

Public Health Agency of Canada

2018–19

Departmental Plan

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

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

— Public Health Agency of Canada

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Minister's message

I am pleased to present the 2018–19 Departmental Plan for the Public Health Agency of Canada (PHAC). This Plan provides an overview of the Agency's priorities and its plans to strengthen overall population health in Canada. The report highlights PHAC's key anticipated outcomes and results, as well as human resources and budgetary plans for the upcoming fiscal year.¹



To help achieve positive results for Canadians, PHAC will implement programs that strengthen Canada's public health system, improve the overall health of Canadians through health promotion and disease prevention, and help prevent, prepare for, and respond to domestic and international health crises.

In 2018–19, the Agency will continue to support national efforts to respond to the opioid crisis in Canada. The Agency will use the \$16 million announced in Budget 2018 to collect more comprehensive surveillance data to better understand who is at risk and to target effective interventions.

PHAC will also undertake initiatives to increase vaccination rates across Canada, and contribute to efforts by Indigenous, provincial and territorial partners to reduce the rates of tuberculosis in high-incidence Indigenous communities. Working closely with stakeholders, the Agency will also lead the development of a Pan-Canadian Action Plan on Antimicrobial Resistance, and a Pan-Canadian Framework to address HIV and other sexually transmitted and blood-borne infections. PHAC will also raise awareness of the recently completed national concussion guideline and related protocols.

Budget 2018 proposes to provide \$20 million over five years to support community-based projects that address the challenges of dementia, and the implementation of the National Strategy for Alzheimer's Disease and Other Dementias Act. This new funding will help to improve the quality of life of people living with dementia and ensure that caregivers – who are predominantly women – have access to the resources they need, including mental health supports. I am also pleased to better support the needs of Canadians experiencing autism spectrum disorder and their families through a five year, \$20 million investment introduced in this year's Budget.

I look forward to working closely with partners and stakeholders to ensure the best possible health outcomes for Canadians. When we are in good physical and mental health, we are able to contribute more fully with our loved ones within our communities and to the economy, while living healthier, happier lives.

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

¹ Note that [Budget 2018](#) initiatives and funding will be reported in PHAC's 2019–20 Departmental Plan.

Plans at a glance

Public Health Agency of Canada (PHAC) Priority 1: Strengthened public health capacity and science leadership

The Government of Canada plays an essential role in supporting the health of Canadians, and PHAC is a key player in carrying out that role. PHAC helps to improve the public health practices that directly affect Canadians by strengthening scientific research and surveillance that enable public health concerns to be tracked, reported, and addressed; and building the evidence base that improves decision-making pertaining to public health matters.

Key planning highlights:

- Develop a consistent and timely surveillance system for monitoring and reporting opioid overdoses and related deaths in support of the emergency response to the opioid crisis; and
- Enhance Canada’s infectious disease detection and diagnostic capacity by developing new, and improve existing, testing methodologies (such as for Zika, and Lyme disease) and supporting provinces and territories (P/Ts) by providing or deploying specialized testing.

PHAC Priority 2: Leadership on health promotion and disease prevention

The Government of Canada recognizes that social, economic and environmental conditions can affect Canadians’ health status and potential for disease. PHAC is a focal point for federal government action to address these realities. By focusing on building a stronger evidence base through surveillance and applied research, understanding the health interventions that work, and collaborating with stakeholders across Canada and internationally, PHAC provides governments, health professionals and individual Canadians with the knowledge to support informed decision-making.

Key planning highlights:

- Collaborate with P/Ts and other partners to improve access to vaccinations;
- Lead the development of the Pan-Canadian Action Plan on Antimicrobial Resistance focusing on surveillance, infection prevention and control, research, and innovation, to reduce the health risk to Canadians from antimicrobial resistance;
- Lead the development and implementation of a Pan-Canadian Framework for Collective Action to address HIV and other sexually transmitted and blood-borne infections;
- Support public health efforts to reduce Tuberculosis (TB) in keeping with global targets; and
- Lead the government’s implementation of the [National Strategy for Alzheimer’s Disease and Other Dementias Act](#),¹ including convening an advisory board and administering funding to hold a national dementia conference that serves to inform a National Dementia Strategy aimed at improving the quality of life of Canadians affected by dementia.

PHAC Priority 3: Enhanced public health security

The Government of Canada works closely with partners and stakeholders to identify, develop, and implement measures that protect the health and safety of Canadians every day. PHAC focuses on preparing for, and responding to, public health events and emergencies, mitigating travel related public health risks, and regulating pathogens² and toxins in Canada. PHAC also works with stakeholders to deal with the public health implications of broader global threats to public health, such as climate change, and other naturally occurring, deliberate, or accidental threats.

Key planning highlights:

- Continue working with federal, provincial, territorial (F/P/T) and other partners to strengthen Canada's ability to prepare for, and respond to, public health events and emergencies;
- Continue to strengthen the delivery of border and travel health programs to better protect Canadians from public health risks associated with travel; and
- Enhance our ability to identify emerging public health threats and assess and address key risks that impact the health security of Canadians, and continue to explore innovative tools and technologies to support the delivery of health security programs.

PHAC Priority 4: Excellence and innovation in management

The Government has committed to deliver open, transparent and effective public services. PHAC upholds this commitment by pursuing innovation and continuous improvement in the design and delivery of its programs and services. PHAC strives to create an environment that cultivates effective management, engagement, teamwork and professional development opportunities required of a high-performing organization.

Key planning highlights:

- Promote a corporate culture that supports workplace well-being, employment equity and healthy working relationships; and
- Enable a culture of high performance through continued support for employee career development, post-secondary recruitment, performance management, and learning and development opportunities.

² A pathogen is a microorganism (e.g., bacteria, virus, or fungus) capable of causing disease.

Gender-based analysis plus (GBA+)³

PHAC’s efforts to advance GBA+ implementation will focus on increasing the organisation’s internal capacity by providing targeted training, and integrating GBA+ more systematically into surveillance activities, science, policy and programs. Planned activities include: strengthening the collection of disaggregated data, analysis, and regular reporting on sex and gender-based health differences, adapting programs and policies based on sex and gender related evidence, and increasing accountability and integration of GBA+ in performance measurement and reporting.

For more information on PHAC’s plans, priorities, and planned results, see the “[Planned results](#)” section of this report.

³ An analytical process used to help identify the potential impacts of policies, programs and services on diverse groups of women, men and gender-diverse people. The “plus” acknowledges that GBA goes beyond sex and gender differences. We all have multiple identity factors that intersect to make us who we are; GBA+ considers many other identity factors, such as race, ethnicity, religion, age, and mental or physical disability.

Planned results: what we want to achieve this year and beyond

Core Responsibilities

1. Health Promotion and Chronic Disease Prevention

Description

Promote the health and well-being of Canadians of all ages by supporting community-based projects which address the root causes of health inequalities⁴ and the common risk and protective factors that are important to preventing chronic disease, and conduct public health research and surveillance.

Planning highlights

Efforts under this Core Responsibility will contribute to meeting PHAC’s priorities as well as to managing Risks 2 and 3 described in the [key risks section](#). In addition, this Core Responsibility will contribute to the Minister’s mandate letter commitments related to the opioid crisis and concussion awareness, and will include GBA+ considerations in its program design and delivery.

Result 1.1: Canadians have improved physical and mental health.

Physical and mental health is fundamentally linked: poor mental health is a risk factor for chronic physical conditions, and similarly, chronic physical conditions can affect mental health. Certain populations are more likely to experience poor health outcomes. PHAC’s programming intends to reach and respond to health issues affecting these populations, with an emphasis on those most vulnerable.

- PHAC will support healthy child development and reduce health inequity for children in low income families by continuing to invest in community-based programs which address areas such as nutrition (including breastfeeding), physical and social well-being and parenting skills.
- To enhance the psychological well-being of all Canadians, PHAC will equip professionals and Canadians with knowledge and resources on mental health promotion, and help Indigenous partners in their efforts to promote mental health by supporting the implementation of the First Nations Mental Wellness Continuum Framework.
- As part of the [Strategy to Prevent and Address Gender-Based Violence](#)ⁱⁱ PHAC will help determine “what works” to prevent gender-based violence by launching three to six new projects to deliver and test approaches for preventing teen/youth dating violence and child maltreatment.

⁴ Health inequalities refer to differences in health status between groups in society. These differences can be attributed to social and economic factors such as income, education, employment and social supports.

- PHAC will also reach priority populations (such as youth, pregnant women and seniors) with tailored prevention and harm reduction information related to cannabis use by complementing Health Canada’s public awareness efforts and leveraging existing programs, public health networks and initiatives.
- Given that understanding patterns and characteristics of suicide-related behaviours are key to prevention, PHAC will continue its multi-year project to strengthen its existing suicide surveillance system. As well, PHAC will explore new sources of data to supplement areas where gaps exist.

Result 1.2: Canadians have improved health behaviours.

Canadians are encouraged to choose positive health behaviours such as physical activity, decreasing sedentary activity, eating healthy, maintaining good oral health, and quitting smoking. By incorporating healthy behaviours into their daily lives, Canadians can reduce their risks of developing a chronic disease or improve their health and quality of life if they already have a chronic disease. PHAC programming works to promote a range of positive health behaviours among Canadians.

- Following the completion of the Minister’s commitment to support the harmonization of a [concussion management guideline, return to learn and play protocols, and learning tools for Canadians](#),ⁱⁱⁱ PHAC will continue to work with P/Ts to increase concussion awareness for parents, coaches and athletes to develop a culture where these tools become components of Canada’s sport/recreation, education and health systems.
- Through the [Multi-Sectoral Partnership Program](#),^{iv} PHAC will fund interventions that focus on key chronic disease risk factors, including smoking, unhealthy eating, and physical inactivity among children, youth, and adults. PHAC will experiment with more precise measures of physical health and incentives for improved results for Canadians.
- The Agency will also work with Health Canada on implementing the [Healthy Eating Strategy](#)^v by testing innovative ways to help Canadians increase their consumption of healthy foods. Additionally, PHAC supports Nutrition Education Initiatives in ten off-reserve communities that complement the [Nutrition North Canada](#)^{vi} food subsidy program.
- Timely and reliable data are fundamental to monitor the continuing evolution of Canada’s opioid crisis and to inform the Government of Canada’s response. In 2018–19, PHAC will:
 - Work with health partners on research studies to better understand the underlying causes of the crisis and to support effective, targeted interventions; and
 - Augment surveillance by using non-traditional data sources such as emergency medical services and Naloxone distribution/use that can provide timely information about those most at risk.

Result 1.3: Chronic diseases are prevented.

Chronic diseases, conditions, and injuries are major health, social and economic challenges for Canada, and are linked to shorter life expectancy and decreased quality of life, particularly with the rapidly aging population. Similar to physical inactivity and unhealthy eating, obesity is also a significant risk factor for multiple chronic diseases. PHAC seeks to contribute to new solutions for these complex challenges.

- PHAC will work with key stakeholders and partners to strengthen the evidence base and increase public awareness on seniors' health including dementia, falls prevention, and [Age-Friendly Communities](#).^{vii}
- PHAC will also continue to invest in innovative solutions in the aging and brain health sector in partnership with the [Center for Aging and Brain Health Innovation](#) (CABHI).^{viii} CABHI is a unique collaboration of health care, science, industry, not-for-profit and government partners whose aim is to support the development, testing and introduction of products and services to improve the quality of life for those living with dementia.
- To address unhealthy weights and improve the lifestyle of overweight/obese adults, PHAC will invest in the [Healthy Weights Initiative](#)^{ix} offering physical activity support, nutritional education, behaviour therapy, and social support.
- PHAC will accelerate action towards the achievement of global chronic disease targets, and facilitate the sharing of national experiences regarding implementing prevention programs, by leading Canada's engagement in the 2018 United Nations General Assembly High Level Meeting on Non-Communicable Diseases.
- PHAC will continue to fund the [Living Green and Healthy for Teens project](#)^x to develop an innovative online platform that engages youth who are overweight and obese, and their families, through interactive and personalized coaching. The program aims to achieve long-lasting, healthy lifestyle behaviours for its participants by improving levels of physical activity, healthy eating, and decreasing sedentary behaviour.

Did You Know

Canada's Chief Public Health Officer's ultimate goal is to enable **all** Canadians to reach their optimal health, especially those most vulnerable. This means collaborating with many different partners on the great number of factors that influence health, focussing on preventing disease and promoting good health.

Experimentation

To overcome the limitations in existing public health data sources (e.g., survey data, hospital billing), PHAC is looking to expand to new and innovative sources that can inform public health action. In 2018–19, PHAC will continue to fund the [MaRS Discovery District](#)^{xi} to develop and execute a data challenge to fill gaps in data such as those related to opioid overdoses.

Planned results

Departmental Results	Departmental Result Indicators	Targets	Date to achieve target	Actual results		
				2014–15	2015–16	2016–17
Canadians have improved physical and mental health	% of low-income children in very good or excellent health	80%	Mar. 31, 2020	not available ⁵	not available ⁵	not available ⁵
	% of population who have high psychological well-being	75%	Mar. 31, 2020	not available ⁶	75% (CCHS 2015-16)	Data expected in Winter 2018
Canadians have improved health behaviours	% increase in average minutes/day of physical activity among adults	20%	Mar. 31, 2025	0% (No change from baseline of 25 min/day) ⁷	0% (No change from baseline of 25 min/day) ⁷	0% (No change from baseline of 25min/day) ⁷
	% increase in average minutes/day of physical activity among children/youth	10%	Mar. 31, 2025	0% (No change from baseline of 58 min/day) ⁷	0% (No change from baseline of 58 min/day) ⁷	0% (No change from baseline of 58 min/day) ⁷
Chronic diseases are prevented	% increase in years lived in good health by seniors	4%	Mar. 31, 2022	1.2% (Increase from 2010–11 to 2012–13)	1.2% (Increase from 2010–11 to 2012–13)	1.2% (Increase from 2010–11 to 2012–13)
	Rate of new diabetes cases among Canadians	6.2 Cases per 1,000 age 1 and older	Mar. 31, 2020	6.2 Cases per 1,000 age 1 and older (2012–13) ⁸	6.2 Cases per 1,000 age 1 and older (2012–13) ⁸	6.2 Cases per 1,000 age 1 and older (2012–13) ⁸
	% of adults who are obese	28%	Mar. 31, 2020	28% ^{8,9}	28% ^{8,9}	28% ^{8,9}

⁵ The data source for this indicator is the Canadian Health Survey on Children and Youth, which is a new annual survey currently under development. Data is expected to become available in spring 2020.

⁶ The data source for this indicator is the annual Canadian Community Health Survey (CCHS). Although data on psychological well-being was collected prior to 2015–16, estimates are not comparable due to changes in the survey methodology. Comparable data is expected to become available in winter 2018. Given limited trend data and the unknown impacts of recent federal, provincial and territorial investments in mental health, a stable target has been selected as a first measure of success.

⁷ The data source for this indicator is the 2012–13 Canadian Health Measures Survey (CHMS). Data from the 2014–15 CHMS will be available in 2019.

⁸ Given the high numbers of Canadians living with diabetes and obesity, stabilizing the rates is a first measure of success for preventing chronic disease. This aligns with the World Health Organization's recommended global target to "halt the rise in diabetes and obesity" (World Health Organization Global Action Plan for the Prevention and Control of Non communicable Diseases 2013–2020).

⁹ The data source for this indicator is the 2014–15 CHMS. Data from the 2016–17 CHMS will be available in 2019.

	% of children and youth who are obese	13%	Mar. 31, 2020	13% ⁹	13% ⁹	13% ⁹
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Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2019–20 Planned spending	2020–21 Planned spending
234,186,421	234,186,421	233,032,273	222,382,837

The decrease in 2020–21 planned spending is mainly due to sunsetting of funds for the Economic Action Plan 2015 Initiative - Brain Health.

Human resources (full-time equivalents)

2018–19 Planned full-time equivalents	2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents
499	499	499

2. Infectious Disease Prevention and Control

Description

Protect Canadians from infectious diseases (e.g., Human Immunodeficiency Virus [HIV], E. Coli, measles) by predicting, detecting, assessing, and responding to outbreaks and new threats; and contribute to the prevention, control, and reduction of the spread of infectious disease among Canadians.

Planning highlights

Efforts under this Core Responsibility will contribute to meeting PHAC’s priorities as well as to managing Risks 1, 2, 3, and 4 described in the [key risks section](#). In addition, this Core Responsibility will contribute to the Minister’s mandate letter commitments related to increasing vaccination rates, and will include GBA+ considerations in its program design and delivery.

Result 2.1: Infectious diseases are prevented and controlled.

PHAC uses targeted public health initiatives and provides information and guidance for health professionals and the public, based on science, to support infectious disease prevention and to control the spread of diseases.

- PHAC will support P/Ts and other partners to improve vaccination access and uptake, and address vaccine hesitancy. This includes support for vaccination-related challenges experienced in the territories, enhancements to the [CANImmunize website](#)^{xii} mobile app, and tools for Canadians to track their vaccination records.
- PHAC will lead the development of a Pan-Canadian Framework for Collective Action on HIV and other sexually transmitted and blood-borne infections (STBBI). The Framework will provide the overarching direction for Canada’s response in an effort to achieve global STBBI targets.
- To build on the 2017 release of the Pan-Canadian Framework on Antimicrobial Resistance, PHAC will continue to convene F/P/T partners, as well as external stakeholders, to develop and implement an integrated approach to the Pan-Canadian Action Plan.

Did You Know

FluWatch is Canada's national surveillance system that monitors the spread of flu and flu-like illnesses on an on-going basis. FluWatch weekly reports contain specific information for health professionals on flu viruses circulating in Canada. Subscribe to FluWatch reports at: fluwatch@phac-aspc.gc.ca

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

During an outbreak, public health stakeholders require the tools, expertise, and protocols to rapidly respond to, and contain, infectious disease from spreading. PHAC focusses on making sure that the information, tools, people, and plans are in place to facilitate early detection of outbreaks, as well as coordinated, timely, and effective responses.

- PHAC detects and identifies causes of foodborne illness and responds to foodborne illness outbreaks in accordance with [Canada’s Foodborne Illness Outbreak Response Protocol](#).^{xiii}
- In order to support the Agency’s ability to test for new pathogens of international concern, PHAC will optimize laboratory capacity, science IT, and infrastructure to leverage modern technologies. Furthermore, the Agency will continue to support science leadership and services by:
 - Developing new laboratory technologies to improve existing testing, such as point-of-care tests that can better serve vulnerable populations in remote regions;
 - Implementing new technologies like genome sequencing to respond to national foodborne illness outbreaks; and
 - Using Canadian-lead diagnostic networks to develop an early warning system for outbreaks of deadly viruses like Ebola.
- PHAC will continue to collaborate with all levels of government, and across sectors, to improve TB prevention and control in populations at highest risk for the disease by:
 - Building community capacity through investments in collaborative approaches; and
 - Testing a model to enhance TB screening for at-risk migrants in partnership with Immigration, Refugees and Citizenship Canada in conjunction with major immigrant-receiving provinces.
- To support the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change, PHAC will respond to climate-driven infectious diseases including Lyme disease and other vector-borne (e.g., ticks, mosquitoes) diseases by:
 - Monitoring and analyzing the movement of infectious diseases that are spread by animals and insects, particularly in vulnerable populations; and
 - Facilitating education, awareness and the dissemination of tools and best practices across Canadian communities and among vulnerable populations.

Experimentation

Building on the success of new technology, such as genome sequencing, PHAC will continue to implement new evidence-based lab methods to improve traditional methods. For example, genome sequencing will be applied to Salmonella in 2018–19 to detect food-related outbreaks more effectively than the traditional approach. Similarly, PHAC will continue to experiment with laboratory technologies for testing HIV among vulnerable populations in remote locations.

Planned results

Departmental Results	Departmental Result Indicators	Targets	Date to achieve target	Actual results		
				2014–15	2015–16	2016–17
Infectious diseases are prevented and controlled	% of 2 year old children who have received all recommended vaccinations	95%	Dec. 31, 2025	not available ¹⁰	69%	not available ¹⁰
	Proportion of national vaccination coverage goals met for children by 2 years of age	12/12	Dec. 31, 2025	not available ¹¹	not available ¹¹	not available ¹¹
	Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV)	0.6 Cases per 100,000	Mar. 31, 2030	5.9 Cases per 100,000	5.9 Cases per 100,000	5.8 Cases per 100,000
	Rate of a key antimicrobial resistant infection identified among people in hospitals	2 cases per 1,000 patient admissions	Mar. 31, 2020	2.12 Cases per 1,000 (2014)	2.17 Cases per 1,000 (2015)	2.34 Cases per 1,000 (2016)
Infectious disease outbreaks and threats are prepared for and responded to	% of foodborne illness outbreaks responded to within 24 hours of notification	90% ¹²	Mar. 31, 2019	93%	90%	91%
	% of new pathogens of international concern that Canada has the capacity to accurately test for	90%	Mar. 31, 2019	not available ¹¹	not available ¹¹	not available ¹¹

¹⁰ Data for this indicator is collected every two (2) years. Therefore, results for this year are not available.

¹¹ Actual Results for this year are not available because this performance indicator is new under the 2018–19 PHAC Departmental Results Framework. From this point forward, data will be collected and reported in future Parliamentary reports.

¹² Although the target was met in 2015–16 and exceeded in 2014–15 and 2016–17, the target value of 90% was determined as a reasonable standard for PHAC's ability to assess potential foodborne illness related outbreaks in a timely manner (based on previous results, current capacity, and forward expectations).

Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2019–20 Planned spending	2020–21 Planned spending
196,737,069	196,737,069	196,848,666	195,877,824

Human resources (full-time equivalents)

2018–19 Planned full-time equivalents	2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents
1,001	998	996

3. Health Security

Description

Prepare for and respond to public health events and emergencies (e.g., floods, forest fires, and outbreaks such as Zika and Ebola); address health and safety risks associated with the use of pathogens and toxins; and address travel related public health risks.

Planning highlights

Efforts under this Core Responsibility will contribute to meeting PHAC's priorities, as well as to managing Risk 1, 2, 3 and 4 described in the [key risks section](#). In addition, this Core Responsibility will contribute to the Minister's mandate letter commitments, and will include GBA+ considerations in its program design and delivery.

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

Working with F/P/T and other partners, PHAC works to strengthen its ability to prepare for, and respond to, public health events and emergencies.

- PHAC will:
 - Work with the World Health Organization to conduct an assessment of Canada's readiness to respond to public health events and emergencies;
 - In collaboration with key stakeholders, including P/Ts, continue to optimize the National Emergency Strategic Stockpile;
 - Continue to respond to requests for assistance from P/Ts within negotiated timelines;
 - Work with P/Ts to continue implementing the Federal-Provincial-Territorial Public Health Response Plan for Biological Events; and
 - Review the framework for responding to public health emergencies and identify any new tools or authorities needed to enhance response efforts.

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

Pathogens and toxins pose a risk to Canadians because of their ability to cause disease or death. These agents are used in a wide range of Canadian sectors for many different purposes including: teaching and research at universities, disease diagnosis at hospitals and public health facilities, and vaccine development in the pharmaceutical industry. PHAC regulates the use of human and terrestrial animal pathogens and toxins to protect the health and safety of the public.

- Moving into its third year of administering the Human Pathogens and Toxins Regulations, PHAC will focus on the delivery of compliance and enforcement activities. The program's risk-based approach to compliance includes monitoring and verification activities (e.g., inspections and/or document review) to assess compliance in Canadian laboratories. It also includes enforcement actions that focus on managing public health risks and bringing regulated parties back into compliance using the most appropriate level of intervention.

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

PHAC protects Canadians by informing travellers on how to protect themselves from travel-related public health risks, working with the passenger conveyance industry to protect against risks associated with water, food and sanitation, and working with border partners to limit the spread of public health risks.

- PHAC will:
 - Continue to inform Canadians about existing and emerging travel health risks and precautions they should take in order to reduce the risk of getting sick while visiting other countries;
 - Work with key partners at points of entry into Canada to support public health emergency preparedness through activities such as training and lessons learned from exercises and real events; and
 - Continue its risk-based inspections of conveyances (e.g., aircraft, passenger ferries and trains, cruise ships etc.) by focusing compliance and enforcement activities on areas of greatest risk to the safety and health of travellers.

Planned results

Departmental Results	Departmental Result Indicators	Targets	Date to achieve target	Actual results		
				2014–15	2015–16	2016–17
Public health events and emergencies are prepared for and responded to effectively	Canada's readiness to respond to public health events and emergencies as assessed independently by the World Health Organization	4 (Rating out of 5)	Nov. 30, 2018	not available ¹³	not available ¹³	not available ¹³
	% of provincial and territorial requests for assistance responded to within negotiated timelines	100%	Mar. 31, 2019	100%	100%	100%
Public health risks associated with the use of pathogens and toxins are reduced	% compliance issues in Canadian laboratories successfully responded to within established timelines	85%	Mar. 31, 2019	not available ¹³	not available ¹³	not available ¹³

¹³ Actual Results for this year are not available because this performance indicator is new under the 2018–19 PHAC Departmental Results Framework. From this point forward, data will be collected and reported in future Parliamentary reports.

Public health risks associated with travel are reduced	Canada's capacity ¹⁴ for effective public health response at designated points of entry into Canada	4 (Rating out of 5)	Mar. 31, 2019	not available ¹³	not available ¹³	not available ¹³
	% of inspected passenger transportation operators that meet public health requirements	95% ¹⁵	Mar. 31, 2019	92%	95%	96%

Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2019–20 Planned spending	2020–21 Planned spending
55,369,952	55,369,952	49,710,176	49,710,176

The decrease in planned spending is mainly due to sunsetting of Funding to Acquire Medical Countermeasures for Smallpox and Anthrax Preparedness.

Human resources (full-time equivalents)

2018–19 Planned full-time equivalents	2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents
353	353	354

Financial, human resources and performance information for PHAC's Program Inventory is available in the [GC InfoBase](#).^{xiv}

¹⁴ Capacity is defined by the World Health Organization's International Health Regulations (2005) Monitoring and Evaluation Framework Joint External Evaluation Tool.

¹⁵ Although the recent result is higher than the target, the 95% target value is appropriate given the voluntary nature of some elements of the inspections.

Internal Services

Description

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

Budgetary financial resources (dollars)

2018–19 Main Estimates	2018–19 Planned spending	2019–20 Planned spending	2020–21 Planned spending
102,885,921	102,885,921	101,793,957	97,875,373

Human resources (full-time equivalents)

2018–19 Planned full-time equivalents	2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents
620	620	620

Planning highlights

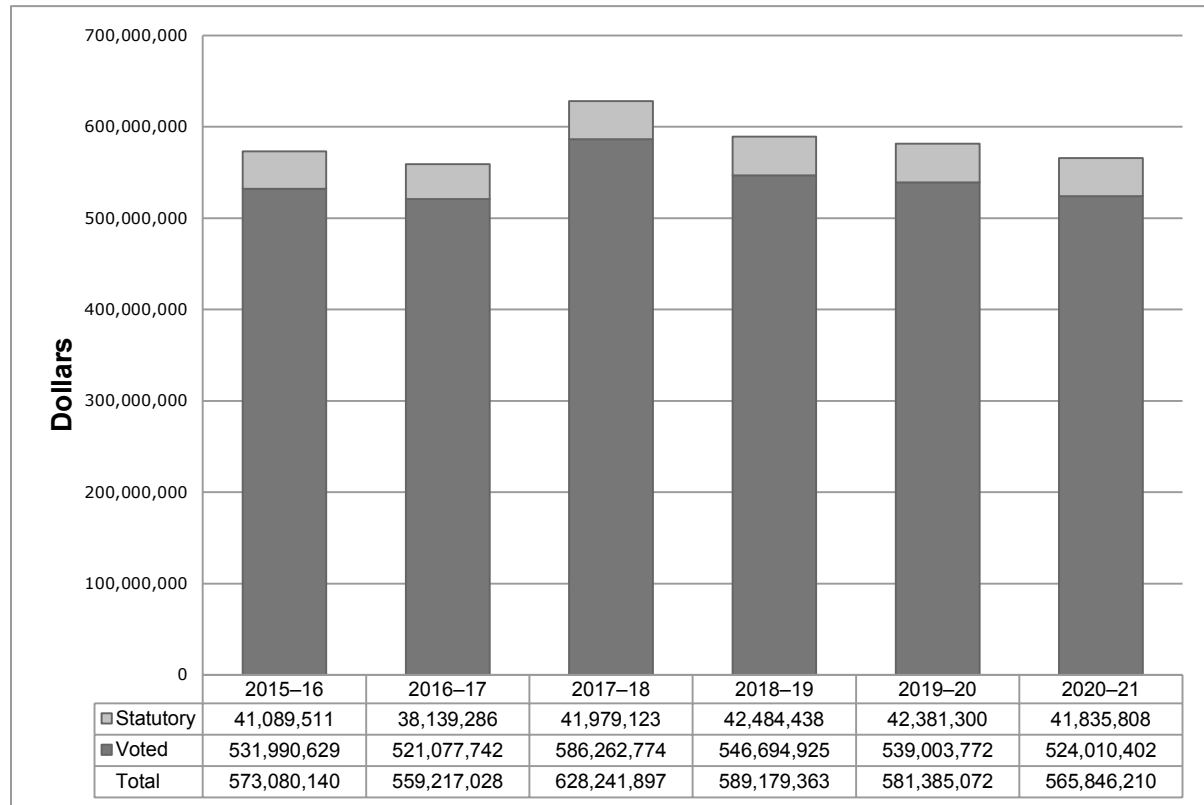
- In support of workplace well-being, PHAC will:
 - Continue to implement the Multi-Year Strategy for Mental Health and Wellness in the Workplace;
 - Promote a corporate culture that supports workplace well-being, employment equity, and healthy working relationships that are free from harassment through such measures as the establishment of a Centre for Mental Health, Wellness and Respect;
 - Sustain efforts to meet requirements under the Multi-Year Diversity and Employment Equity Plan, which includes closing employment equity gaps;
 - Continue modernization of the workplace to enable a safe and productive workforce with access to modern tools and facilities through initiatives such as enhanced IM-IT Security awareness training, the implementation of GCDocs, and updating the Accommodations Strategy, all aligned with the Government of Canada direction; and
 - Support innovative employee engagement and change management activities through Blueprint 2020, Public Service Renewal, and Public Service Employee Survey related activities.
- Enable a culture of high performance through continued support for employee career development, post-secondary recruitment, performance management, and learning and development opportunities.

- PHAC will use all available means of communication, such as social media, to provide Canadians with timely and relevant public health information. In addition to health promotion, disease prevention and public health security, specific communications priorities for 2018–19 include: travel and border health, physical activity, immunization, anti-microbial resistance, promoting science, and working closely with Health Canada on the opioid crisis and cannabis.

Spending and human resources

Planned spending

Departmental spending trend graph



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

The increase in the 2017–18 forecast spending is primarily due to the additional funding for: the One year investment in Indigenous Early Learning and Child Care Infrastructure and Programming; Adapting to the Impacts of Climate Change; Strengthening the Canadian Drugs and Substances Strategy; Government advertising programs (horizontal item); and re-profiling of funding to Acquire Medical Countermeasures for Smallpox and Anthrax Preparedness.

The decrease in planned spending from 2018–19 to 2019–20 is mainly due to the sunsetting of funding: to Acquire Medical Countermeasures for Smallpox and Anthrax Preparedness; of Government advertising programs; of the Genomics Research and Development Initiative; and of the G7 Summit in 2018.

The decrease in planned spending from 2019–20 to 2020–21 is primarily due to the sunsetting of the “funding to improve immunization coverage rates in Canada, harmonize concussion management guidelines across Canada, and raise awareness of men’s health issues”, as well as the sunsetting of the Economic Action Plan 2015 Initiative - Brain Health.

PHAC will continue to examine the level of resources required for priority initiatives and seek renewal, where applicable.

Budgetary planning summary for Core Responsibilities and Internal Services (dollars)¹⁶

Core Responsibilities and Internal Services	2015–16 Expenditures	2016–17 Expenditures	2017–18 Forecast spending	2018–19 Main Estimates	2018–19 Planned spending	2019–20 Planned spending	2020–21 Planned spending
1. Health Promotion and Chronic Disease Prevention	264,402,816	250,992,266	248,593,370	234,186,421	234,186,421	233,032,273	222,382,837
2. Infectious Disease Prevention and Control	131,955,154	135,938,857	186,049,967	196,737,069	196,737,069	196,848,666	195,877,824
3. Health Security	83,012,862	79,699,743	81,830,493	55,369,952	55,369,952	49,710,176	49,710,176
Subtotal	479,370,832	466,630,866	516,473,830	486,293,442	486,293,442	479,591,115	467,970,837
Internal Services	93,709,308	92,586,162	111,768,067	102,885,921	102,885,921	101,793,957	97,875,373
Total	573,080,140	559,217,028	628,241,897	589,179,363	589,179,363	581,385,072	565,846,210

Actual expenditures in 2016–17 were lower, compared to 2015–16, primarily due to the transfer of the assessed contribution to the Pan American Health Organization to Global Affairs Canada, and the funding re-profile for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

The increase in the 2017–18 forecast spending is primarily due to the funding of: the One year investment in Indigenous Early Learning and Child Care Infrastructure and Programming; Adapting to the Impacts of Climate Change; Strengthening the Canadian Drugs and Substances Strategy; Government advertising programs (horizontal item); and re-profiling of funding to Acquire Medical Countermeasures for Smallpox and Anthrax Preparedness.

Planned spending will decrease in 2018–19 and beyond, primarily due to: the funding re-profile and sunset of funding for the Acquisition of Medical Countermeasures for Smallpox and Anthrax; the funding re-profile, and sunset of funding to improve immunization coverage rates in Canada, and harmonizing concussion management guidelines across Canada; the funding profile and sunset of the Economic Action Plan 2015 Initiative - Brain Health; the sunset of the Genomics Research and Development Initiative, and the G7 Summit in 2018.

¹⁶ Differences may arise due to rounding.

Planned human resources

Human resources planning summary for Core Responsibilities and Internal Services (full-time equivalents)¹⁷

Core Responsibilities and Internal Services	2015–16 Actual	2016–17 Actual	2017–18 Forecast	2018–19 Planned	2019–20 Planned	2020–21 Planned
1. Health Promotion and Chronic Disease Prevention	548	517	482	499	499	499
2. Infectious Disease Prevention and Control	921	915	989	1,001	998	996
3. Health Security	397	409	398	353	353	354
Subtotal	1,866	1,841	1,869	1,853	1,850	1,849
Internal Services	276	286	604	620	620	620
Total	2,142	2,127	2,473	2,473	2,470	2,469

The increase in forecast and planned full-time equivalents (FTE), compared to previous year actuals, is primarily due to the Shared Services Partnership between PHAC and Health Canada, where planned FTEs are reported under PHAC, but actual FTEs are expended and reported under Health Canada.

Estimates by vote

For information on PHAC's organizational appropriations, consult the [2018–19 Main Estimates](#).^{xv}

Future-Oriented Condensed Statement of Operations

The Future-Oriented Condensed Statement of Operations provides a general overview of PHAC's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the Future-Oriented Condensed Statement of Operations is prepared on an accrual accounting basis, and the forecast and planned spending amounts presented in other sections of the Departmental Plan are prepared on an expenditure basis, amounts may differ.

A more detailed Future-Oriented Statement of Operations and associated notes, including a reconciliation of the net cost of operations to the requested authorities, are available on [PHAC's website](#).^{xvi}

¹⁷ Differences may arise due to rounding.

 Future-Oriented Condensed Statement of Operations
 for the year ended March 31, 2019 (dollars)

Financial information	2017–18 Forecast results	2018–19 Planned results	Difference (2018–19 Planned results minus 2017–18 Forecast results)
Total expenses	656,228,867	618,594,157	(37,634,710)
Total revenues	13,981,646	13,969,701	(11,945)
Net cost of operations before government funding and transfers	642,247,221	604,624,456	(37,622,765)

PHAC is projecting \$618,594,157 in expenses based on 2018–19 Main Estimates and accrued information. This amount does not include future supplementary estimates. It represents a decrease of \$37,634,710 from 2017–18 projections.

The 2018–19 planned expenses by core responsibility are as follows:

- Infectious disease prevention and control: \$211,500,173;
- Health promotion and chronic disease prevention: \$238,234,339;
- Health security: \$61,748,016; and
- Internal services: \$107,143,812.

PHAC receives most of its funding through annual Parliamentary appropriations. PHAC's revenue is generated by programs that support the above-noted core responsibilities. PHAC projects total revenues in 2018–19 to be \$14,063,283 (\$14,056,722 in 2017–18).

Supplementary information

Corporate information

Organizational profile

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

Institutional head: Siddika Mithani, Ph.D.

Ministerial portfolio: Health

Enabling instruments: [Public Health Agency of Canada Act](#),^{xvii} [Department of Health Act](#),^{xviii} [Emergency Management Act](#),^{xix} [Quarantine Act](#),^{xx} [Human Pathogens and Toxins Act](#),^{xxi} [Health of Animals Act](#),^{xxii} [Federal Framework on Lyme Disease Act](#),^{xxiii} and the [Federal Framework for Suicide Prevention Act](#).^{xxiv}

Year of incorporation / commencement: 2004

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

Raison d'être, mandate and role

“Raison d'être, mandate and role: who we are and what we do” is available on [PHAC's website](#).^{xxv}

Operating context and key risks

Information on operating context and key risks is available on [PHAC's website](#).^{xxvi}

Reporting framework

PHAC’s Departmental Results Framework and Program Inventory of record for 2018–19 are shown below:

Departmental Results Framework	Core Responsibility 1: Health Promotion and Chronic Disease Prevention		Core Responsibility 2: Infectious Disease Prevention and Control		Core Responsibility 3: Health Security	
	Result 1.1 Canadians have improved physical and mental health.	Indicator: % of low-income children in very good or excellent health Indicator: % of population who have high psychological well-being	Result 2.1 Infectious diseases are prevented and controlled.	Indicator: % of 2 year old children who have received all recommended vaccinations Indicator: Proportion of national vaccination coverage goals met for children by 2 years of age	Result 3.1 Public health events and emergencies are prepared for and responded to effectively.	Indicator: Canada’s readiness to respond to public health events and emergencies as assessed independently by the World Health Organization
Result 1.2 Canadians have improved health behaviours.	Indicator: % increase in average minutes/day of physical activity among adults Indicator: % increase in average minutes/day of physical activity among children/youth	Indicator: Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV) Indicator: Rate of a key antimicrobial resistant infection identified among people in hospitals		Indicator: % of provincial and territorial requests for assistance responded to within negotiated timelines		Result 3.2 Public health risks associated with the use of pathogens and toxins are reduced.
Result 1.3 Chronic diseases are prevented.	Indicator: % increase in years lived in good health by seniors	Result 2.2 Infectious disease outbreaks and threats are prepared for and responded to.	Indicator: % of foodborne illness outbreaks responded to within 24 hours of notification	Result 3.3 Public health risks associated with travel are reduced.	Indicator: Canada’s capacity for effective public health response at designated points of entry into Canada	
	Indicator: Rate of new diabetes cases among Canadians		Indicator: % of new pathogens of international concern that Canada has the capacity to accurately test for		Indicator: % of inspected passenger transportation operators that meet public health requirements	
	Indicator: % of adults who are obese					
	Indicator: % of children and youth who are obese					
Program Inventory	Program: Health Promotion		Program: Laboratory Science Leadership and Services		Program: Emergency Preparedness and Response	
	Program: Chronic Disease Prevention		Program: Communicable Diseases and Infection Control		Program: Biosecurity	
	Program: Evidence for Health Promotion, and Chronic Disease and Injury Prevention		Program: Immunization		Program: Border and Travel Health	
			Program: Foodborne and Zoonotic Diseases			

Internal Services

Concordance between the Departmental Results Framework and the Program Inventory, 2018–19, and the Program Alignment Architecture, 2017–18

PHAC's Departmental Results Framework (DRF) provides a complete overview of the areas of health and wellness where PHAC's resources are dedicated to increasing positive health outcomes and reducing potential negative public health impact on Canadians. The DRF reflects today's mandate and areas of public health requiring attention in the future. The three proposed Core Responsibilities describe where PHAC most influences the health of Canadians.

Within the DRF, the Departmental Results statements speak to the key results that PHAC strives to achieve for Canadians. Taken as a collective, they represent the key components of a strong public health framework and the ultimate goals of the organization.

The Program Inventory reflects all major programs that were identified in PHAC's previous framework, the Program Alignment Architecture, with the exception of the Public Health Infrastructure Program. This program is now captured within PHAC's Performance Information Profiles.

2018–19 Core Responsibilities and Program Inventory	2017–18 Lowest-level program of the Program Alignment Architecture	Percentage of lowest-level Program Alignment Architecture program (dollars) corresponding to the Program in the Program Inventory
Core Responsibility 1: Health Promotion and Chronic Disease Prevention		
Health Promotion	1.2.2.1: Healthy Child Development	97%
	1.2.2.2: Healthy Communities	81%
Chronic Disease Prevention	1.1.2 Public Health Information and Networks	2%
	1.2.3 Chronic (non-Communicable) Disease and Injury Prevention	40%
Evidence for Health Promotion, and Chronic Disease and Injury Prevention	1.1.2: Public Health Information and Networks	55%
	1.2.2.1 Healthy Child Development	3%
	1.2.2.2 Healthy Communities	19%
	1.2.3: Chronic (non-communicable) Disease and Injury Prevention	60%
Core Responsibility 2: Infectious Disease Prevention and Control		
Laboratory Science Leadership and Services	1.1.2 Public Health Information and Networks	1%
	1.1.3: Public Health Laboratory Systems	100%
	2.1.2.4 Information Technology	1%

Communicable Disease and Infection Control	1.1.2: Public Health Information and Networks	19%
	1.2.1.2: Infectious and Communicable Diseases	100%
Immunization	1.2.1.1: Immunization	100%
Foodborne and Zoonotic Diseases	1.1.2: Public Health Information and Networks	6%
	1.2.1.3: Foodborne, Environmental and Zoonotic infectious Diseases	100%
Core Responsibility 3: Health Security		
Emergency Preparedness and Response	1.1.1: Public Health Capacity Building	100%
	1.1.2: Public Health Information and Networks	8%
	1.3.1: Emergency Preparedness and Response	99%
Biosecurity	1.3.3: Biosecurity	100%
Border and Travel Health	1.3.1 Emergency Preparedness and Response	1%
	1.3.2: Border Health Security	100%
Internal Services	1.1.2: Public Health Information and Networks ¹⁸	9%
	2.1.1.1 Management and Oversight	100%
	2.1.1.2 Communications	100%
	2.1.1.3 Legal	100%
	2.1.2.1 Human Resources Management	100%
	2.1.2.2 Financial Management	100%
	2.1.2.3 Information Management	100%
	2.1.2.4 Information Technology	99%
	2.1.3.1 Real Property	100%
	2.1.3.2 Materiel	100%
	2.1.3.3 Acquisition	100%

¹⁸ Reflects an internal reallocation to better align to Treasury Board Secretariat guidance on Internal Services.

Supporting information on the Program Inventory

Supporting information on planned expenditures, human resources, and results related to PHAC’s Program Inventory is available in the [GC InfoBase](#).^{xxvii}

Supplementary information tables

The following supplementary information tables are available on [PHAC’s website](#).^{xxviii}

- [Departmental Sustainable Development Strategy](#)^{xxix}
- [Details on transfer payment programs of \\$5 million or more](#)^{xxx}
- [Disclosure of transfer payment programs under \\$5 million](#)^{xxxi}
- [Gender-based analysis plus](#)^{xxxii}
- [Horizontal initiatives](#)^{xxxiii}
- [Planned evaluation coverage over the next five fiscal years](#)^{xxxiv}
- [Upcoming internal audits for the coming fiscal year](#)^{xxxv}

Federal tax expenditures

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

Organizational contact information

Stephen Bent
 Director General, Office of Strategic Policy and Planning
 Public Health Agency of Canada
 130 Colonnade Road
 Ottawa, Ontario K1A 0K9
 Canada
 Telephone: 613-948-3249
stephen.bent@canada.ca

Appendix: definitions

appropriation (crédit)

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)

Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Core Responsibility (responsabilité essentielle)

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

Departmental Plan (plan ministériel)

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

Departmental Result (résultat ministériel)

Any change or changes that the department seeks to influence. A Departmental Result is often outside departments' immediate control, but it should be influenced by Program-level outcomes.

Departmental Result Indicator (indicateur de résultat ministériel)

A factor or variable that provides a valid and reliable means to measure or describe progress on a Departmental Result.

Departmental Results Framework (cadre ministériel des résultats)

The department's Core Responsibilities, Departmental Results and Departmental Result Indicators.

Departmental Results Report (rapport sur les résultats ministériels)

A report on the actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

experimentation (expérimentation)

Activities that seek to explore, test and compare the effects and impacts of policies, interventions and approaches, to inform evidence-based decision-making, by learning what works and what does not.

full-time equivalent (équivalent temps plein)

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

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

An analytical process used to help identify the potential impacts of policies, programs and services on diverse groups of women, men and gender-diverse people. The “plus” acknowledges that GBA goes beyond sex and gender differences. We all have multiple identity factors that intersect to make us who we are; GBA+ considers many other identity factors, such as race, ethnicity, religion, age, and mental or physical disability.

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2018–19 Departmental Plan, government-wide priorities refers to those high-level themes outlining the government’s agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada's Strength; and Security and Opportunity.

horizontal initiative (initiative horizontale)

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

non-budgetary expenditures (dépenses non budgétaires)

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance (rendement)

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

performance indicator (indicateur de rendement)

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

performance reporting (production de rapports sur le rendement)

The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in the Main Estimates.

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

plan (plan)

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

priority (priorité)

A plan or project that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Departmental Results.

Program (programme)

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

Program Alignment Architecture (architecture d'alignement des programmes)

A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.¹⁹

result (résultat)

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

statutory expenditures (dépenses législatives)

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

Strategic Outcome (résultat stratégique)

A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

sunset program (programme temporisé)

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

target (cible)

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

voted expenditures (dépenses votées)

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

¹⁹ Under the Policy on Results, the Program Alignment Architecture has been replaced by the Program Inventory.

Endnotes

- i. National Strategy for Alzheimer’s Disease and Other Dementias Act, <http://www.parl.ca/DocumentViewer/en/42-1/bill/C-233/royal-assent>
- ii. Strategy to Prevent and Address Gender-Based Violence, <http://www.swc-cfc.gc.ca/violence/strategy-strategie/index-en.html>
- iii. Concussion management guideline, return to learn and play protocols, and learning tools for Canadians, <http://horizon.parachutecanada.org/en/?s=concussion>
- iv. Multi-Sectoral Partnership Program, <https://www.canada.ca/en/public-health/services/funding-opportunities/multi-sectoral-partnerships-promote-healthy-living-prevent-chronic-disease.html>
- v. Health Eating Strategy, <https://www.canada.ca/en/services/health/campaigns/vision-healthy-canada/healthy-eating.html>
- vi. Nutrition North Canada, <http://www.nutritionnorthcanada.gc.ca/eng/1415385762263/1415385790537>
- vii. Age-Friendly Communities, <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/friendly-communities.html>
- viii. Center for Aging and Brain Health Innovation, <http://www.cabhi.com/>
- ix. Healthy Weights Initiative, <http://alliancehealth.ca/wellness/>
- x. Living Green and Healthy for Teens project, <http://childhoodobesityfoundation.ca/living-green-healthy-teens-light-mobile-program-youth-families/>
- xi. MaRS Discovery District, <https://www.marsdd.com/>
- xii. CANImmunize website, <https://www.canimmunize.ca/en/home>
- xiii. Canada’s Foodborne Illness Outbreak Response Protocol, <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/canadas-foodborne-illness-outbreak-response-protocol-fiorp-guide-multi-jurisdictional-enteric-outbreak-response.html>
- xiv. GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html>
- xv. 2018–19 Main Estimates, <http://www.tbs-sct.gc.ca/hgw-cgf/finances/pgs-pdg/gepme-pdgbpd/index-eng.asp>
- xvi. Future-Oriented Statement of Operations, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-future-oriented-statement-operations.html>
- xvii. Public Health Agency of Canada Act, <http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html>
- xviii. Department of Health Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>
- xix. Emergency Management Act, <http://laws-lois.justice.gc.ca/eng/acts/E-4.56/index.html>
- xx. Quarantine Act, <http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html>
- xxi. Human Pathogens and Toxins Act, <http://lois-laws.justice.gc.ca/eng/acts/H-5.67/FullText.html>
- xxii. Health of Animals Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.3/>
- xxiii. Federal Framework on Lyme Disease Act, <http://laws-lois.justice.gc.ca/eng/acts/F-7.35/index.html>
- xxiv. Federal Framework for Suicide Prevention Act, http://laws-lois.justice.gc.ca/eng/annualstatutes/2012_30/page-1.html
- xxv. Raison d’être, mandate and role: who we are and what we do, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-corporate-information.html>
- xxvi. Operating Context and Key Risks, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-corporate-information.html>
- xxvii. GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html>
- xxviii. Supplementary Information Tables, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-report-plans-priorities.html#a5.3>
- xxix. Departmental Sustainable Development Strategy, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a1>
- xxx. Details on transfer payment programs of \$5 million or more, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a2>

- xxxi. Disclosure of transfer payment programs under \$5 million, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a3>
- xxxii. Gender-Based Analysis, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a4>
- xxxiii. Horizontal Initiatives, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a5>
- xxxiv. Planned evaluation coverage over the next five fiscal years, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a6>
- xxxv. Upcoming internal audits for the coming fiscal year, <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2018-2019-supplemental-information-tables.html#a7>
- xxxvi. Tax Expenditures and Evaluations publication, <http://www.fin.gc.ca/purl/taxexp-eng.asp>