788,209	608,209
<b>Explanation of variances</b>	Actual spending was higher than planned primarily due to additional funding received from Health Canada to support various initiatives with the Organization for Economic Co-operation and Development Health Committee and the World Health Organization.					

## Kids Help Phone – Emergency COVID-19 Funding

**Start date:** 2020-21

**End date:** 2021-22

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

PHAC invested \$7.5 million in Kids Help Phone (KHP) as an emergency response to support mental health services for youth and their wellbeing during the COVID-19 pandemic.

The objectives of the program are to bolster and expand the KHP's existing service delivery (via voice/text/chat and retain/recruit crisis responders); amplify reach of service through outreach communications; support employee and volunteer responders with resources and training; and collect, analyze and communicate on related data/metrics.

### **Results achieved**

Due to COVID-19 and public health measures, KHP had to reallocate staff, shift its service delivery model and adapt its response team to working virtually and in new spaces. With this investment, the organization was able to quickly implement new technology, onboard additional counselors and crisis responders, as well as adapt and accelerate its service offerings.

KHP managed increasing service demands due in part to COVID-19 and continued to offer free, confidential crisis support to youth. From April 1, 2020 to March 31, 2021, KHP had over 5.1 million interactions with people of all ages through phone counselling, Crisis Texting, Facebook Messenger and visits to their website, compared to 1.9 million interactions in 2019. The top issues of these interactions relate to mental and emotional health (anxiety, stress, depression and isolation), relationships, family, school and suicide.

KHP conducted over 4,600 active live rescues, where the response team engaged emergency services (e.g., 911, police, paramedics) and/or child protective services for youth in imminent risk of danger, harm or suicide. The organization is working with communities and partners such as the RCMP on best practices for conducting rescues, including safe and appropriate approaches for youth who are racialized, criminalized, stigmatized (e.g., mental illness).

KHP hired and trained over 80 additional professional counselors and additional Counselling Managers and Clinical Practice Specialists, expanded its relief counsellor team, hired Texting Coaches and Supervisors and doubled its crisis responder capacity (currently a total of 4,500 trained crisis responders). KHP has also augmented human resources focused on specialized areas, outreach activities and priority populations (e.g., Indigenous youth, racialized groups, newcomers, LGBTQ2+ communities).

KHP also adapted and expanded its service offerings, including new technologies and access points for youth (e.g., Facebook messenger texting, Arabic and French translation services, self-directed resource referrals, Good2Talk program in post-secondary schools in Ontario and Nova Scotia). KHP amplified its service reach through multi-media communications, including new website content and resources in both official languages related to COVID-

19, anti-black racism and discrimination and mental health. This also included a number of publications and promotional materials via social media and interviews.

In addition, KHP implemented measures to sustain service quality and improve wait times. This included several adjustments to technology (triaging and artificial intelligence) and staff complements (extra coverage during high volume trends) to ensure coverage and service standards (e.g., phone/voice calls under five minutes and text messages under one minute). KHP also redeveloped its Chat service, which is in pilot mode with full launch expected in 2021.

KHP also developed and delivered new training, resources and activities to support staff and volunteers managing high demands during the pandemic (e.g., online self-care, well-being and counselling tools, peer support and COVID-19 related information and diversity and inclusion training). The organization also implemented several initiatives (e.g., Town Hall meets, volunteer recognition activities) to boost morale and team building.

#### Findings of audits completed in 2020-21

No audits were completed in 2020-21.

#### Findings of evaluations completed in 2020-21

No evaluations were completed in 2020-21.

Planned: The timing of the next evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

#### Engagement of applicants and recipients in 2020-21

PHAC officials lead regular bi-weekly virtual meetings with KHP to exchange information and updates and monitor progress. The KHP submits regular quarterly data metrics reports, as well as regular progress and annual reports as stipulated in the Contribution Agreement with PHAC.<sup>6</sup>

#### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	0	0	7,499,994	4,200,765	4,200,765
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	7,499,994	4,200,765	4,200,765
Explanation of variances	Actual spending was higher than planned due to the establishment of a new program to enhance crisis services for the Kids Help Phone during the COVID-19 pandemic.					

<sup>6</sup> PHAC negotiated a Contribution Agreement (CA) with KHP in spring 2020. The CA's effective date is April 1, 2020 and ends on December 31, 2021.

## Métis Nation Health Data

**Start date:** 2019-20

**End date:** 2023-24

**Type of transfer payment:** Grants

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2014-15

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Evidence for Health Promotion and Chronic Disease and Injury Prevention

### **Purpose and objectives of transfer payment program**

This funding supports the Métis Nation in building capacity for sustainable health data surveillance systems within their governments by ensuring that the necessary partnerships and resources are in place to gather and analyse health data related to their citizens. Métis Nation-specific health data will provide evidence to further support policies and programs for health service delivery that is culturally responsive with the ultimate goal of improving health outcomes for the Métis Nation.

### **Results achieved**

Six separate grant agreements were put in place with the Métis Nation, one with the Métis National Council and its 5 Governing Members as follows:

- Manitoba Métis Federation;
- Métis Nation – Ontario;
- Métis Nation – Saskatchewan;
- Métis Nation – Alberta; and
- Métis Nation – British Columbia.

While the Métis Nation receive funding in the form of grants, members are required to report annually on a common set of indicators. These indicators were co-developed and agreed to by the Métis Nation in the early phases of the establishment of this transfer payment program.

**Métis Nation Health Data** – The six projects funded under this program are required to report annually on a common set of indicators. Although none of these indicators specifically include GBA Plus information, there is a range of data being captured by the recipients in either surveys or surveillance systems. Given that recipients are at different stages with their data capture and analysis activities, each Nation established its own activities aimed at increasing its capacity to gather and analyze Métis-relevant data to better understand the health status of its citizens. In conducting their surveillance activities, the types of information being captured for analysis in this program include, sex, age, urban vs. rural status, level of education, employment status, food security, access to health services, general health status, Indigenous identities, cultural practices, historical events impacting individuals, etc.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The timing of the next evaluation will be determined in an upcoming version of the Departmental Evaluation Plan.

**Engagement of applicants and recipients in 2020-21**

Under the terms of the grant agreements, recipients are responsible for submitting annual program reports by April 30 of each year.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
<b>Total grants</b>	0	1,197,438	1,200,000	1,200,000	1,197,409	(2,591)
<b>Total contributions</b>	0	0	0	0	0	0
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	0	1,197,438	1,200,000	1,200,000	1,197,409	(2,591)
<b>Explanation of variances</b>						

## National Microbiology Laboratory – Innovative Technologies

**Start date:** 2020-21

**End date:** 2022-23

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020-21

**Link to departmental results:** Result 2.2: Infectious disease outbreaks and threats are prepared for and responded to effectively

**Link to department's Program Inventory:** Laboratory Science Leadership and Services and Emergency Preparedness and Response

### **Purpose and objectives of transfer payment program**

The purpose of the grant was to extend wastewater sampling capacity for SARS-CoV-2 surveillance. Wastewater sampling is beyond the standard complement of program funding for the Public Health Agency of Canada. The grant will provide funding for partners in the wastewater surveillance network to collect samples to share with PHAC for analysis and determination of early warning signs to inform public health action.

### **Results achieved**

Timely creation of the network infrastructure to fully implement wastewater surveillance could not be completed in the 2020-21 fiscal year so applicants were not sought. The funding will be carried over and the work will continue in future years.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

### **Engagement of applicants and recipients in 2020-21**

Timely creation of the network infrastructure to fully implement wastewater surveillance could not be completed in the 2020-21 fiscal year so applicants were not sought. The funding will be carried over and the work will continue in future years.



Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	600,000	0	0
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	600,000	0	0
Explanation of variances	Timely creation of the network infrastructure to fully implement wastewater surveillance could not be completed in the 2020-21 fiscal year. The funding will be carried over and the work will continue in future years.					

## Nutrition North Canada

**Start date:** 2016-17

**End date:** Ongoing

**Type of transfer payment:** Contribution (as part of the Horizontal Initiative lead by Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC))

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.2: Canadians have improved health behaviours

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

**Purpose:** To complement the food retail subsidy by supporting culturally appropriate retail and community-based nutrition education initiatives that are intended to influence healthy eating in isolated northern communities, as part of a broader CIRNAC-led Nutrition North Canada program.

**Objectives:** To increase knowledge of healthy eating, develop skills in selecting and preparing healthy store-bought and traditional or country food and build on existing community-based activities with an increased focus on working with stores.

### **Results achieved**

PHAC implements a component of the Nutrition North Canada (NNC) program by providing funding for culturally-appropriate community-based Nutrition Education Initiatives to 10 isolated northern communities that are outside of the mandate of ISC's First Nations and Inuit Health Branch.

In 2020-21, funding recipients delivered a total of 714 nutrition education activities to more than 2,000 participants, of which approximately 14% of activities reached children, 9% reached youth, 53% involved adults and 24% involved seniors. Activities included cooking programs focused on food skills development, gardening and local harvesting activities, healthy offerings and promoting nutrition and healthy food information, among others. Information-sharing via social media and hard copy resource distribution became popular activities this year as well as communities adapted to the challenges of the COVID-19 pandemic. While participation was lower than previous years due to the impacts of the COVID-19 pandemic all recipients reported that progress continued to be made towards strengthening the nutritional choices and overall health of PHAC's 10 funded communities. Community members also consistently reported that they gained knowledge and skills related to healthy eating, as a result of PHAC-funded nutrition education activities.

PHAC supports NNC by providing funding for culturally-appropriate community-based Nutrition Education Initiatives to 10 isolated northern communities that are outside of the mandate of ISC's First Nations and Inuit Health Branch.

In 2019-20<sup>7</sup>, funding recipients delivered a total of 778 nutrition education activities to more than 4,000 participants. These activities included cooking programs focused on food skills development, gardening and local harvesting activities, healthy offerings, promoting nutrition and healthy food information. Funding recipients involved multiple population groups in various activities across PHAC's 10 communities, with approximately 23% involving children, 17% involving youth, 44% involving adults and 16% involving seniors.

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<sup>7</sup> The data presented reflects NNC program and activities implemented between April 1, 2019 and March 31, 2020.

Progress was made towards strengthening the nutritional choices and overall health of these 10 communities as 100% of funding recipients reported that community members gained knowledge and skills related to healthy eating as a result of these nutrition education activities.

**Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

**Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2024-25.

**Engagement of applicants and recipients in 2020-21**

Recipients were engaged through targeted solicitations. Funded recipients delivered culturally-appropriate, locally controlled and designed nutrition education programming, in partnership with existing community-based activities and local stores.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
<b>Total grants</b>	0	0	0	0	0	0
<b>Total contributions</b>	467,250	471,000	335,000	335,000	324,659	(10,341)
<b>Total other types of transfer payments</b>	0	0	0	0	0	0
<b>Total program</b>	467,250	471,000	335,000	335,000	324,659	(10,341)
<b>Explanation of variances</b>						

## Pan-Canadian Suicide Prevention Service

**Start date:** 2020-21

**End date:** Ongoing

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

Support the implementation and sustainability of a pan-Canadian suicide prevention service by providing people across Canada with access to 24/7/365 bilingual crisis support from trained responders, using the technology of their choice (voice, text, or chat). Please note that the chat modality will not be available until 2023.

### **Results achieved**

A funding agreement was put in place on June 30, 2020 with the Centre for Addiction and Mental Health (CAMH), who will be working in partnership with Crisis Services Canada (CSC) and the Canadian Mental Health Association (CMHA) to implement and sustain the pan-Canadian suicide prevention service.

#### Trained responders

Responders are trained and equipped with resources, knowledge and skills to appropriately respond to people reaching out, including receiving training specific to the pan-Canadian suicide prevention service on crisis intervention and suicide safety assessment. The training was updated to reflect the needs of responders working remotely due to the COVID-19 pandemic and includes information regarding confidentiality and technological requirements for remote crisis line work. 100% of service responders are trained on standard tools and resources.

#### Partnerships

The partnership between CAMH, CSC and CMHA, in addition to the service's Advisory Committee comprised of key stakeholders who impart diverse experience and expertise, will ensure reach across Canada to meet diverse needs.

#### Access to the service

People living anywhere in Canada can access the pan-Canadian suicide prevention service by voice/phone call, in English and French, 24/7/365. The text modality is currently available in English from 4pm to midnight ET and will become available 24/7/365 in English and French by March 2022. The same availability for chat will follow in March 2023.

The volume of interactions has continued to rise steadily since the start of the COVID-19 pandemic. In March 2021, responders answered 8,097 interactions, a 225% increase in comparison to March 2020. From April 1, 2020 to March 31, 2021 there were 71,860 interactions.

#### Result:

	Voice	Text <sup>8</sup>	Total
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<sup>8</sup> Text interactions reflect only English interactions between 4pm to midnight ET.

Number of interactions <sup>9</sup>	57,521	14,339	71,860
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#### Findings of audits completed in 2020-21

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

#### Findings of evaluations completed in 2020-21

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2023-24.

#### Engagement of applicants and recipients in 2020-21

Routine meetings and regular reporting on statistics and progress have taken place since the funding agreement was put in place on June 30, 2020. This includes monthly statistics reports, a mid-year report and an annual report at the end of the fiscal year.

In fall 2020, PHAC provided additional funding to CAMH to address the significant increase in demand for the service during the COVID-19 pandemic. Funding supported additional paid responders and additional hours of service.

#### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	0	278,313	4,267,000	5,388,909	4,814,268	547,268
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	278,313	4,267,000	5,388,909	4,814,268	547,268
Explanation of variances	Actual spending was higher than Planned primarily due to additional funding for the Crisis Services Canada and the Centre for Addiction and Mental Health to support the implementation and maintenance of the Pan-Canadian Suicide Prevention Service.					

<sup>9</sup> These statistics reflect the time period from April 1, 2020 to March 31, 2021. Although the current funding agreement / transfer payment with CAMH began on June 30, 2020, prior to that date the service was managed through a funding agreement with a different organization.

## ParticipACTION

**Start date:** 2018-19

**End date:** 2022-23

**Type of transfer payment:** Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.2: Canadians have improved health behaviours

**Link to department's Program Inventory:** Chronic Diseases Prevention

### **Purpose and objectives of transfer payment program**

To support ParticipACTION's "Let's Get Moving" initiative to encourage and support Canadians to get active and help promote healthier lifestyles among children, youth and families across the country.

### **Results achieved**

In 2020-21, [ParticipACTION](#)<sup>xxi</sup> continued to implement a national public education campaign and increase daily physical activity among Canadians with the [Let's Get Moving initiative](#).<sup>xxii</sup>

While the Community Better Challenge 2020 was cancelled due to the pandemic, ParticipACTION was able to develop specialized 'active at home' content to help Canadians stay active and healthy during COVID-19. Information was disseminated across ParticipACTION's platforms ensuring the messaging aligned with public health recommendations and addressed the barriers people were facing (i.e., limited access to facilities, financial challenges).

The [ParticipACTION app](#),<sup>xxiii</sup> first launched in 2019, gives participants free access to information, motivational nudges and content to help overcome barriers to physical activity and track activity associated with participation in community events. The number of registered app users is 180,285. In response to the pandemic, a new *At Home Activity* app content category was developed and team challenges (7-day team challenges / Great Big Move / True North) were developed, inviting Canadians to remain active.

The 2020 Children & Youth Report Card was also successfully launched on June 17, 2020 and published in the *Journal of Sport and Health*.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2023-24.

### **Engagement of applicants and recipients in 2020-21**

ParticipACTION progress reports are delivered quarterly and annually to PHAC. PHAC uses these to review the project's progress, including the budget and work plan activities. Revisions to plans are made as required based on these submitted reports. Ad-hoc reports are produced in relation to the development of new or specific elements of the "Let's Get Moving" initiative to ensure activities remain within the approved scope of the project.

Representatives from PHAC participate as observers on the ParticipACTION Advisory Network, which meets three times annually.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	0	0	0
Total contributions	5,690,000	7,000,000	5,000,000	5,785,000	5,785,000	785,000
Total other types of transfer payments	0	0	0	0	0	0
Total program	5,690,000	7,000,000	5,000,000	5,785,000	5,785,000	785,000
Explanation of variances	Actual spending was higher than Planned primarily due to additional funding to enhance engagement with all Canadians including groups that face greater health inequalities as well as to adapt and strengthen evaluation data collection.					

## Promoting Health Equity: Mental Health of Black Canadians

**Start date:** 2018-19

**End date:** 2022-23

**Type of transfer payment:** Grants and Contributions

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2016-17

**Link to departmental results:** Result 1.1: Canadians have improved mental and physical health

**Link to department's Program Inventory:** Chronic Disease Prevention

### Purpose and objectives of transfer payment program

The Promoting Health Equity: Mental Health of Black Canadians (MHBC) fund supports Black Canadians to develop more culturally focused knowledge, capacity and programs to improve mental health in their communities. This program also aims to:

- Increase the understanding of the unique barriers to and social determinants of mental health for Black Canadians;
- Increase the knowledge of effective, culturally focused approaches and programs for improving mental health and addressing its key social determinants for Black Canadians, including a focus on youth and their family and community environments; and
- Increase the capacity within Black Canadian communities to address barriers to mental health.

### Results achieved

Recognizing that Black Canadians face significant social and economic challenges that have negative implications for their mental health, PHAC provided over \$1 million in funding for 16 projects through the [Promoting Health Equity: MHBC fund](#)<sup>xxiv</sup> to support culturally focused programs and interventions that address mental health and its determinants for Black Canadians.

For example, PHAC funded Aspire for Higher Elite Basketball to deliver a Youth Mental Wellness Program, as part of a 12 month project funded under the Incubator stream of the MHBC Fund. The project conducted a literature review, established partnerships with researchers, educators and mental health professionals, facilitated workshops and focus groups with youth and educators and developed a culturally appropriate mental health education curriculum. The project was successful in securing additional MHBC funding to move into implementation phase, which proposes to implement a 12-week health promotion after school program to educate Black youth about mental health using an anti-Black racism lens. In addition, PHAC launched three new solicitations under the MHBC fund.

A targeted solicitation was launched in 2020-21 to support existing incubator phase projects to move into implementation phase. An open solicitation focused on understanding the needs and supports for Black LGBTQ2 populations in Canada regarding mental health and its determinants and the development of a national Knowledge Mobilization Network to facilitate sharing knowledge and building capacity across all funded projects and with the broader community of Black Canadian mental health practitioners, researchers, organizations and people they serve.

### Findings of audits completed in 2020-21

Completed: No audit was completed in 2020-21.

Planned: Not applicable.



**Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2024-25.

**Engagement of applicants and recipients in 2020-21**

PHAC coordinated activities to build capacity of funded organizations in areas such as research ethics, Gender-based Analysis Plus and adjusting project activities in the context of the COVID-19 pandemic. PHAC continued close collaboration with the MHBC Working Group, which provided strategic advice and recommendations on project funding under three new solicitations, guidance on capacity building for funded projects and contributed to strengthening the evidence on mental health and its determinants for Black communities.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	600,000	65,000	65,000	0	(65,000)
Total contributions	0	1,007,155	1,800,000	1,800,000	1,458,618	(341,382)
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	1,607,155	1,865,000	1,865,000	1,458,618	(406,382)
Explanation of variances	Actual spending was lower than Planned primarily due to delays in implementing planned projects during the COVID-19 pandemic. The project was extended for an additional year to accommodate these issues.					

## Public Health Scholarship and Capacity Building Initiative

**Start date:** 2009

**End date:** Ongoing

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2020-21

### **Link to departmental results:**

Result 1.1: Canadians have improved physical and mental health;

Result 1.2: Canadians have improved health behaviours;

Result 1.3: Chronic diseases are prevented;

Result 2.1: Infectious diseases are prevented and controlled;

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

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

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

Result 3.3: Public health risks associated with travel are reduced.

**Link to department's Program Inventory:** Laboratory Science Leadership and Services and Emergency Preparedness and Response

### **Purpose and objectives of transfer payment program**

To increase public health capacity across Canada by enhancing knowledge mobilization in public health and by improving applied public health intervention research and workforce skills in public health. The initiative seeks to: increase the number and skills of public health professionals; contribute to applied public health interventions and intervention efficacy; and enhance relationships between university programs in public health and public health organizations.

### **Results achieved**

Due to COVID-19 research priorities, Canadian Institutes of Health Research (CIHR) made the decision to delay the Applied Public Health Chair (APHC) call for proposals by one year from winter 2021 to winter 2022. The lapsed 2020-21 APHC funds have been reallocated to COVID-related projects conducted by the National Collaborating Centres for Public Health.

PHAC has strengthened public health capacity through this program by collaborating with the APHC, who work with decision makers to help support evidence-informed decisions that improve health-equity policy and public health decision-making processes in Canada.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

Planned: Not applicable.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

Planned: The next evaluation is scheduled for 2024-25.

### Engagement of applicants and recipients in 2020-21

The Agency works at arm's length on this Initiative as funding for the Program is transferred to CIHR. CIHR is responsible for engaging target recipients. As part of the next round of the Applied Public Health Chairs Program (2020-2021) within the Public Health Scholarships and Capacity Building Initiative (PHSCBI), the Agency has built new terms and conditions into its next Memorandum Of Understanding (MOU) whereby CIHR will consult directly with the Agency each year to determine public health gaps, direction, themes and priorities that will influence future research activities. The Agency and CIHR will collaborate to ensure effective and relevant performance measurement and reporting is built into program design and delivery. CIHR's Institute for Population and Public Health manages the funding and has well-established networks with academia and engages potential recipients through its own mechanisms.

### Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	1,260,000	392,715	0	(1,260,000)
Total contributions	0	0	0	963,000	0	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	1,260,000	1,355,715	0	(1,260,000)
Explanation of variances	Actual spending was lower than planned primarily due to reprioritizing of funding to support other priorities.					

## Strengthening the Baby-Friendly Initiative (grant to the Breastfeeding Committee for Canada)

**Start date:** 2018-19

**End date:** 2022-23

**Type of transfer payment:** Grant

**Type of appropriation:** This grant was funded as one of four CPHO/President priorities that could be advanced through short term investments using surplus funds in the Agency

**Fiscal year for terms and conditions:** 2018-19

**Link to departmental results:** Result 1.1: Canadians have improved physical and mental health

**Link to department's Program Inventory:** Health Promotion

### **Purpose and objectives of transfer payment program**

The purpose of this grant is to promote maternal and infant health in Canada by strengthening Canada's implementation of the Baby-Friendly Initiative, an evidence-based global initiative that has proven to be effective for increasing breastfeeding rates.

### **Results achieved**

Key results achieved in 2020-21 include:

- Advanced the refreshment of key guidance documents for the Baby-Friendly Initiative in Canada, including developing the draft *Baby-Friendly Initiative Implementation Guidelines* as well as revised companion documents, in order to reflect newly revised guidance from the WHO;
- Continued to adapt, test and evaluate a national Baby-Friendly quality improvement initiative in 26 health facilities across Canada. Despite significant challenges caused by the COVID-19 pandemic, one participating hospital sought and successfully achieved their Baby Friendly Initiative designation in 2020-21; and
- Advanced implementation of a communications strategy to raise awareness of the Baby-Friendly Initiative.

### **Findings of audits completed in 2020-21**

Completed: No audit was completed in 2020-21.

### **Findings of evaluations completed in 2020-21**

Completed: No evaluation was completed in 2020-21.

### **Engagement of applicants and recipients in 2020-21**

Routine engagement with the recipient continued in 2020-21. An annual progress report was provided by the recipient.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	249,000	398,800	0	337,800	337,800	337,800
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	249,000	398,800	0	337,800	337,800	337,800
Explanation of variances	Actual spending was higher than planned due to new priorities identified in the 2020-21 fiscal year.					

## Supporting the Health of Survivors of Family Violence

**Start date:** 2015-16

**End date:** Ongoing

**Type of transfer payment:** Grants and Contribution

**Type of appropriation:** Appropriated annually through Estimates

**Fiscal year for terms and conditions:** 2018-19

### Link to departmental results:

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

Result 1.2: Canadians have improved health behaviours.

**Link to department's Program Inventory:** Health Promotion

### Purpose and objectives of transfer payment program

The Supporting the Health of Survivors of Family Violence program invests in development, delivery and evaluation of health promotion interventions to prevent harm, address trauma and promote best practices for recovery and healing of survivors of family violence—including intimate partner violence and child maltreatment—via:

- Developing and sharing knowledge of effective approaches to support the health of survivors of family violence through community programs; and
- Equipping health and allied professionals with the tools and knowledge to respond safely and effectively to family violence.

### Results achieved

Through the [Supporting the Health of Survivors of Family Violence](#)<sup>xxv</sup> investment, PHAC provided continued support to 18 projects aimed at addressing the health needs of survivors of family violence. These projects reached diverse audiences, including youth, street-involved youth, survivors of sex trafficking, young mothers, racialized individuals, Indigenous Peoples, rural communities, persons with disabilities and newcomers to Canada.

Projects used a variety of health promotion approaches to support survivors, including arts-based programs, trauma-informed sport and recreation and cultural practices. For example, the [Building Internal Resilience Through Horses](#)<sup>xxvi</sup> program, led by the Kawartha Sexual Assault Centre, contributed to improving the mental health of young women with experiences of family violence through equine-assisted learning. The [Inunnguiniq Parenting Program](#)<sup>xxvii</sup>, led by the Qaujigiartiit Health Research Centre, used Inuit pathways to address the root causes of family violence amongst high-risk parents and caregivers who are involved in the criminal justice system.

- All projects were impacted by the COVID-19 pandemic, requiring them to pause, adapt, or pivot activities to support the health and wellbeing of community members, program participants, staff and partners. For example, the STEP program (Supporting the transition into parenthood and parental engagement of adults who are survivors of child maltreatment), led by the Centre d'étude interdisciplinaire sur le développement de l'enfant et de la famille at the Université du Québec à Trois-Rivières, expanded project engagement to parents living in low income situations in recognition of the increased pressure on families during the pandemic.

This investment also supported projects to build the capacity of health and social service providers to respond safely and effectively to family violence. For example, the [Child Welfare League of Canada](#)<sup>xxviii</sup> is leading a project to

strengthen the capacity of child welfare workers, service providers and alternative caregivers across Canada to effectively prevent and respond safely to child maltreatment in the context of the COVID-19 pandemic.

To support and enhance the capacity, reach and impact of the funded projects, PHAC continued to support the activities of the Family Violence [Knowledge Hub<sup>xxix</sup>](#), led by the Center for Research and Education on Violence against Women and Children (CREVAWC). The Knowledge Hub continued to deliver a range of knowledge mobilization products to amplify the funded projects and support the dissemination and uptake of emerging evidence. When COVID-19 restrictions paused in-person meetings, the Knowledge Hub collaborated with funded projects to host research briefings (e.g., 20 minute presentations that highlight each project's approach and key outcomes).

The reach of this investment is broad and diverse. In 2020-21, funded projects directly reached 1,983 participants and 614 professionals and were delivered in 80 sites across Canada. The projects fostered collaboration across sectors with more than 199 partners and leveraged more than \$1.83 million in financial and in-kind contributions. The projects developed 259 knowledge products reaching an estimated 1.3 million stakeholders; and hosted or participated in 207 events engaging over 19,594 service providers, policy makers, researchers and professionals.

#### **Findings of audits completed in 2020-21**

No audits were completed in 2020-21.

#### **Findings of evaluations completed in 2020-21**

No evaluations were completed in 2020-21.

Planned: The next evaluation is scheduled for 2024-25.

#### **Engagement of applicants and recipients in 2020-21**

PHAC continued to engage regularly with funding recipients, including through the Family Violence Knowledge Hub. Regular communication helps recipients situate their activities within the government's program objectives and provides PHAC with insights to help shape and inform policy initiatives and future program design. A focus of discussion this year was the impact of public health restrictions from COVID-19, which caused projects to pause, adapt, or pivot activities to support program participants and the wellbeing of staff and partners.

In November 2020, PHAC launched a solicitation for projects that prevent and address family violence and its health impacts by delivering, testing and supporting diverse health promotion programs and interventions that are tailored to the needs of those who have experienced, are experiencing, or are at-risk of experiencing family violence. New projects are expected to start in 2022.

Financial information (dollars)

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	100,000	0	5,300,000	53,628	0	(5,300,000)
Total contributions	6,302,551	5,723,343	950,000	4,975,913	4,371,865	3,421,865
Total other types of transfer payments	0	0	0	0	0	0
Total program	6,402,551	5,723,343	6,250,000	5,029,541	4,371,865	(1,878,135)
Explanation of variances	Actual spending was lower than Planned primarily due to project activities being paused because of COVID-19 public health restrictions.					



## **World Health Organization (WHO) Unity Studies for COVID-19 (Canadian Serostudies Contribution)**

**Start date:** 2020-21

**End date:** 2021-22

**Type of transfer payment:** Grant

**Type of appropriation:** Appropriated through COVID-19 response funding

**Fiscal year for terms and conditions:** 2020-21

### **Link to departmental results:**

Result 2.1: Infectious Diseases are prevented and controlled

**Link to department's Program Inventory:** Communicable Diseases and Infection Control

### **Purpose and objectives of transfer payment program**

Purpose: Enhance sero-surveillance capacity of COVID-19 to gain a better understanding of COVID-19 prevalence and optimize evidence-based decision-making for the World Health Organization (WHO) and within the Canadian context in order to reduce COVID-19 infections and better protect the health of Canadians.

Objective(s): As the Canadian contribution to the WHO Unity Studies, Canada assists in developing, implementing and executing widespread local community-based serological surveys to help prevent the spread the COVID-19. These studies estimate population exposure to COVID-19 across various demographics in both British Columbia and Ontario.

### **Results achieved**

The British Columbia Centre for Disease Control (BCCDC) produced initial serological results based on samples from the Greater Vancouver area from March 2020 (prior to the first wave of COVID-19 mitigation measures) and May 2020 (at the end of the first wave of mitigation measures).

Their findings indicated that less than 1% of British Columbians were infected with COVID-19 when first-wave mitigation measures were relaxed in May 2020. These early findings provided supportive evidence of the contribution of public health measures that were implemented to stop community transmission in BC.

These results also indicated that a large portion of the population were still susceptible to future waves of COVID-19 infection.

These results were presented by Dr. Bonnie Henry, Provincial Health Officer for British Columbia, at a briefing on Monday July 20, 2020. A publicly available preprint of these results was posted July 15, 2020 on [MedRxiv](#).<sup>xxx</sup> PHAC was acknowledged as contributing to the funding for this work.

In Ontario, 1,000 samples in each of ten age groups were collected across the province. The findings were shared with the COVID-19 Immunity Task Force in order to improve decision-making across various platforms that each work to protect Canadians against ongoing spread of COVID-19.

### **Findings of audits completed in 2020-21**

No audits were completed in 2020-21.

### **Findings of evaluations completed in 2020-21**

No evaluations were completed in 2020-21.

**Engagement of applicants and recipients in 2020-21**

No engagement was conducted in 2020-21.

**Financial information (dollars)**

Type of transfer payment	2018–19 Actual spending	2019–20 Actual spending	2020–21 Planned spending	2020–21 Total authorities available for use	2020–21 Actual spending (authorities used)	Variance (2020–21 actual minus 2020–21 planned)
Total grants	0	0	0	1,300,000	1,299,429	1,299,429
Total contributions	0	0	0	0	0	0
Total other types of transfer payments	0	0	0	0	0	0
Total program	0	0	0	1,300,000	1,299,429	1,299,429
Explanation of variances	Actual spending was higher than planned due to the requirement for new resources to strengthen the COVID-19 response.					

## Gender-based Analysis Plus

### Section 1: Institutional GBA Plus Capacity

#### Governance structures

In 2020-21, PHAC continued to implement a Sex and Gender-based Analysis Plus (SGBA Plus)<sup>10</sup> action plan focusing on four key pillars:

1. Increase awareness and build capacity;
2. Enhance accountability;
3. Strengthen use of evidence in surveillance, research, policy, programs and supporting functions; and
4. Build and strengthen partnerships and engagement.

PHAC continued to integrate GBA Plus into decision-making related to programs and operations through routine discussion of GBA Plus at senior management committees and consideration of GBA Plus, equity, diversity and inclusion considerations and inclusive, non-stigmatizing language during the development of Memoranda to Cabinet, Budget Proposals and Treasury Board Submissions. In addition, PHAC integrated GBA Plus considerations into COVID-19 guidance and high visibility COVID-19 related published documents throughout the pandemic response.

An accountability mechanism, including an internal GBA Plus attestation process, ensured the quality and accuracy of the GBA Plus analyses carried out for Cabinet documents, with emphasis on integrating relevant sex, gender, diversity, inclusion and health equity-related considerations throughout policies and programs.

PHAC's GBA Plus Champion continued to lead the integration of GBA Plus into the organization's functions and programs with the support of a GBA Plus Focal Point Team. The GBA Plus Champion will also continue to work with PHAC's functional leads responsible for the implementation of the Government of Canada's Results and Delivery Agenda and its commitment to gender equality in policy and practice.

The PHAC SGBA Plus Focal Point has also worked with its Health Portfolio counterparts to strengthen and update the Health Portfolio SGBA Plus Policy to advance the application of equity, diversity and inclusion considerations into all aspects of the Agency's work using an intersectional lens. The Agency will continue to implement the 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's intra-departmental GBA Plus network of experts continued to support implementation of the GBA Plus plans and priorities, the Health Portfolio SGBA Plus Policy and the implementation of the Policy Direction to Modernize the Government of Canada's Sex and Gender Information Practices across the organization.

#### Human resources

In 2020–21, approximately eight and a half full-time equivalents (FTEs) were dedicated to GBA Plus implementation in the Agency:

- 5 FTEs within the SGBA Plus Focal Team dedicated to advancing GBA Plus capacity and practice;
- Time dedicated from a combination of the GBA Plus Champion and program area GBA Plus from across the Agency; and
- SGBA Plus Champion and PHAC SGBA Plus Network members' time amounting to 3 FTEs in total.

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<sup>10</sup> Health Canada/PHAC uses Sex and Gender-based Analysis Plus (SGBA Plus) to emphasize the importance of sex or biological differences in the health sector.

## **Major initiatives undertaken in 2020-21 and/or progress made on ongoing initiatives:**

The Public Health Agency of Canada (PHAC) continued to advance on its SGBA Plus plans and priorities with a main focus on strengthening capacity building and the integration of SGBA Plus into various elements of program delivery.

### **Capacity Building**

Through the Agency's SGBA Plus Focal Point team, the Agency has implemented awareness raising and capacity-building activities to strengthen the integration of SGBA Plus into the Agency's work. From April 1, 2020 to March 31, 2021, the team delivered 10 presentations and trainings with an SGBA Plus focus for a number of audiences, including regional offices and various Communities of Practice. PHAC also piloted SGBA Plus virtual training to employees responsible for the Healthy Canadians and Communities Fund, with plans to expand to other areas and launch recorded webinars to funding recipients.

The Agency's SGBA Plus Champion continued to strengthen the culture around SGBA Plus across the organization through sessions with both employees and managers. Further, the Agency's SGBA Plus Network convenes over 40 representatives from across the organization to advance and continually improve the implementation of SGBA Plus at PHAC.

One way the impact of these capacity building initiatives has been assessed is through the Health Portfolio's (HP) biannual survey on SGBA Plus awareness, knowledge, training and application among its employees. The 2020 HP SGBA Plus survey indicated that progress is being made in a number of areas, including that the majority (83.9%) of PHAC respondents were aware of the HP SGBA policy – a 9.4% increase over the past two years and knowledge of SGBA Plus tools increased by 45.8%. Further, the proportion of PHAC respondents who indicated that their work environment is supportive of applying SGBA Plus on a daily basis increased by 13.3%. Plans are in place to address gaps in the survey results (only 61% of respondents had taken SGBA Plus training) by expanding the SGBA Plus pilot training to other high priority areas. An update of the Health Portfolio SGBA Plus Policy is also currently underway to strengthen the focus on equity, diversity and inclusion considerations, following extensive consultations with various internal networks.

### **Integration of SGBA Plus into the Agency's program delivery**

For 2020-21 there are several examples of the impact and results of integrating SGBA Plus into programs delivered by the Agency.

#### **SGBA Plus Review of COVID-19 Guidance documents, tools and communications products (Health Promotion and Chronic Disease Prevention Branch/Centre for Chronic Disease Prevention and Health Equity)**

The Agency publishes guidance to support a harmonized and "best-practices" approach to COVID-19 for various Canadian audiences and stakeholders. The guidance developed by PHAC subject-area and technical experts is based on the best available scientific knowledge, expert opinion and public health practices and complement provincial and territorial public health efforts. PHAC guidance targets a broad range of audiences, including: health professionals who manage clinical care, infection prevention and control within care facilities, those who develop public health advice and those working in community settings, post-secondary institutions, businesses and industry. Actions have been undertaken to ensure that all guidance documents published by PHAC consider the needs of diverse populations, provide adaptable and inclusive content that can be applied equitably across a wide range of groups and sectors and use non-stigmatizing and culturally sensitive language. To ensure this, the Agency established an internal expert review team in 2020 that reviewed all high-visibility COVID-19 guidance materials prior to being published. To date, the expert team from the Agency's SGBA Plus focal Point has reviewed over 125 documents, of which 56 were technical guidance. As time has progressed, learnings from previous reviews are now being integrated into COVID-19 guidance by program areas, demonstrating effective SGBA Plus integration of health equity considerations.

**Safe Voluntary Isolation Sites Program (SVISP)** (Health Promotion and Chronic Disease Prevention Branch / Vice President's Office / Emerging Programs)

The safe voluntary isolation sites program was developed and implemented in order to provide isolation spaces for individuals who are unable to safely isolate at home, thereby helping to limit contact and spread in the communities that have been amongst the most impacted by COVID-19. Organizations that applied for funding were required to consider health equity considerations including socio-demographic, cultural and other diversity factors of the individuals using the voluntary isolation site(s). As a condition of funding, PHAC collects monthly data from project recipients on disaggregated demographic data including gender, age, race/ethnicity, household occupancy and income. Since launching the Toronto pilot site, over 1,250 individuals have sought isolation support at one of the 4 federally-funded voluntary isolation sites. Based on disaggregated demographic data, 81% identify as a member of a racialized community and three-quarters of site users live in households with 3 or more individuals.

[Long-term pan-Canadian Health Data Strategy<sup>xxxii</sup>](#) (Corporate Data Surveillance Branch/Strategic Data Partnership and Insight/Public Health Intelligence, External Partnerships & Coordination)

COVID-19 has highlighted issues that are posing challenges to Canada's ability to collect, share and use health data for the benefit of Canadians. 'Health data' includes public health, health system and population health data. In order to ensure PHAC's decisions are guided by the best and latest information and lead to optimal health outcomes for peoples in Canada, the Government of Canada and the provinces and territories are co-developing a new policy approach to health data management, with SGBA Plus considerations integrated throughout the process. Consultations with stakeholders, including Indigenous groups, will take place to inform development of a pan-Canadian Health Data Strategy (the Strategy). The Strategy, if approved and implemented by jurisdictions, will establish a common goal, set of principles and areas for action to transform health data management in Canada and improve accessibility and sharing of health data, while protecting privacy.

**COVID-19 Vaccine Surveillance** (Vaccine Roll-out Task Force Immunization Program, Vaccine)

PHAC is collaborating with Statistics Canada on COVID-19 vaccine coverage surveys (CVCS). The surveys will provide in-depth information on sociodemographic characteristics (e.g., age, gender, ethnicity, Indigenous status, country of birth, education and income), vaccination status, reasons for not having been vaccinated, knowledge, attitudes and beliefs about COVID-19 vaccines and vaccines in general. This disaggregated data will support SGBA Plus analysis of outcomes related to COVID-19. PHAC, in collaboration with the Canadian Immunization Task Force, is funding several studies in Canada to understand and monitor the durability of protection following vaccination across different population groups, including priority populations.

## Section 2: Gender and diversity impacts, by program

### Definitions

**Target Population:** See Finance Canada definition of Target Group in the following document: [User Instructions for the GBA Plus Departmental Summary – Budget 2020 - Canada.ca](#)<sup>xxxii</sup>

#### Gender Scale:

- First group: Predominantly men (e.g. 80 per cent or more men)
- Second group: 60 per cent - 79 per cent men
- Third group: Broadly gender-balanced
- Fourth group: 60 per cent - 79 per cent women
- Fifth group: Predominantly women (e.g. 80 per cent or more women)

#### Income Level Scale:

- First group: Strongly benefits low income individuals (Strongly progressive)
- Second group: Somewhat benefits low income individuals (Somewhat progressive)
- Third group: No significant distributional impacts
- Fourth group: Somewhat benefits high income individuals (Somewhat regressive)
- Fifth group: Strongly benefits high income individuals (Strongly regressive)

#### Age Group Scale:

- First group: Primarily benefits youth, children and/or future generations
- Second group: No significant inter-generational impacts or impacts generation between youth and seniors
- Third group: Primarily benefits seniors or the baby boom generation

**Gender Results Framework Pillars:** see definitions at the following page: [Gender Results Framework - Women and Gender Equality Canada](#)<sup>xxxiii</sup>

**Quality of Life Domains:** See definitions in [Annex-5-eng.pdf \(budget.gc.ca\)](#)<sup>xxxiv</sup>

### Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program name:** Health Promotion (Family Violence and Gender-based Violence)

**Target population:** Children, Families, General Public, Seniors, Indigenous people, Low-income individuals and/or families

#### Distribution of benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			●			Women
By income level	Low		●				High

		First group	Second group	Third group	
By age group	Youth		●		Senior

### **Breakdown of program results under the distribution of benefits:**

#### Gender-based Violence:

By Gender: Amongst intervention research projects - 96% engage women; and 96% engage men; 29% specifically engage gender diverse individuals.\*

By Income Level: Amongst intervention research projects - 8% use strategies to engage participants living in low income situations; and 92% are universal programs.\*

By Age Group: Amongst intervention research projects, 92% engage children and youth; and 13% engage adults.\*

#### Family Violence:

By Gender: Amongst intervention research projects - 100% engage women; 60% engage men; and 0% specifically engage gender diverse individuals.\*

By Income Level: Amongst intervention research projects - 20% use strategies to engage participants living in low income situations; and 87% are universal programs.\*

By Age Group: Amongst intervention research projects, 60% engage children and youth; and 47% engage adults.\*<sup>11</sup>

### **Key Impacts:**

<b>Statistics</b>	<b>Observed Results*</b>	<b>Data Source</b>	<b>Comment</b>
% of intervention research projects and capacity projects that identify Indigenous communities in their priority populations	17/53 projects  32%*	Annual reports	N/A
% of intervention research projects and capacity projects that identify LGBTQ2 communities in their priority populations	8/53 projects   15%* <sup>12</sup>	Annual reports	N/A

**GBA Plus data collection plan:** Nothing to report for 2020-21.

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<sup>11</sup> (\*) As funded projects are designed to determine the effectiveness of programs/interventions and not to support ongoing programming, the number of participants in each project varies. In some cases the sample size is too small to disaggregate by gender. For this reason, PHAC has found that more meaningful data is collected when projects depict and disaggregated the information as best possible within their project's context.

<sup>12</sup> The Family Violence investment did support projects with LGBTQ2 communities as their priority, but they were completed prior to 2020-21.

**Core Responsibility:** Health Promotion and Chronic Disease Prevention

**Program name:** Health Promotion (Mental Health Promotion-Innovation Fund)

**Target population:** Children, Families, General Public, Seniors, Indigenous people, Low-income individuals and/or families

**Distribution of Benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			●			Women
By income level	Low		●				High

		First group	Second group	Third group	
By age group	Youth	●			Senior

**Breakdown of program results under the distribution of benefits:**

By Gender: Amongst funded projects - 95% engage women; and 81% engage men; 10% specifically engage gender diverse individuals.

By Income Level: Amongst funded projects - 48% use strategies to engage participants living in low income situations.

By Age Group: Amongst funded projects, 95% engage children and youth; and 95% engage adults (including young adults and parents and caregivers engaged through programming focused on children and youth).

**Other:** Not available.

**GBA Plus data collection plan:** The Mental Health Promotion Innovation Fund is a new funding program that replaced the Innovation Strategy in 2019-20 in an effort to support positive mental health for children, youth, their caregivers and communities. Projects will complete annual reporting which includes the collection of basic information the distribution of benefits of funded interventions by age group and by priority group, where appropriate (e.g., First Nations, Métis peoples, Inuit peoples, Newcomers, LGBTQ2, Persons with disabilities, Official language minorities and visible minorities). Early results achieved by MHP-IF projects will be available in October 2021.



## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program name:** Health Promotion (Pan-Canadian Suicide Prevention Service)

**Target population:** Children, Families, General Public, Seniors, Indigenous people, Low-income individuals and/or families

### Distribution of benefits:

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			●			Women

		First group	Second group	Third group	
By age group	Youth		●		Senior

### Key impacts:

Statistics	Observed Results	Data Source	Comment
Total number of interactions	71,901 interactions	Monthly and annual reports from the funding recipient	N/A
Number of service interactions by modality	Voice: 57,516 Text: 14,385 <sup>13</sup>	Monthly and annual reports from the funding recipient	Data can be further disaggregated by Official Language (French/English)
Number of service interactions by Official Language:	English: 70,705 French: 1,196 <sup>14</sup>	Monthly and annual reports from the funding recipient	Data can be further disaggregated by modality (voice, text)

**Other:** The stresses and uncertainty from the COVID-19 pandemic resulted in sharp increases in the demand for service in 2020-21. Additional funding provided by PHAC in November 2020 assisted in responding to the increased number of interactions and reducing wait times.

**GBA Plus data collection plan:** Future reporting will include disaggregation by region, gender, age range and by chat.

The funding recipient is currently exploring data collection and analysis tools, including data visualization software and access to data analysis expertise. These tools will provide insight into the impacts of the program on gender and diversity in the future.

<sup>13</sup> Text interactions reflect only English interactions between 4 p.m. to midnight ET. The text modality will become available 24/7/365 in English and French by March 2022.

<sup>14</sup> Callers with a Quebec-based area code are automatically routed to Quebec's provincial suicide prevention service and are not included in this data.

**Core Responsibility:** Health Promotion and Chronic Disease Prevention

**Program name:** Health Promotion (Dementia Community Investment)

**Target population:** Children, Families, General Public, Seniors, Indigenous people, Low-income individuals and/or families

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men				●		Women
By income level	Low		●				High

		First group	Second group	Third group	
By age group	Youth			●	Senior

**Other:** Not available.

**GBA Plus data collection plan:** 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. This data from funded projects will be available in 2022-23.

**Core Responsibility:** Health Promotion and Chronic Disease Prevention

**Program name:** Health Promotion (Community Action Plan for Children & Canada Prenatal Nutrition Program)

**Target population:** Children, Families, General Public, Seniors, Indigenous people, Low-income individuals and/or families

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men				●		Women
By income level	Low	●					High

		First group	Second group	Third group	
By age group	Youth	●			Senior

**Key impacts:**

The following findings were included in the 2020-21 CAPC and CPNP Evaluation:

- A significant proportion of CAPC participants reported adopting positive health behaviours because of their participation in a project. Improvements were particularly noted by participants who recently immigrated to Canada.

- The majority of CAPC participants (86%) reported that their health and wellbeing had improved because of their participation in a project, with participants who identified as Indigenous reporting even greater improvements.

Almost all CPNP participants (94%) reported that their participation in a project had improved their health and wellbeing, with greater improvements reported by participants who identified as recent immigrants. Additional relevant program data, include:

- Based on data collected in 2019-2020, 84% of parent/caregiver participants in CAPC were female and 16% were male.
- Based on a survey collected in 2018, the socio-demographic profile of CAPC participants is as follows: 58% of participants live in low income households, 25% are lone parents, 18% are recent immigrants, 17% are Indigenous, 13% have less than a high school education and 1% are teenage parents.
- Based on data collected in 2019-20, 85% of participants in CPNP were prenatal or postnatal women, 9% were fathers/male caregivers and 6% were other caregivers (e.g. grandparents, child care providers).
- Based on a survey collected in 2018, the socio-demographic profile of CPNP participants is as follows: 74% of participants live in low income households, 28% are lone parents, 26% are recent immigrants, 24% are Indigenous, 21% have less than a high school education and 7% are teenage parents.

**GBA Plus data collection plan:** Nothing to report for 2020-21.

## Core Responsibility: Health Promotion and Chronic Disease Prevention

**Program name:** Chronic Disease Prevention

**Target population:** General Public, Health care and/or social assistance sectors

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			●			Women
By income level	Low			●			High

		First group	Second group	Third group	
By age group	Youth		●		Senior

**Other:** Requirements to report disaggregated medium- and long-term results were put in place for projects that received funding in 2021-22. It is expected that projects funded under the Healthy Canadians and Communities Fund (HCCF) will report results by socio-demographic factors, which will allow reporting on this in subsequent years.

**GBA Plus data collection plan:** Initiatives that will be funded through the HCCF, must describe how health equity was considered in the design of the intervention, recruitment of participants and project implementation. Reporting on health equity is also a requirement. Mandatory socio-demographic data includes: age ranges (children and youth, adults, older adults), gender (includes a non-binary response) and postal codes (first 3 digits). Optional socio-demographic data (on a case-by-case basis) can include: employment status, level of education, proxy of income or income range, immigration status, ethnicity and sexual orientation.

For short-term indicators, expected and actual reach is disaggregated along the socio-demographic factors collected among participants. For medium- and long-term indicators, projects are encouraged to report disaggregated results by socio-demographic factors, where relevant.

**Core Responsibility:** Health Promotion and Chronic Disease Prevention

**Program name:** Evidence for Health Promotion and Chronic Disease and Injury Prevention

**Target population:** Scientific researchers, Health care and/or social assistance sectors and Program(s) within the same department or agency

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>			●			<b>Women</b>
<b>By income level</b>	<b>Low</b>			●			<b>High</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>		●		<b>Senior</b>

**Other:** Not available.

**GBA Plus data collection plan:**

Dementia Public Health Surveillance and Data Funding: As part of the solicitation process, initiatives funded through this program were required to integrate GBA Plus considerations into their proposals, which were assessed as part of the screening process. Further, projects are expected to report on these considerations in their progress and annual reporting to PHAC. Since each of the four projects established its own activities, each of them will report on different GBA Plus indicators. Some examples of information being captured for analysis as part of this program include, sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status including diagnosed mental health conditions, access to social supports, primary language spoken, ethnicity, religion, etc.

Addressing Evidence Gaps to Better Understand the Public Health Impact of the Opioid Crisis Among Select Indigenous Populations: As part of the solicitation process, initiatives funded through this program were required to integrate GBA Plus considerations into their proposals, which were assessed as part of the screening process. Further, projects are expected to report on these considerations in their progress and annual reporting to PHAC. Since each of the three projects established its own activities, each of them will report on different GBA Plus indicators. Some examples of information being captured for analysis as part of this program include, sex, age, urban vs. rural status, level of education, employment status, food security, access to clean water, access to health and social services, general health status including diagnosed mental health conditions, etc.

Métis Nation Health Data: The six projects funded under this program are required to report annually on a common set of indicators that were co-developed and agreed to by the Métis Nation during the Treasury Board Submission process. Although none of these indicators specifically include GBA Plus information, there is a range of data being captured by the recipients in either surveys or surveillance systems. Given that recipients are at different stages with their data capture and analysis activities, each nation established its own activities aimed at increasing its capacity to gather and analyze Métis relevant data to better understand the health status of its citizens. In conducting their surveillance activities, the types of information being captured for analysis in this program include, sex, age, urban vs. rural status, level of education, employment status, food security, access to

health services, general health status, Indigenous identities, cultural practices, historical events impacting individuals, etc.

Evidence for Health Promotion, Chronic Disease and Injury Prevention - Enhanced Surveillance: As part of the solicitation process, initiatives funded through this program were required to integrate GBA Plus considerations into their proposals, which were assessed as part of the screening process. Further, projects are expected to report on these considerations in their progress and annual reporting to PHAC. Since each of the 12 projects established its own activities, each of them will report on different GBA Plus indicators. Some examples of information being captured for analysis in this program include, sex, gender, age, Indigenous status, disability, urban vs. rural status, level of education, employment status, general health status including diagnosed mental health conditions, visible minority and immigration status, etc.

**Core Responsibility:** Infectious Disease Prevention and Control

**Program name:** Laboratory Science Leadership and Services

**Target population:** Scientific researchers, Health care professionals, Provincial & territorial governments

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>			●			<b>Women</b>
<b>By income level</b>	<b>Low</b>			●			<b>High</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>		●		<b>Senior</b>

**Other:** In general, laboratory services involve testing samples from clients who are not required to submit patient information and/or gender metrics for privacy reasons. Research activities consider GBA Plus implications on a project-by-project basis, for example by providing equitable access to laboratory testing in remote regions.

**GBA Plus data collection plan:** Nothing to report for 2020-21.

**Core Responsibility:** Infectious Disease Prevention and Control

**Program name:** Communicable Diseases and Infection Control

**Target population:** Health care professionals, General public and Non-governmental organizations (NGO)

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			●			Women
By income level	Low			●			High

		First group	Second group	Third group	
By age group	Youth		●		Senior

**Other:** Applied a GBA Plus lens when gathering information on the impact of public health measures related to COVID-19, on access to and delivery of Sexually Transmitted and Blood-Borne Infection (STBBI) prevention, testing, treatment services and harm reduction services in Canada among vulnerable populations.

Also conducting surveillance of COVID-19 impacts on key populations to inform the development of guidance and public health practices.

**GBA Plus data collection plan:** Nothing to report for 2020-21.

**Core Responsibility:** Infectious Disease Prevention and Control

**Program name:** Vaccination

**Target population:** Healthcare professionals, General public, Provincial & territorial governments

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			●			Women
By income level	Low			●			High

		First group	Second group	Third group	
By age group	Youth		●		Senior

**Other:** An SGBA Plus lens was applied throughout the policy approach to planning and executing Canada’s COVID-19 vaccine roll-out and considerations were integrated in all stages of the campaign, including through research and development, acquisition and procurement, priority population identification, vaccine administration, surveillance, stakeholder engagements and communications.

Canada is also working to measure the success of the vaccination campaign in reaching various sub-populations, including the compilation of surveillance data obtained by P/T public health authorities, disaggregated by gender and age. To complement these data, PHAC is collaborating with Statistics Canada to conduct COVID-19 Vaccine Coverage Surveys (CVCS). These surveys provide information on sociodemographic characteristics (e.g., age, gender, ethnicity, Indigenous status, country of birth, education and income), vaccination status, reasons for not being vaccinated and knowledge, attitudes and beliefs about COVID-19 vaccines and vaccines in general.

The Immunization Partnership Fund also supports a wide range of initiatives designed to support COVID-19 vaccine uptake and incorporates SGBA Plus considerations through its focus on equity-deserving groups and those who experience barriers to vaccination.

**GBA Plus data collection plan:** Nothing to report for 2020-21.

### **Core Responsibility:** Infectious Disease Prevention and Control

**Program name:** Foodborne and Zoonotic Disease

**Target population:** Health care professionals, General public, Provincial & territorial governments

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	Men			●			Women
<b>By income level</b>	Low			●			High

		First group	Second group	Third group	
<b>By age group</b>	Youth		●		Senior

**Other:** Generally, the Foodborne and Zoonotic Disease Program seeks to increase recognition in data collection and research of the need to identify sex and gender differences in relation to risk factors, symptoms and patterns of health issues for the purposes of preventing, diagnosing and treating illness in people of all genders. Utilizing tools to recognize that people have multiple and diverse identity factors that intersect to shape their perspectives, ideologies and experiences when developing policy is ongoing.

The Infectious Disease and Climate Change (IDCC) Program and Fund within this Program incorporates GBA Plus considerations into program implementation, rollout and design. For example, GBA Plus considerations are integrated into the funding application guide and SGBA Plus metrics are taken into consideration when making funding decisions.

**GBA Plus data collection plan:** Nothing to report for 2020-21.

**Core Responsibility:** Health Security

**Program name:** Emergency Preparedness and Response

**Target population:** General public, Provincial & territorial governments

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			●			Women
By income level	Low			●			High

		First group	Second group	Third group	
By age group	Youth		●		Senior

**Other:** Not available.

**GBA Plus data collection:** Nothing to report for 2020-21.

**Core Responsibility:** Health Security

**Program name:** Biosecurity

**Target population:** Science and technology industry, Health care and/or social assistance sectors, Colleges and/or universities

**Distribution of benefits:**

		First group	Second group	Third group	Fourth group	Fifth group	
By gender	Men			●			Women
By income level	Low			●			High

		First group	Second group	Third group	
By age group	Youth		●		Senior

**Other:** The Biosecurity Program protects the health and safety of the public through the delivery of a strong and comprehensive safety and security regime that prevents, detects and responds to the risks associated with the use of human and terrestrial animal pathogens and toxins. At its core, the Biosecurity Program is regulatory in nature with legislative oversight and related program activities directed not at individuals but at the institutional or organizational level across a broad range of sectors.

The program measures its impact on a broader scale including all Canadians and aims to take GBA Plus into consideration to ensure maximum effective reach. For example, the program considers specific health risks to particular populations (e.g., sex, gender, children, elderly, etc.) in the development of Pathogen Risk Assessment and Pathogen Safety Data Sheets to enable stakeholders to perform their duties effectively.



Additionally, in accordance with the Cabinet Directive on Regulation, PHAC undertakes an assessment of social and economic impacts of each regulatory proposal on diverse groups of Canadians, in accordance with the Government of Canada’s commitment to implementing GBA Plus.

**GBA Plus data collection:** Nothing to report for 2020-21.

**Core Responsibility:** Health Security

**Program name:** Border and Travel Health

**Target population:** Border and Travel Health measures aim to protect all Canadians and apply to all travelers to Canada (unless explicitly exempt)

**Distribution of benefits:**

There has been an on-going qualitative assessment of the impact of Border and Travel Measures implemented for the management of COVID-19 in respect of both physiological differences (e.g., physical ability, age) and socio-cultural differences (e.g., gender, geographical location, language and literacy). This has enabled the identification of actual or potential disparate impacts on diverse groups of people. Where actual or potential disparate impacts have been identified, corresponding mitigations have been put in place: some mitigations are focused on impacted groups, other mitigations are generally applicable to the entire target population.

		First group	Second group	Third group	Fourth group	Fifth group	
<b>By gender</b>	<b>Men</b>			●			<b>Women</b>
<b>By income level</b>	<b>Low</b>			●			<b>High</b>

		First group	Second group	Third group	
<b>By age group</b>	<b>Youth</b>		●*		<b>Senior</b>

\* An exemption for travellers less than five years of age from COVID-19 border testing; and an exemption for unaccompanied minors from the stay in a Government-Authorized Accommodation (GAA) pending receipt of a negative on-arrival test.

**Other:**

- **Gender** - Security vulnerability in GAA and Designated Quarantine Facilities (DQF) is mitigated by controlled and monitored entry/exit, enhanced security in hallways and public areas, as well as private secured spaces with landline telephones for accommodated travelers; and nursing assessments in DQF include consideration of gender determinants of health.
- **Ability/Dependency** – Dependent adults were exempt from the stay in GAA pending receipt of a negative on-arrival test; and there are exemptions from the prohibition of entry and allowances for limited release from quarantine for travelers who must provide support/care to another person.
- **Geographical Location** – Persons in certain remote locations are exempt from the prohibition of entry and/or from quarantine and other obligations when they need to cross the Canada-U.S. land border in order to access essential services/necessities life, or to fulfill child custody obligations.
- **Accessibility, Social, Cultural or Economic Status** – A range of exemptions have been implemented, including:
  - An exemption from the requirement to submit information digitally through the ArriveCAN app;
  - Alternative border testing protocols for seasonal agricultural temporary foreign workers;

- To the extent possible, tailored accommodations for families/caregivers who are required to stay in GAA or DQF (*N.B. Minors account for approximately 6% of travellers lodged at DQF*);
- Self-administered testing instructions are available in multiple languages (written and video); and
- Nursing assessments in DQF include consideration of race/ethnicity, age, ability status and socio-economic/domestic determinants of health.

**GBA Plus data collection plan:** There is anecdotal evidence that the demographic profile of travelers who enter by land is different from travelers who enter by air; GBA Plus analysis of available data could confirm this and illuminate understanding of actual or potential disparate impacts. This analysis is under consideration. In addition, information collected on travelers at the border through established systems could potentially be disaggregated to provide data on certain demographic groups. This analysis is also under consideration.

### Section 3: Program Links to Gender Results Framework

**Core Responsibility:** Health Promotion and Chronic Disease Prevention

Program Name	Education and Skills Development	Economic Participation and Prosperity	Leadership and Democratic Participation	Gender-based Violence and Access to Justice	Poverty Reduction, Health and Well-Being	Gender Equality around the World
<b>Health Promotion</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
<b>Chronic Disease Prevention</b>					<input checked="" type="checkbox"/>	
<b>Evidence for Health Promotion and Chronic Disease and Injury Prevention</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

**Core Responsibility:** Infectious Disease Prevention and Control

Program Name	Education and Skills Development	Economic Participation and Prosperity	Leadership and Democratic Participation	Gender-based Violence and Access to Justice	Poverty Reduction, Health and Well-Being	Gender Equality around the World
<b>Laboratory Science Leadership and Services</b>					<input checked="" type="checkbox"/>	
<b>Communicable Diseases and Infection Control</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<b>Vaccination</b>					<input checked="" type="checkbox"/>	
<b>Foodborne and Zoonotic Disease</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	

**Core Responsibility: Health Security**

Program Name	Education and Skills Development	Economic Participation and Prosperity	Leadership and Democratic Participation	Gender-based Violence and Access to Justice	Poverty Reduction, Health and Well-Being	Gender Equality around the World
<b>Emergency Preparedness and Response</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
<b>Biosecurity</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
<b>Border and Travel Health</b>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	

## Section 4: Program Links to Quality of Life Framework

### Core Responsibility: Health Promotion and Chronic Disease Prevention

Program Name	Prosperity	Health	Environment	Society	Good Governance
Health Promotion		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Chronic Disease Prevention		<input checked="" type="checkbox"/>			
Evidence for Health Promotion and Chronic Disease and Injury Prevention		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

### Core Responsibility: Infectious Disease Prevention and Control

Program Name	Prosperity	Health	Environment	Society	Good Governance
Laboratory Science Leadership and Services		<input checked="" type="checkbox"/>			
Communicable Diseases and Infection Control		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Vaccination		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Foodborne and Zoonotic Disease		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

### Core Responsibility: Health Security

Program Name	Prosperity	Health	Environment	Society	Good Governance
Emergency Preparedness and Response		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Biosecurity		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Border and Travel Health		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

## **Response to Parliamentary Committees and External Audits**

### **Response to Parliamentary Committees**

There were no parliamentary committee reports requiring a response in 2020-21.

### **Response to Audits Conducted by the Office of the Auditor General of Canada**

#### **Report 8 of the Auditor General of Canada, Pandemic Preparedness, Surveillance and Border Control Measures**

This audit focused on whether the Public Health Agency of Canada was prepared to effect a pandemic response that would protect public health and safety and would be supported by accurate and timely public health surveillance information. This audit also focused on whether the Public Health Agency of Canada and the Canada Border Services Agency implemented and enforced border control and mandatory quarantine measures to limit the spread in Canada of the virus that causes COVID-19.

This audit is important because a well-planned and informed public health response is crucial to limiting the spread and public health impact of an infectious disease during a pandemic. In particular, timely and comprehensive surveillance information is needed to direct public health efforts. Border control and quarantine measures can help to limit the spread of an infectious disease and lessen the impact of a pandemic on the health of people in Canada.

More details about the audit, including corrective actions taken by PHAC to address the recommendations are in [Report 8—Pandemic Preparedness, Surveillance and Border Control Measures](#).<sup>xxxv</sup>

### **Response to Audits Conducted by the Public Service Commission of Canada or the Office of the Commissioner of Official Languages**

There were no audits in 2020–21 requiring a response.

## Endnotes

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- <sup>i</sup> Federal Sustainable Development Act, <https://laws-lois.justice.gc.ca/eng/acts/F-8.6/index.html>
- <sup>ii</sup> Departmental Sustainable Development Strategy 2020 to 2023, <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/sustainable-development/departmental-strategy-2020-2023.html>
- <sup>iii</sup> COVID-19 infection among international travellers: a prospective analysis, <https://bmjopen.bmj.com/content/11/6/e050667>
- <sup>iv</sup> Test volumes and positivity rates, <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/testing-screening-contact-tracing/summary-data-travellers.html#a3>
- <sup>v</sup> Accelerating our response: Government of Canada five-year action plan on sexually transmitted and blood-borne infections, <https://www.canada.ca/en/public-health/services/reports-publications/accelerating-our-response-five-year-action-plan-sexually-transmitted-blood-borne-infections.html>
- <sup>vi</sup> Indigenous Early Learning and Child Care Framework, <https://www.canada.ca/en/employment-social-development/programs/indigenous-early-learning/2018-framework.html>
- <sup>vii</sup> Departmental Plan 2019-20 Horizontal Initiatives, <https://www.infrastructure.gc.ca/pub/dp-pm/2019-20/2019-suppl-hi-ih-eng.html>
- <sup>viii</sup> Investment overview for Preventing Gender-Based Violence: the Health Perspective, <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/call-proposals-preventing-addressing-gender-based-violence-health-perspective-teen-youth-dating-violence-prevention/investment-overview.html>
- <sup>ix</sup> About Heart to Heart, <https://ndinawe.ca/heart-to-heart/>
- <sup>x</sup> Addressing Youth Dating Violence, <https://youthdatingviolence.prevnet.ca/>
- <sup>xi</sup> Building the Field of Teen Healthy Relationships Programming in Canada, <https://canadianwomen.org/building-the-field-of-teen-healthy-relationships/>
- <sup>xii</sup> Helping to guide Canada's Epidemic Response – COVID-19 Immunity Task Force, <https://www.covid19immunitytaskforce.ca/>
- <sup>xiii</sup> Opioids and Substances of Misuse among First Nations People in Alberta, <https://open.alberta.ca/dataset/cb00bdd1-5d55-485a-9953-724832f373c3/resource/31c4f309-26d4-46cf-b8b2-3a990510077c/download/opioids-substances-misuse-report-firstnations-2017.pdf>
- <sup>xiv</sup> Alberta opioid response surveillance report, <https://open.alberta.ca/publications/alberta-opioid-response-surveillance-report>
- <sup>xv</sup> The Health Status and Access to Healthcare by Registered First Nations Peoples in Manitoba, [http://mchp-appserv.cpe.umanitoba.ca/reference/FN\\_Report\\_web.pdf](http://mchp-appserv.cpe.umanitoba.ca/reference/FN_Report_web.pdf)
- <sup>xvi</sup> Use of Prescription Opioids and Impact of Replacing Oxycontin With Oxyneo On Opioid Use Among Métis Citizens, 2013-2018, <https://ijpds.org/article/view/1648>
- <sup>xvii</sup> Teamwork against the coronas, <https://lalibertesciencesmagjunior.ca/en/home/>
- <sup>xviii</sup> Dementia Strategic Fund: Awareness raising initiatives, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/dementia-strategic-fund-awareness-raising-initiatives.html>
- <sup>xix</sup> Lyme Disease in Canada - A Federal Framework, <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/lyme-disease-canada-federal-framework.html>
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- <sup>xxi</sup> ParticipACTION, <https://www.participaction.com/en-ca>
- <sup>xxii</sup> A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving, <https://www.canada.ca/en/public-health/services/publications/healthy-living/lets-get-moving.html>
- <sup>xxiii</sup> ParticipACTION app, <https://www.participaction.com/en-ca/programs/app>
- <sup>xxiv</sup> The Promoting Health Equity: Mental Health of Black Canadians Fund, <https://www.canada.ca/en/public-health/services/funding-opportunities/grant-contribution-funding-opportunities/promoting-health-equity-mental-health-black-canadians-fund.html>

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- <sup>xxv</sup> Family Violence Prevention Investment: Currently funded projects, <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/investment-prevention-funded-projects.html>
- <sup>xxvi</sup> Building Internal Resilience Through Horses, <http://kh-cdc.ca/en/project-profiles/building-resilience.html>
- <sup>xxvii</sup> Developing and piloting an evidence-based intervention to support high-risk families who experience family violence in Nunavut, <http://kh-cdc.ca/en/project-profiles/inunnguiniq.html>
- <sup>xxviii</sup> The Strength of Families and Connection, <https://www.cwlc.ca/strength-of-families-and-connection>
- <sup>xxix</sup> Knowledge Hub, <http://kh-cdc.ca/en/home.html>
- <sup>xxx</sup> Low SARS-CoV-2 sero-prevalence based on anonymized residual sero-survey before and after first wave measures in British Columbia, Canada, March-May 2020, <https://www.medrxiv.org/content/10.1101/2020.07.13.20153148v1>
- <sup>xxxi</sup> Moving Forward on a Pan-Canadian Health Data Strategy, <https://www.canada.ca/en/public-health/programs/pan-canadian-health-data-strategy.html>
- <sup>xxxii</sup> User Instructions for the GBA+ Departmental Summary, <https://www.canada.ca/en/department-finance/services/publications/federal-budget/proposals/gba-instructions.html#Toc27401179>
- <sup>xxxiii</sup> Gender Results Framework, <https://women-gender-equality.canada.ca/en/gender-results-framework.html>
- <sup>xxxiv</sup> Annex 5 Budget 2021 Impacts Report, <https://www.budget.gc.ca/2021/pdf/Annexe-5-eng.pdf>
- <sup>xxxv</sup> Report 8—Pandemic Preparedness, Surveillance and Border Control Measures, [https://www.oag-bvg.gc.ca/internet/English/parl\\_oag\\_202103\\_03\\_e\\_43785.html#hd3b](https://www.oag-bvg.gc.ca/internet/English/parl_oag_202103_03_e_43785.html#hd3b)