



Supplementary Information Tables: 2014–15 Report on Plans and Priorities

Supplementary Information Tables List

[Details of Transfer Payment Programs \(TPPs\)](#)

[Disclosure of TPPs under \\$5 million](#)

[Greening Government Operations \(GGO\)](#)

[Horizontal Initiatives](#)

[Upcoming Internal Audits and Evaluations over the next three fiscal years](#)

Details of Transfer Payment Programs

- [Aboriginal Head Start in Urban and Northern Communities \(AHSUNC\)](#)
- [Assessed Contribution to the Pan American Health Organization \(PAHO\)](#)
- [Canada Prenatal Nutrition Program \(CPNP\)](#)
- [Canadian Diabetes Strategy \(CDS\)](#)
- [Community Action Program for Children \(CAPC\)](#)
- [Federal Initiative to Address HIV/AIDS in Canada \(FI\)](#)
- [Healthy Living Fund \(HLF\)](#)
- [Hepatitis C - Undertaking \(HepC U\)](#)
- [Innovation Strategy \(IS\)](#)
- [National Collaborating Centres for Public Health \(NCCPH\)](#)

Aboriginal Head Start in Urban and Northern Communities (AHSUNC)

Name of Transfer Payment Program: Aboriginal Head Start in Urban and Northern Communities (Voted)

Start date: 1995–96

End date: Ongoing

Fiscal Year for Ts & Cs: 2009–10

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

Program, Sub-Program and Sub-Sub-Program: 1.2 Health Promotion and Disease Prevention, 1.2.2 Conditions for Healthy Living, and 1.2.2.1 Healthy Child Development

Description: This program builds capacity by providing funding to Aboriginal community organizations to deliver comprehensive, culturally appropriate, early childhood development programs for Aboriginal pre-school children and their families living off-reserve and in urban and northern communities across Canada. It engages stakeholders and supports knowledge development and exchange on promising public health practices for Aboriginal preschoolers through training, meetings and workshops. The primary goal of the program is to mitigate inequities in health and developmental outcomes for Aboriginal children in urban and northern settings by supporting early intervention strategies that cultivate a positive sense of self, a desire for learning, and opportunities to develop successfully as young people. Funded projects offer programming focused on health promotion, nutrition, culture and language, parent and family involvement, social support and educational activities. The program responds to an ongoing gap in culturally appropriate programming for Aboriginal children and families living in urban and northern communities. Research confirms that early childhood development programs can provide long-term benefits such as lower costs for remedial and special education, increased levels of high school completion and better employment outcomes. Contributions under this Detail of Transfer Payment Program TPP are not repayable.

Expected Results: Community-based organizations funded by AHSUNC promote supportive environments for Aboriginal children and families living in urban and northern communities.

Performance indicators include:

- Number of children and families participating in AHSUNC-funded projects; and
- Proportion of children and families participating in AHSUNC-funded projects relative to their representation in the general population.

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Contributions	32.0	32.1	29.1	29.1
Total Transfer Payments	32.0	32.1	29.1	29.1

Fiscal Year of Last Completed Evaluation: [2011–12](#)

Decision Following the Results of Last Evaluation: Continuation

Fiscal Year of Planned Completion of Next Evaluation: 2016–17

General Targeted Recipient Group: Aboriginal community-based organizations serving First Nations, Métis and Inuit children and their families living in urban and northern communities across Canada.

Initiatives to Engage Applicants and Recipients: Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed early childhood development programs for Aboriginal pre-school children and their families living in urban and northern communities across Canada. They also support knowledge development and exchange at the community, provincial/territorial (P/T) and national levels through training, meeting and exchange opportunities.

Assessed Contribution to the Pan American Health Organization (PAHO)

Name of Transfer Payment Program: Assessed Contribution to the Pan American Health Organization (Voted)

Start date: July 2008

End date: Ongoing

Fiscal Year for Ts & Cs: 2013–14

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

Program, Sub-Program and Sub-Sub-Program: 1.1 Public Health Infrastructure, and 1.1.2 Public Health Information and Networks

Description: Payment of Canada's annual membership fees to the Pan American Health Organization (PAHO). Contributions under this TPP are not repayable.

Expected Results: The Government of Canada's (GoC) primary objective for engaging with PAHO is to protect the health of Canadians and contribute to the security of the Americas region. This is achieved through effective and timely management of health emergencies and outbreaks in the Americas region; collaboration on the production and sharing of health information and public health intelligence; building capacity in the Americas region to ensure that international norms and

standards are upheld (for example through the provision of training on food safety inspection systems) and, through comparative policy analysis and sharing of best practices.

Canada's influence and interests in the Americas region with respect to good governance, transparency and accountability are also advanced through the Agency's membership in PAHO, which provides a forum for the wider dissemination of Canadian-based values related to health and the provision of health-care, amongst others. Canada's membership in this multilateral organization also aligns with the GoC's foreign policy objectives for the Americas which seek to strengthen Canada's bilateral and multilateral relations in this region.

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Contributions	12.5	12.5	12.5	12.5
Total Transfer Payments	12.5	12.5	12.5	12.5

Fiscal Year of Last Completed Evaluation: 2012–13

Decision Following the Results of Last Evaluation: Continuation

Fiscal Year of Planned Completion of Next Evaluation: 2017–18

General Targeted Recipient Group: PAHO is the sole recipient of membership fees under these terms and conditions.

Initiatives to Engage Applicants and Recipients: Meetings with the recipient, participation in PAHO governing bodies (planning and budgeting processes), technical and program cooperation in priority areas, knowledge transfer activities through Canada's participation in PAHO's technical advisory groups, review of annual reporting and monitoring performance and results.

Canada Prenatal Nutrition Program (CPNP)

Name of Transfer Payment Program: Canada Prenatal Nutrition Program (Voted)

Start date: 1994–95

End date: Ongoing

Fiscal Year for Ts & Cs: 2009–10

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

Program, Sub-Program and Sub-Sub-Program: 1.2 Health Promotion and Disease Prevention, 1.2.2 Conditions for Healthy Living, and 1.2.2.1 Healthy Child Development

Description: This program builds capacity by providing funding to community organizations to deliver and enable access to programs that promote the health of vulnerable pregnant women and their infants. It also supports knowledge development and exchange on promising public health practices related to maternal-infant health for vulnerable families, community-based organizations and practitioners. The goal of the program is to mitigate inequities in health for pregnant women and infants who face challenging life circumstances such as low socio-economic status, lack of food security, social and geographic isolation. Evidence shows that maternal nutrition, social and emotional support can affect both prenatal and infant health, as well as longer-term physical,

cognitive and emotional functioning in adulthood.¹ This program raises stakeholder awareness and supports a coherent, evidence-based response to the needs of vulnerable children and families on a local and national scale. Programming delivered across the country includes nutrition counselling, prenatal vitamins, food and food coupons, parenting classes, education on prenatal health, infant care, child development, healthy living and social supports. Contributions under this TPP are not repayable.

Expected Results: Community-based organizations funded by CPNP promote supportive environments for pregnant women, infants, and families living in conditions of risk.

Performance indicators include:

- Number of women participating in CPNP funded projects;
- Percentage of CPNP projects that leverage multisectoral collaborations; and
- Percentage of CPNP projects that have leveraged funds from other sources.²

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Contributions	26.9	27.2	27.2	27.2
Total Transfer Payments	26.9	27.2	27.2	27.2

Fiscal Year of Last Completed Evaluation: 2009–10

Decision Following the Results of Last Evaluation: Continuation

Fiscal Year of Planned Completion of Next Evaluation: 2016–17

General Targeted Recipient Group: Community-based organizations serving at-risk pregnant women and infants.

Initiatives to Engage Applicants and Recipients: Recipients are engaged through targeted solicitations. Funded recipients are expected to deliver comprehensive, culturally appropriate, locally controlled and designed programs for women, pregnant women, new mothers, children 0-6 years and their parents/caregivers facing conditions of risk across Canada. They also support knowledge development and exchange at the community, P/T, and national levels through training, meeting and exchange opportunities.

¹ A Healthy Pregnancy is in Your Hands: <http://www.phac-aspc.gc.ca/hp-gs/index-eng.php>; The Sensible Guide to a Healthy Pregnancy <http://www.phac-aspc.gc.ca/hp-gs/guide-eng.php>; Prenatal Nutrition <http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/index-eng.php>; and Healthy Babies <http://www.hc-sc.gc.ca/hl-vs/babies-bebes/index-eng.php>.

² Examples of “other sources” include: federal government departments other than the Agency; provincial/territorial/regional governments; the private sector; individual donations; fundraising; and not-for-profit organizations.

Canadian Diabetes Strategy (CDS)

Name of Transfer Payment Program: Canadian Diabetes Strategy (Voted)

Start date: 2005–06

End date: Ongoing

Fiscal Year for Ts & Cs: 2009–10

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

Program, Sub-Program and Sub-Sub-Program: 1.2 Health Promotion and Disease Prevention, and 1.2.3 Chronic (non-communicable) Disease and Injury Prevention

Description: Chronic disease is one of the leading causes of death and reduced quality of life in Canada today and the risk factors that lead to these prevalent chronic diseases are becoming more common. The Diabetes Program responds to the rising incidence of diabetes due to an increasingly inactive and overweight Canadian population by sharing evidence-based knowledge and supporting interventions targeted at preventing and early detection of diabetes. The program also supports federal leadership by facilitating multisectoral partnerships between governments, non-governmental organizations, as well as the private sector to ensure that resources are deployed to maximum effect. Contributions under this TPP are not repayable.

Expected Results:

- Improved capacity for influencing action on the determinants of health;
- Strengthened health promotion policies and actions within the health system; and
- Improved access to health and social services for target populations.

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Grants	0.0	1.2	1.2	1.2
Total Contributions	3.6	4.9	4.9	4.9
Total Transfer Payments	3.6	6.1	6.1	6.1

Fiscal Year of Last Completed Evaluation: An evaluation on the CDS for the period 2004–09 was completed in March 2009 as part of the [Promotion of Population Health Grant and Contribution Programs: Summary of Program Evaluations, 2004–2009](#). [A formative evaluation for Diabetes Community-based Programming](#) was completed in March 2009

Decision Following the Results of Last Evaluation: Continuation

Fiscal Year of Planned Completion of Next Evaluation: 2014–15

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

Initiatives to Engage Applicants and Recipients: Open G&C solicitations posted on the Agency's Web site, targeted G&C solicitations, recipient in person or teleconference meetings to promote collaboration, evaluation and knowledge synthesis, development of case studies to share learnings from funded projects.

Community Action Program for Children (CAPC)

Name of Transfer Payment Program: Community Action Program for Children (Voted)

Start date: 1993–94

End date: Ongoing

Fiscal Year for Ts & Cs: 2009–10

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

Program, Sub-Program and Sub-Sub-Program: 1.2 Health Promotion and Disease Prevention, 1.2.2 Conditions for Healthy Living, and 1.2.2.1 Healthy Child Development

Description: This program builds capacity by providing funding to community organizations to deliver and enable access to programming that promotes the healthy development of at-risk children 0–6 years and their families. The program also supports knowledge development and exchange on promising public health practices for at-risk families, community-based organizations and practitioners. The goal of the program is to mitigate health inequalities for at-risk children and families facing challenging life circumstances such as low socio-economic status, teenage parents, those facing situations of violence or neglect, social and geographic isolation, or tobacco or substance use/abuse. Special emphasis is given to the inclusion of Aboriginal children and families living in urban and rural communities. Compelling evidence shows that risk factors affecting the health and development of children can be mitigated over the life-course by investing in early intervention services that address the needs of the whole family.³ This program raises stakeholder awareness and supports a coherent, evidence-based response to the needs of at-risk children and families on a local and national scale. Programming across the country may include education on health, nutrition, early childhood development, parenting, healthy living and social supports. Contributions under this TPP are not repayable.

Expected Result: Community-based organizations funded by CAPC promote supportive environments for children and families living in conditions of risk.

Performance indicators include:

- Number of children and families participating in CAPC funded projects;
- Percentage of CAPC projects that leverage multisectoral collaborations to support the health needs of women, children 0-6 years and families facing conditions of risk; and
- Percentage of CAPC projects that have leveraged funds from other sources.⁴

³ Boivin, Michel, & Hertzman, Clyde. (Eds.). (2012). Early Childhood Development: adverse experiences and developmental health. Royal Society of Canada - Canadian Academy of Health Sciences Expert Panel.

⁴ Examples of "other sources" include: federal government departments other than the Agency; provincial/territorial/regional governments; the private sector; individual donations; fundraising; and not-for-profit organizations.

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Contributions	53.4	53.4	53.4	53.4
Total Transfer Payments	53.4	53.4	53.4	53.4

Fiscal Year of Last Completed Evaluation: [2009–10](#)

Decision Following the Results of Last Evaluation: Continuation

Fiscal Year of Planned Completion of Next Evaluation: 2016–17

General Targeted Recipient Group: Community-based organizations serving at-risk children 0–6 years and their families.

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

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

Name of Transfer Payment Program: Federal Initiative to Address HIV/AIDS in Canada (Voted)

Start date: January 2005

End date: Ongoing

Fiscal Year for Ts & Cs: 2009–10

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

Program, Sub-Program and Sub-Sub-Program: 1.2 Health Promotion and Disease Prevention, 1.2.1 Infectious Disease Prevention and Control, 1.2.2 Conditions for Healthy Living, 1.2.1.2 Infectious and Communicable Diseases, and 1.2.2.2 Health Communities

Description: Contributions towards FI. Contributions under this TPP are not repayable.

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

- Increased knowledge and awareness of the nature of HIV and AIDS and ways to address the disease;
- Increased individual and organizational capacity to address HIV and AIDS;
- Enhanced engagement and collaboration on approaches to address HIV and AIDS;
- Reduced stigma, discrimination, and other barriers; and
- Improved access to more effective prevention, care, treatment, and support.

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

Performance indicators include:

- Total number of individuals by target population and audiences reached and by type of activities funded by Federal Initiative;
- Total number of partnerships by type and their status; and
- Total number of individuals by target populations who have access to the services/number of referrals.

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Grants	0.1	7.4	7.4	7.4
Total Contributions	24.1	15.4	15.4	15.4
Total Transfer Payments	24.2	22.8	22.8	22.8

Fiscal Year of Last Completed Evaluation: [2009–10](#)

Decision following the Results of Last Evaluation: Continuation

Fiscal Year of Planned Completion of Next Evaluation: 2018–19

General Targeted Recipient Groups: Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and local governments and agencies; and organizations and institutions supported by P/T governments.

Initiatives to Engage Applicants and Recipients: Applicants and recipients are engaged through performance measurement and evaluation processes, and periodic meetings with stakeholders involved in the prevention and control of communicable diseases.

Healthy Living Fund (HLF)

Name of Transfer Payment Program: Healthy Living Fund (Voted)

Start date: June 2005

End date: Ongoing

Fiscal Year for Ts & Cs: 2013–14

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

Program, Sub-Program and Sub-Sub-Program: 1.2 Health Promotion and Disease Prevention, and 1.2.3 Chronic (non-communicable) Disease and Injury Prevention

Description: The HLF supports healthy living and chronic disease prevention activities, focused on common risk factors, by funding and engaging multiple sectors, and by building partnerships between and collaborating with governments, non-governmental organizations and other sectors, including the private sector. It also focuses on informing policy and program decision-making through knowledge development, dissemination and exchange. Contributions under this TPP are not repayable.

Expected Results:

- Improved capacity for influencing action on the determinants of health;
- Strengthened health promotion policies and actions within the health system; and
- Improved access to health and social services for target populations.

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Contributions	5.8	5.2	5.2	5.2
Total Transfer Payments	5.8	5.2	5.2	5.2

Fiscal Year of Last Completed Evaluation: 2009–10**Decision Following the Results of Last Evaluation:** Continuation**Fiscal Year of Planned Completion of Next Evaluation:** 2014–15

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

Initiatives to Engage Applicants and Recipients: Open G&C solicitations posted on the Agency's Web site, targeted G&C solicitations, recipient in-person or teleconference meetings to promote collaboration, evaluation and knowledge synthesis, development of case studies to share learnings from funded projects.

Hepatitis C – Undertaking (HepC U)

Name of Transfer Payment Program: Hepatitis C Undertaking (Voted)**Start date:** April 2000**End date:** March 31, 2020**Fiscal Year for Ts & Cs:** 2014–15**Strategic Outcome:** Protecting Canadians and empowering them to improve their health

Program, Sub-Program and Sub-Sub-Program: 1.2 Health Promotion and Disease Prevention, 1.2.1 Infectious Disease Prevention and Control, 1.2.1.2 Infectious and Communicable Diseases, and 1.2.2.2 Healthy Communities

Description: The GoC is to transfer up to \$300M over 20 years to provinces and territories. Payments are provided every five years to ensure that persons infected with hepatitis C through the blood system prior to January 1, 1986 and after July 1, 1990 have reasonable access to hepatitis C related health care services. The final payment will occur in 2014–15. Contributions under this TPP are not repayable.

Expected Result: Improved access to current and emerging antiviral drug therapies, other relevant drug therapies and immunization and health care services for the treatment of hepatitis C infection and related medical conditions.

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Other Types of Transfer Payments	-	49.7	-	-
Total Transfer Payments	-	49.7	-	-

Fiscal Year of Last Completed Evaluation: 2012–13

Decision Following the Results of Last Evaluation: A formative evaluation of the first five years (2009) of the program recommended that future evaluations be subsumed within broader examinations of community-acquired infections. Program to sunset in 2020 following final payment in 2014–15

Fiscal Year of Planned Completion of Next Evaluation: N/A

General Targeted Recipient Group: P/Ts; and for-profit organizations.

Initiatives to Engage Applicants and Recipients: The last payment of \$49.7 million will be made to the provinces/territories in 2014.

Innovation Strategy (IS)

Name of Transfer Payment Program: Innovation Strategy (Voted)

Start date: 2009–10

End date: Ongoing

Fiscal Year for Ts & Cs: 2009–10

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

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

Description: This program enables the development, implementation and evaluation of innovative public health interventions to reduce health inequalities and their underlying factors by providing project funding support to external organizations in a variety of sectors such as health and education. It focuses on priority public health issues such as mental health promotion and achieving healthier weights. The program fills a need by stakeholders such as public health practitioners, decision makers, researchers and policy makers for evidence on innovative public health interventions which directly benefit Canadians and their families, particularly those at greater risk of poor health outcomes (e.g., northern, remote and rural populations). Evidence is developed, synthesized and shared with stakeholders in public health and other related sectors at the community, P/T and national levels in order to influence the development and design of policies and programs. This program is necessary because it enables stakeholders to implement evidence-based and innovative public health interventions that fit local needs. The goals of the program are to stimulate action in priority areas and equip policy makers and practitioners to apply best practices. Contributions under this TPP are not repayable.

Expected Results: To increase effective action to reduce health inequalities and their underlying causes by implementing innovative and promising population health practices.

Performance indicators include:

- Extent of design and implementation across Canada of innovative and promising interventions and practices;
- Extent of knowledge exchange regarding effective interventions to take action on priority health issues; and
- Increase in the number of intersectoral collaborations that fit local needs to address specific determinants of health and reduce health inequalities.

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Grants	0.0	7.3	7.4	7.4
Total Contributions	10.3	3.0	2.8	2.8
Total Transfer Payments	10.3	10.3	10.2	10.2

Fiscal Year of Last Completed Evaluation: [2009–10](#)

Decision Following the Results of Last Evaluation: Continuation

Fiscal Year of Planned Completion of Next Evaluation: 2014–15

General Targeted Recipient Groups: Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments; and individuals deemed capable of conducting population health activities.

Initiatives to Engage Applicants and Recipients: Open and targeted calls for proposals are utilized to solicit proposals from potential applicants. Various approaches are used to engage applicants and optimize the quality of submitted proposals, including information events and tools and resources. The IS places a high priority on and supports the systematic collection of learnings and the sharing of this information between funded recipients, the Agency, and other partners to influence future program and policy design.

National Collaborating Centres for Public Health (NCCPH)

Name of Transfer Payment Program: National Collaborating Centres for Public Health (Voted)

Start date: 2004–05

End date: Ongoing

Fiscal Year for Ts & Cs: 2012–13

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

Program, Sub-Program and Sub-Sub-Program: 1.1 Public Health Infrastructure, and 1.1.2 Public Health Information and Networks

Description: Contributions to persons and agencies to support health promotion projects in community health resource development, training/skill development and research. The focus of the NCCPH program is to strengthen public health capacity, translate health knowledge and

research, and promote and support the use of knowledge and evidence by public health practitioners in Canada through collaboration with P/T and local governments, academia, public health practitioners and non-governmental organizations. Contributions under this TPP are not repayable.

Expected Results: Improved public health decision-making stemming from:

- Increased knowledge translation activities (including knowledge synthesis, translation, dissemination, exchange and mobilization) and the application of environmental scans and research findings by researchers and knowledge users;
- Methods and tools available to support practitioners and decision-makers to apply new knowledge in their respective environments;
- Increased availability of knowledge for decision-making and increased use of evidence to inform public health programs, policies and practices;
- Knowledge gap identification acting as catalysts used to inform new research; and
- Increased opportunities for collaboration and networking between Health Portfolio partners, National Collaborating Centres, public health practitioners, and other external organizations.

Performance indicators include:

- Percent increase (by fiscal year) of knowledge translation activities undertaken;
- Number and type of knowledge translation products and activities created and disseminated;
- Number of instances of individuals and organizations reporting that they have used NCC products to inform public health research, policy, programs or practice;
- Percent increase (by fiscal year) in the number of knowledge translation products and activities disseminated; and
- Number and type of organizations and individuals participating in established partnerships, and collaborative activities, mechanisms and processes.

Details of Transfer Payment Program (millions)

	Forecast Spending 2013–14	Planned Spending 2014–15	Planned Spending 2015–16	Planned Spending 2016–17
Total Contributions	8.9	5.8	5.8	5.8
Total Transfer Payments	8.9	5.8	5.8	5.8

Fiscal Year of Last Completed Evaluation: The [Formative Evaluation](#) was completed in 2008 and the Summative Evaluation is being completed in 2013–14

Decision Following the Results of Last Evaluation: Continuation

Fiscal Year of Planned Completion of Next Evaluation: 2019–20

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

Initiatives to Engage Applicants and Recipients: Program does not anticipate issuing further solicitations as contribution agreements with recipients are eligible for renewal every five years, and work plans are reviewed and approved annually.

Disclosure of TPPs under \$5 million

Program, Sub-Program and Sub-Sub-Program	Main Objective	End Date of TPP	Type of TP	Planned Spending for 2014–15 (\$M)	Fiscal Year of Last Completed Evaluation	General Targeted Recipient Groups
Name of TPP: Blood Safety (Voted)						
1.2 Health Promotion and Disease Prevention, 1.2.1 Infectious Disease Prevention and Control, 1.2.1.2 Infectious and Communicable Diseases	Support P/T transfusion and/or transplantation adverse event surveillance activities	Ongoing	Contribution	2.2	2009–10	P/T governments; transfusion and/or transplantation centres and agencies and/or groups designated by P/T ministries of health; and Canadian not-for-profit organizations which support transfusion adverse event surveillance activities

Name of TPP: Canadian Breast Cancer Initiative (Voted)						
1.2 Health Promotion and Disease Prevention, 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	Sustain networks of community organizations to share best practices in breast cancer and women's health to ensure that information and supports are available to communities	Ongoing	Grant and Contribution	0.6	2008–09	Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities
Name of TPP: Canadian HIV Vaccine Initiative (Voted)						
1.2 Health Promotion and Disease Prevention, 1.2.2 Conditions for Health Living, 1.2.2.2 Healthy Communities	Contribute to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine	March 31, 2017	Contribution	1.8	2010–11	Canadian not-for-profit voluntary organizations and corporations; P/T and local governments; and agencies; organizations and institutions supported by P/T governments

Name of TPP: Federal Tobacco Control Strategy (Voted)						
1.2 Health Promotion and Disease Prevention, 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	Support tobacco-related interventions to reduce tobacco use as a chronic disease risk factor	March 31, 2017	Contribution	2.2	N/A	Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments and agencies; organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities
Name of TPP: Fetal Alcohol Spectrum Disorder (FASD) – National Strategic Projects Fund (Voted)						
1.2 Health Promotion and Disease Prevention, 1.2.2 Conditions for Healthy Living, 1.2.2.1 Healthy Child Development	Assist organizations that have the capacity to enhance and build on already existing FASD activities across the country, and to create new capacity	Ongoing	Contribution	1.5	2008–09	Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T and local governments; and agencies, organizations, and institutions supported by P/T governments

Name of TPP: Hepatitis C Prevention, Support and Research Program (Voted)						
1.2 Health Promotion and Disease Prevention, 1.2.2 Conditions for Healthy Living, 1.2.2.2 Healthy Communities	Projects funded at the national and regional levels will: contribute to prevention of Hepatitis C Virus (HCV) in Canada; support persons infected with, affected by, at risk of and/or vulnerable to HCV; provide a stronger evidence base for policy and programming decisions; and strengthen partners' capacity to address HCV in Canada	Ongoing	Grant and Contribution	3.3	2006–07	Canadian not-for-profit voluntary organizations and corporations; unincorporated groups; societies and coalitions; P/T and local governments; and agencies, organizations, and institutions supported by P/T governments
Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Cancer (Voted)						
1.2 Health Promotion and Disease Prevention, 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	Contribute to cancer prevention, particularly among vulnerable and underserved populations. By testing innovative models for increasing cancer prevention, best practices can be identified and replicated across the country	Ongoing	Grant and Contribution	4.2	2009–10	Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments; and agencies, organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities

Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Cardiovascular Disease Program (Voted)

1.2 Health Promotion and Disease Prevention, 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	Contribute to the reduction of the severity and burden of cardiovascular disease (CVD) by increasing access to information and knowledge for health professionals and the public about CVD prevention	Ongoing	Grant and Contribution	1.4	2009–10	Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments; and agencies, organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities
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Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease (Voted)

1.2 Health Promotion and Disease Prevention, 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	Enhance capacity for public health chronic disease surveillance activities to expand data sources for chronic disease surveillance	Ongoing	Grant and Contribution	2.7	2009–10	Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments; and agencies, organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities
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Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Joint Consortium for School Health (Voted)

1.2 Health Promotion and Disease Prevention, 1.2.2 Conditions for Healthy Living, 1.2.2.1 Healthy Child Development	Strengthen federal leadership efforts to promote health and prevent chronic disease among school-aged children, and to better align policy and program contributions, both within the federal Health Portfolio (Health Canada, the Agency, Canadian Institutes of Health Research) and throughout the GoC	Ongoing	Grant	0.2	N/A	Canadian not-for-profit voluntary organizations and corporations, for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments; and agencies, organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities
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Name of TPP: Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices (Voted)

1.2 Health Promotion and Disease Prevention, 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	Build collaborative linkages, nationally and internationally, between researchers, policy makers and practitioners, for the purpose of increasing the adoption of effective practices	Ongoing	Grant and Contribution	0.2	2009–10	Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments; and agencies, organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities
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Name of TPP: International Health Grants Program (Voted)						
1.1 Public Health Infrastructure, 1.1.2 Public Health Information and Networks	To facilitate the Health Portfolio's international collaboration and strengthen relationships with key international partners through the promotion of best practices and approaches that respond to Canada's global health priorities and international commitments, and increased knowledge of current and emerging global health issues to inform policy and program development	Ongoing	Grant	2.5	2012–13	International entities (i.e., bilateral and multilateral international organizations and institutions with established relationships with Canada); Canadian not-for-profit organizations and institutions, including academic and research-based institutions
Name of TPP: Preventative Public Health Systems and Adaptation to Climate Change (Voted)						
1.2 Health Promotion and Disease Prevention, 1.2.1 Infectious Disease Prevention and Control, 1.2.1.3 Food-borne, Environmental and Zoonotic Infectious Diseases	To support the development of adaptation tools by academic institutions	March 31, 2015	Contribution	0.1	N/A	Canadian not-for-profit voluntary organizations and corporations; P/T and local governments; agencies, and organizations and institutions supported by P/T governments

Name of TPP: Promoting Access to Automated External Defibrillators (AEDs) in Recreational Hockey Arenas Initiative (Voted)

1.2 Health Promotion and Disease Prevention, 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	Support the installation of AEDs and the provision of associated user training in recreational hockey arenas across Canada with the objective of reducing deaths from sudden cardiac arrest in these venues, and enhance the protection of the health and safety of Canadians	March 31, 2016	Contribution	3.8	N/A	Canadian not-for-profit voluntary organizations and corporations; for-profit organizations; unincorporated groups; societies and coalitions; P/T, regional and municipal governments; and agencies, organizations and institutions supported by P/T governments (regional health authorities, schools, post-secondary institutions, etc.); and individuals deemed capable of conducting population health activities
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Name of TPP: Public Health Scholarship and Capacity Building Initiative (Voted)

1.1 Public Health Infrastructure; 1.1.1 Public Health Capacity Building	To increase the number and skills of public health professionals; to enhance relationships between university programs in public health and public health organizations; and to develop public health training products and tools	Ongoing	Grant and Contribution	1.2	2015–16	Canadian not-for-profit voluntary organizations and corporations; P/T and local governments; and agencies, organizations and institutions supported by P/T governments (regional health authorities or districts, post-secondary institutions, etc.); and individuals, deemed capable of conducting public health activities to contribute to enhancing public health workforce development and strengthening the capacity and knowledge of the public health sector
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Greening Government Operations (GGO)

Goal 7: Waste and Asset Management	
7.1 Target: Real Property Environmental Performance As of April 1, 2014, and pursuant to departmental Real Property Sustainability Frameworks, an industry-recognized level of high environmental performance will be achieved in GoC real property projects and operations.	
Scope and Context <p>The Public Health Agency of Canada (the Agency) is custodian of three laboratories totalling 40,683 m². These facilities are in addition to 56,000 m² of (rentable) leased space for approximately 2,454 employees in 59 locations.</p> <p>In response to the <i>Federal Sustainable Development Strategy 2010–13</i>, the Agency developed a Green Buildings Strategic Framework. The Framework promotes green building and development practices using a suite of industry-recognized assessment tools resulting in better environmental performance of projects. This Framework will be used as the basis for developing a Real Property Sustainability Framework for the Agency.</p> <p>Green Building and development practices are applied to the Agency's three custodial laboratories. Construction of a new laboratory is nearly completed following LEED⁶ (CI) Silver and International Institute for Sustainable Laboratories⁷ environmental performance criteria.</p>	
Link to Department's PAA Internal Services	
Performance Measurement	
Expected Result An industry-recognized level of high environmental performance will be achieved in GoC real property projects and operations.	
Performance Indicator	Targeted Performance Level
Real Property Sustainability Framework in place to improve the management of energy, waste and water in departmental real property assets by March 31, 2015	March 31, 2015
Total number of existing Crown-owned buildings (over 1000 m ²) and new lease or lease renewal projects (over 1000 m ²) where the Crown is the major lessee, assessed for environmental performance using an industry-recognized assessment tool, and associated floor space (m ²)	0 Crown-owned buildings Amount 0 m ²
	0 New lease or lease renewal projects 0 m ²
	Planned assessment tool to be used: - BOMA BEST ⁸ - International Institute for Sustainable Laboratories (laboratory project only)
Total number of existing Crown-owned buildings, new construction, build-to-lease projects, major	0 Crown-owned buildings Amount 0 m ²

⁶ <http://www.cagbc.org/Content/NavigationMenu/Programs/LEED/GoingGreenwithLEED/default.htm>

⁷ <http://www.i2sl.org/resources/toolkit.html>

⁸ BOMA BEST: <http://www.bomabest.com/>

renovations projects, achieving an industry-recognized level of high environmental performance, and associated floor space (m ²)	0 New construction projects 0 m ²
	0 Build-to-lease projects 0 m ²
	0 Major renovation projects 0 m ²
	Planned environmental performance level to be achieved: - 3 Green Globes (projects \$1M-\$10M) - LEED (CI) Silver (projects \$10M+) - International Institute for Sustainable Laboratories (laboratory project only)
Number of fit-up and refit projects achieving an industry-recognized level of high environmental performance	0 Fit-up and refit projects 0 m ²
	Planned environmental performance level to be achieved: - 3 Green Globes ⁹ (projects \$1M-\$10M) - LEED (CI) Silver (projects \$10M+) - International Institute for Sustainable Laboratories (laboratory project only)
Implementation Strategy Element or Best Practice	Targeted Performance Level
7.1.1.1. Achieve a level of performance that meets or exceeds the custodian's current commitment(s) to sustainable buildings using industry-recognized assessment and verification tool(s)	Seeking to reach "Achieved" as defined by the guidelines for this target area
7.1.1.4. Manage the collection, diversion and disposal of workplace waste in Crown-owned buildings in an environmentally responsible manner	Seeking to reach "Achieved" as defined by the guidelines for this target area
Target 7.2: Green Procurement	
As of April 1, 2014, the Government of Canada will continue to take action to embed environmental considerations into public procurement, in accordance with the federal Policy on Green Procurement.	
Scope and Context	
<p>The Public Health Agency of Canada will continue to focus on greening its procurement of office supplies, information technology (IT) hardware, and office equipment. The scope of each target area is outlined below:</p> <ul style="list-style-type: none"> • Office Supplies: Excludes purchases using acquisition cards; • IT Hardware: Includes automatic data processing equipment (e.g. computers) and excludes laboratory, field equipment and purchases using acquisition cards; • Office Equipment: Includes all printers, faxes, scanners, multi-functional devices and photocopiers. Excludes laboratory, field equipment and purchases using acquisition cards; and • The Public Health Agency of Canada relies upon Health Canada's procurement and materiel management specialists in order to fulfill these functions. 	

⁹ <http://www.greenglobes.com/fitup/Non-Flash/index.htm>

Link to department's PAA	
Program: Internal Services Sub-Program: Asset Management Services	
Performance Measurement	
Expected Result	
Environmentally responsible acquisition, use and disposal of goods and services.	
Departmental Green Procurement Target: By March 31, 2017, 90% of IT hardware purchases will include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the equipment.	
Performance Indicator	Targeted Performance Level
Volume of IT hardware purchases that meet the target objective relative to the total dollar value of all purchases for IT hardware in the year in question.	90%
Departmental Green Procurement Target: By March 31, 2017, 80% of office supply purchases will include criteria to reduce the environmental impact associated with the production, acquisition, use and/or disposal of the supplies.	
Performance Indicator	Targeted Performance Level
Volume of office supply purchases that meet the target objective relative to the total dollar value of all office supply purchases in the year in question	45%
Departmental Green Procurement Target: By March 31, 2017, 90% of purchases of office equipment (printers, faxes, scanners and photocopiers) will have one or more environmental features.	
Performance Indicator	Targeted Performance Level
Volume of office equipment purchases that meet the target objective relative to the total dollar value of all purchases for office equipment in the year in question	90%
Implementation Strategy Element or Best Practice	Targeted Performance Level
7.2.1.5. Leverage common use procurement instruments where available and feasible	Seeking to reach "Achieved"
Target 7.3: Sustainable Workplace Operations As of April 1, 2015, the GoC will update and adopt policies and practices to improve the sustainability of its workplace operations.	

Scope and Context	
<p>The Agency has over 2,454 employees located in over 59 locations across Canada. Although some unique situations exist, the majority of Agency workplaces are offices containing typical office equipment: computers, telephones, printers and photocopiers, boardrooms and cafeterias.</p> <p>Since 2010, the Agency has accomplished the following to make its workplaces more sustainable:</p> <ul style="list-style-type: none"> • Appointed a sustainable development advocate for the Agency; • Surpassed the federal target for printer reduction to achieve a ratio of 11.24 employees to each printer; • Ensured that all surplus electronic and electrical equipment and batteries are diverted from landfill; • Reduced its CO² levels from phantom energy through its National Energy Reduction Initiative (NERI); and • Put into place a Green Meetings Guide. 	
Link to Department's PAA	
Internal Services	
Performance Measurement	
Expected Result	
Departmental workplace operations have a reduced environmental impact.	
Performance Indicator	Targeted Performance Level
An approach to maintain or improve the sustainability of the departmental workplace is in place by March 31, 2015	March 31, 2015
Implementation Strategy Element or Best Practice	Targeted Performance Level
7.3.1.3. Maintain or improve existing approaches to sustainable workplace practices (i.e., printer ratios, paper usage, and green meetings)	Seeking to reach "Achieved" as defined by the guidelines for this target area
7.3.1.6. Dispose of e-waste in an environmentally sound and secure manner	Seeking to reach "Achieved" as defined by the guidelines for this target area
Goal 8: Water Management	
Target 8.1: Water Management	
As of April 1, 2014, the GoC will take further action to improve water management within its real property portfolio.	
Scope and Context	
<p>The Agency is custodian of 3 laboratories totalling 40,683 m². These facilities, and 56,000 m² of (rentable) leased space for approximately 2,454 employees in 59 locations, are managed through the Health Portfolio Shared Services Partnership with Health Canada.</p> <p>Through the development of a Real Property Sustainability Framework, the Agency will define its approach to sustainable water management within its real property portfolio.</p>	
Link to Department's PAA	
Internal Services	

Performance Measurement	
Expected Result	
Water is managed sustainably in GoC real property operations.	
Performance Indicator	Targeted Performance Level
Approach to improving water management included in Real Property Sustainability Framework by March 31, 2015	March 31, 2015

Horizontal Initiatives

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

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

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

Name of horizontal initiative: [Federal Initiative to Address HIV/AIDS in Canada](#)

Name of Lead Department: Public Health Agency of Canada

Lead department PAA Programs: 1.1 Public Health Infrastructure, and 1.2 Health Promotion and Disease Prevention

Start date of the horizontal initiative: January 13, 2005

End date of the horizontal initiative: Ongoing

Total federal funding allocation (start to end date): Ongoing

Description of the horizontal initiative (including funding agreement): The FI strengthens domestic action on HIV and AIDS, builds a coordinated GoC approach, and supports global health responses to HIV and AIDS. It focuses on research, prevention and access to diagnosis, care, treatment and support for those populations most affected by HIV and AIDS in Canada. The FI also supports and strengthens multi-sectoral partnerships to address the determinants of health. It supports collaborative efforts to address factors which contribute to the transmission and acquisition of HIV. People living with and vulnerable to HIV and AIDS are active partners in FI policies and programs.

Shared Outcomes:

First level outcomes

- Increased knowledge and awareness of the nature of HIV and AIDS and ways to address the disease;
- Increased individual and organizational capacity;
- Increased Canadian engagement and leadership in the global context; and
- Enhanced engagement and collaboration on approaches to address HIV and AIDS.

Second level outcomes

- Reduced stigma, discrimination, and other barriers;
- Improved access to more effective prevention, care, treatment and support;
- Internationally informed federal response; and
- Increased coherence of the federal response.

Ultimate outcomes

- Prevent the acquisition and transmission of new infections;
- Improved quality of life for those at risk and living with HIV and AIDS;
- Contribute to the global effort to reduce the spread of HIV and AIDS and mitigate its impact; and
- Contribute to the strategic outcomes of partner departments.

Governance Structures:

The Responsibility Centre Committee (RCC) is the governance body for the FI. It is comprised of directors or equivalent from the eight responsibility centres which receive funding through the FI. Led by the Agency, the RCC promotes policy and program coherence among the participating

departments and agencies, and ensures that evaluation, performance measurement and reporting requirements are met.

The [Agency](#) is the federal lead for issues related to HIV and AIDS in Canada. It is responsible for laboratory science, surveillance, program development, knowledge exchange, public awareness, guidance for health professionals, global collaboration and coordination.

[Health Canada \(HC\)](#) supports HIV and AIDS prevention, education and awareness, community capacity building, as well as facilitating access to quality HIV/AIDS diagnosis, care, treatment, and support to on-reserve First Nations and Inuit communities south of the 60th parallel.

As the GoC's agency for health research, the [Canadian Institutes of Health Research \(CIHR\)](#) supports the creation of new scientific knowledge and enables its translation into improved health, more effective health services and products, and a strengthened Canadian health care system.

[Correctional Service of Canada \(CSC\)](#), an agency of the Public Safety Portfolio, provides health services (including services related to the prevention, diagnosis, care and treatment of HIV and AIDS) to offenders sentenced to two years or more.

Planning Highlights: In 2014–15, federal partners will continue to develop integrated approaches to HIV and related communicable diseases and factors such as mental health, aging, chronic diseases, and violence. Programs will address findings from the [Federal Initiative Evaluation Report 2008–2013](#), to strengthen knowledge and exchange mechanisms and enhance efforts to reduce barriers to access to prevention, care, treatment and support programs.

Federal Partner: The Agency

PAA Program	Contributing activities/ programs	Total Allocation (from Start to End Date) (\$M)	2014–15 Planned Spending (\$M)	2014–15 Expected Results
Public Health Infrastructure	Public Health Laboratory Systems	Ongoing	4.9	ER 1
Health Promotion and Disease Prevention	Infectious and Communicable Diseases	Ongoing	3.6	ER 2
	Healthy Communities	Ongoing	32.1	ER 3
Total		Ongoing	40.6	

Expected Results for 2014–15:

ER 1: Public health decisions and interventions are supported by laboratory reference service testing and the identification of new and existing HIV strains in Canada which directs attention to HIV outbreaks. Use of laboratory-generated knowledge is increased and laboratory research expertise and knowledge platforms are further consolidated, to develop a hub for global leadership in HIV research and viral diagnostics, outbreak response, and genetic linkages to risk of disease.

ER 2: Provinces and territories are engaged through the Public Health Network to increase pan-Canadian understanding of trends and factors associated with HIV and AIDS and related communicable diseases, through enhanced biological-behavioural surveillance, and using this surveillance to guide best practices in prevention and control efforts. Thirteen chapters of the

Sexually Transmitted Infections Guidelines will be reviewed and five chapters of the HIV/AIDS Epi Updates publications will be revised.

ER 3: Public health and community capacity is enhanced to prevent and control HIV and AIDS and related communicable diseases, through integrated approaches to HIV and AIDS, related communicable diseases and health factors; renewed stakeholder engagement; targeted information products for key populations; training and knowledge exchange; and global engagement. Community planning sessions will be held for stakeholders to develop partnerships in their province, territory or region. Two series of training modules will be offered to funded organizations to increase their capacity to use community-based social marketing approaches and social media tools to improve the effectiveness of their awareness activities.

Federal Partner: Health Canada

PAA Program	Contributing activities/ programs	Total Allocation (from Start to End Date) (\$M)	2014–15 Planned Spending (\$M)	2014–15 Expected Results
First Nations and Inuit Primary Health Care	Sexually Transmitted and Blood Borne Infections —HIV/AIDS	Ongoing	4.5	ER 4
First Nations and Inuit Communicable Disease Control and Management	Support community healthy living programs	Ongoing	0.3	ER 4
Total		Ongoing	4.8	

Expected Results for 2014–15:

ER 4: Development of a national framework that provides strategic direction to Health Canada's STBBI programming to reduce the incidence, prevalence and burden of STBBIs in First Nations on-reserve in partnership with key stakeholders such as First Nations leaders; federal organizations, such as PHAC and CSC; provincial partners; experts and health care workers. Improve health outcomes for Territorial Residents living in NWT and Nunawut.

Federal Partner: Canadian Institutes of Health Research

PAA Program	Contributing activities/ programs	Total Allocation (from Start to End Date) (\$M)	2014–15 Planned Spending (\$M)	2014–15 Expected Results
Horizontal Health Research Initiatives	Health and Health Service Advances	Ongoing	20.9	ER 5.1 ER 5.2
Total		Ongoing	20.9	

Expected Results for 2014–15:

ER 5.1: Increased knowledge and awareness of the nature of HIV and ways to address the disease through the development and administration of diverse HIV research and capacity building funding programs. In 2014–15, new funding and funding programs will have a focus on providing infrastructure support for multi-disciplinary research networks and advancing research on interventions and their implementation.

ER 5.2: Enhanced coordination, strategic alignment and application of HIV research through the conduct of a strategic planning exercise, engagement of CIHR and Canadian researchers in national and international research endeavours and ongoing partnership development.

Federal Partner: Correctional Service of Canada

PAA Program	Contributing activities/ programs	Total Allocation (from Start to End Date) (\$M)	2014–15 Planned Spending (\$M)	2014–15 Expected Results
Custody	Institutional Health Services	Ongoing	4.2	ER 6.1 ER 6.2
Total		Ongoing	4.2	

Expected Results for 2014–15:

ER 6.1: Enhanced understanding of the prevalence of HIV/AIDS, other sexually transmitted and blood borne infections (STBBI) and other communicable diseases, and the prevention of acquisition and transmission of new infections, through screening, assessment and treatment of offenders in federal penitentiaries.

ER 6.2: Increased knowledge and awareness of the nature of HIV/AIDS, other STBBIs and associated chronic diseases and improved access to more effective prevention, care, treatment and support through health surveillance, knowledge transfer to service providers, educational program delivery, distribution of disease prevention information and the provision of disease-specific health clinics within federal penitentiaries.

Total Allocation (from 2004-05 to Ongoing) (millions)

Total Allocation For All Federal Partners (from Start to End Date)	Total Planned Spending for All Federal Partners for 2014–15
Ongoing	70.5

Results to be achieved by non-federal partners: International organizations including the Pan-American Health Organization's (PAHO) Caribbean HIV Office, the World Health Organization (WHO), and the United Nations Programme on HIV/AIDS (UNAIDS) increase their capacity to prevent and control HIV and AIDS with the support of Canadian technical assistance and advice, through various working groups and other global knowledge translation and exchange forums.

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Canadian HIV Vaccine Initiative (CHVI)

Name of horizontal initiative: [Canadian HIV Vaccine Initiative](#)

Name of Lead Department: Public Health Agency of Canada

Lead Department PAA Program: 1.2 Health Promotion and Disease Prevention

Start date of the horizontal initiative: February 20, 2007

End date of the horizontal initiative: March 31, 2017

Total Federal Funding Allocation (start to end date): \$111M

Description of the horizontal initiative (including funding agreement):

[The Canadian HIV Vaccine Initiative](#) (CHVI) is a collaborative undertaking between the GoC and the Bill & Melinda Gates Foundation (BMGF) to contribute to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine. This collaboration, formalized by a Memorandum of Understanding signed by both parties in August 2006 and renewed in July 2010, builds on the GoC's commitment to a comprehensive, long-term approach to address HIV/AIDS. Participating federal departments and agencies are the Agency, Health Canada, Industry Canada, Foreign Affairs, Trade and Development Canada, and the Canadian Institutes of Health Research.

The CHVI's overall goals are to: advance the basic science of HIV vaccine discovery and social research in Canada and low- and middle-income countries (LMICs); support the translation of basic science discoveries into clinical research with a focus on accelerating clinical trials in humans; address the enabling conditions to facilitate regulatory approval and community preparedness; improve the efficacy and effectiveness of HIV Prevention of Mother-to-Child services in LMICs by determining innovative strategies and programmatic solutions related to enhancing the accessibility, quality, and uptake; and ensure horizontal collaboration within the CHVI and with domestic and international stakeholders.

Shared Outcomes:**Immediate (1–3 years) Outcomes**

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

Intermediate Outcomes

- Strengthened contribution to global efforts to accelerate the development of safe effective, affordable, and globally accessible HIV vaccines;

- An increase in the number of women receiving a complete course of anti-retroviral prophylaxis to reduce the risk of mother-to-child transmission of HIV; and
- A strong and vibrant network (the CHVI R&D Alliance) of HIV vaccine researchers and other vaccine researchers, both in Canada and internationally is supported.

Long-term Outcome

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

Governance Structures:

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

Planning Highlights: Participating departments and agencies will further initiatives commenced in 2012–13 such as, improving domestic and international research projects, as well as continuing to support the Alliance Coordinating Office.

Plans for 2014–15 include: hosting the 2014 Health Products and Food Branch International Regulatory Forum; continue to support the CHVI Regulatory Capacity Building Mentorship Program; continuing delivery of the Canadian HIV Technology Development Program; exploring monoclonal antibody capacity in Canada; continuing to support implementation research to eliminate mother-to-child transmission of HIV in sub-Saharan Africa; continue to support Canadian research teams working on prevention trials capacity building and on HIV vaccine discovery and social research; developing and launching additional research funding opportunities to continue to advance the basic science of HIV vaccine discovery and social research; and developing and launching the Canadian HIV Vaccine Initiative Translational Support Fund (TSF).

The GoC and the BMGF will continue to work together to define areas of investment to accelerate the development of a safe, effective, affordable and accessible HIV vaccine as one of the key priorities.

Federal Partner: The Agency

PAA Program	Contributing activities/ programs	Total Allocation (from Start to End Date) (\$M)	2014–15 Planned Spending (\$M)	2014–15 Expected Results
Health Promotion and Disease Prevention	Healthy Communities	18.0*	2.5	ER 1.1 ER 1.2 ER 1.3 ER 1.4
Total		18.0*	2.5	

* This amount excludes future ongoing funding for this initiative.

Expected Results for 2014–15:

ER 1.1: Continue to support domestic and international efforts related to the research and development of an HIV vaccine.

ER 1.2: Development and implementation of the HIV Vaccine Translational Support Fund to provide researchers with financial and project management support for translating HIV vaccine candidates from pre-clinical development research to small scale human clinical trials.

ER 1.3: Support the continued work of the Alliance Coordinating Office to establish a strong and vibrant network of HIV vaccine researchers and other vaccine researchers both in Canada and internationally.

ER 1.4: Ensure effective communications, strategic planning, coordination, reporting and evaluation within the GoC.

Federal Partner: Health Canada

PAA Program	Contributing activities/ programs	Total Allocation (from Start to End Date) (\$M)	2014–15 Planned Spending (\$M)	2014–15 Expected Results
Internal Services	Governance and Management Support Services	1.0*	0.1**	ER 2.1
Health Products	Regulatory Capacity Building Program for HIV Vaccines	4.0*	0.8	ER 2.1 ER 3.1
Total		5.0*	0.9	

* This amount excludes future ongoing funding for this initiative.

** A Budget Transfer Agreement was established to allow a transfer of funds between Internal Services and Health Canada Products in the amount of \$0.1M for FY 2014–15. These funds will be used to address ER 2.1.

Expected Results for 2014–15:

ER 2.1: Increased regulatory convergence and exchange of domestic and international best practices, policies and protocols related to the regulation of vaccines, with a focus on HIV/AIDS vaccines.

ER 3.1: Increased regulatory readiness and strengthened capacity of regulatory authorities in LMICs in the area of vaccine products and clinical trials through training and the establishment of a mentorship program.

Federal Partner: Industry Canada

PAA Program	Contributing activities/ programs	Total Allocation (from Start to End Date) (\$M)	2014–15 Planned Spending (\$M)	2014–15 Expected Results
Commercialization and Research and Development Capacity in Targeted Canadian Industries	Industrial Research Assistance Program's Canadian HIV Technology Development Component	13.0*	3.2**	ER 4.1
Total		13.0*	3.2**	

* This amount excludes future ongoing funding for this initiative.

** Includes an internal re-allocation, effectively re-profiling \$700K from 2013–14 to 2014–15.

Expected Results for 2014–15:

ER 4.1: New and innovative technologies for the prevention, treatment and diagnosis of HIV in pre-commercial development are advanced in small-and medium-sized enterprises operating in Canada.

Federal Partner: Foreign Affairs, Trade and Development Canada (DFATD)

PAA Program	Contributing activities/ programs	Total Allocation (from Start to End Date) (\$M)	2014–15 Planned Spending (\$M)	2014–15 Expected Results
Global Engagement and Strategic Policy	International Development Assistance Program	60.0*	6.9	ER 5.1 ER 5.2 ER 5.3
Total		60.0*	6.9	

* This amount excludes future ongoing funding for this initiative.

Expected Results for 2014–15:

ER 5.1: Increased capacity to conduct high-quality clinical trials of HIV vaccine and other related prevention technologies in LMICs through new teams of Canadian and LMICs researchers and research institutions.

ER 5.2: In collaboration with CIHR, increased capacity and greater involvement and collaboration amongst researchers working in HIV vaccine discovery and social research in Canada and in LMICs through the successful completion of the development stage of the Team Grant program to support collaborative teams of Canadian and LMIC researchers.

ER 5.3: Enhanced knowledge of communities, health care workers and Ministry of Health staff in LMICs on the prevention of mother-to-child transmission of HIV and maternal, newborn and child health issues.

Federal Partner: Canadian Institutes of Health Research

PAA Program	Contributing activities/ programs	Total Allocation (from Start to End Date) (\$M)	2014–15 Planned Spending (\$M)	2014–15 Expected Results
Health and Health Services Advances	Institute Strategic Advances – HIV/AIDS	15.0*	2.7	ER 6.1 ER 6.2 ER 6.3
Total		15.0*	2.7	

* This amount excludes future ongoing funding for this initiative.

Expected Results for 2014–15:

ER 6.1: New knowledge created and strengthened HIV vaccine research capacity through ongoing support to CHVI investigators and projects.

ER 6.2: In collaboration with the BMGF, support research addressing the role of mucosal immunology in HIV protection and increase collaborative mucosal immunology research focused on HIV vaccine development.

ER 6.3: Enhanced linkages amongst researchers, stakeholders and funders through participation in collaborative activities (such as the development of a translational research fund); promotion of networking mechanisms (such as those facilitated by the Alliance Coordinating Office; and sharing of research outcomes.

Total Allocation (from 2006-07 to 2016-17) (millions)

Total Allocation For All Federal Partners (from Start to End Date)	Total Planned Spending for All Federal Partners for 2014–15
111.0	16.2

Results to be achieved by non-federal partners: Non-governmental stakeholders, including research institutions and not-for-profit community organizations, are integral to the success of the CHVI. Their role is to engage and collaborate with participating departments and agencies, the BMGF and other funders to contribute to the CHVI goals and to Canada's contribution towards the Global HIV Vaccine Enterprise.

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Upcoming Internal Audits and Evaluations over the next three fiscal years

A. All upcoming Internal Audits over the next three fiscal years

Name of Internal Audit	Internal Audit Type	Status	Expected Completion Date
2014–15			
Audit of the Economic Action Plan – Governance, Planning, Monitoring	Governance, Risk, Internal Control	In progress	2014–15
Audit of Agency Planning Process	Governance, Risk, Internal Control	In Progress	2014–15
Audit of Information Technology Planning	Governance, Risk, Internal Control	In progress	2014–15
Audit of Procurement and Contracting Practices	Governance, Risk, Internal Control	In progress	2014–15
Audit of HIV/AIDS	Governance, Risk, Internal Control	In progress	2014–15
Audit of Project Management	Governance, Risk, Internal Control	Planned	2014–15
Audit of Food-borne, Environmental and Zoonotic Infectious Disease	Governance, Risk, Internal Control	Planned	2014–15
Audit of Risk Management Framework	Governance, Risk, Internal Control	Planned	2014–15
Audit of Key Financial Controls, 2014–15	Internal Control, Governance	Planned	2014–15
Audit of Shared Accountability in Back Office Consolidations	Governance, Risk, Internal Control	Planned	2014–15
2015–16			
Audit of Physical Security	Governance, Risk, Internal Control	Planned	2015–16
Audit of IT Business Continuity Planning for Mission Critical Systems	Governance, Risk, Internal Control	Planned	2015–16
Audit of Community Action Program for Children	Governance, Risk, Internal Control	Planned	2015–16
Audit of the Management of Grants and Contributions	Governance, Risk, Internal Control	Planned	2015–16
Audit of Key Financial Controls, 2015–16	Internal Control, Governance	Planned	2015–16

Name of Internal Audit	Internal Audit Type	Status	Expected Completion Date
Audit of the Management of Service with Shared Services Canada	Governance, Risk, Internal Control	Planned	2015–16
Audit on Information Management	Governance, Risk, Internal Control	Planned	2015–16
Audit of Workplace Relations and Wellness Programs	Governance, Risk, Internal Control	Planned	2015–16
Audit of Community Action Program for Children	Governance, Risk, Internal Control	Planned	2015–16
2016–17			
Audit of Regional Programs	Governance, Risk, Internal Control	Planned	2016–17
Audit of Biosecurity	Governance, Risk, Internal Control	Planned	2016–17
Audit of Internal Controls over Financial Reporting	Governance, Risk, Internal Control	Planned	2016–17
Audit of Key Financial Controls, 2016–17	Internal Control, Compliance	Planned	2016–17
Audit of Grants and Contributions Information Management System	Governance, Risk, Internal Control	Planned	2016–17
Audit of Departmental Financial System (SAP)	Governance, Risk, Internal Control	Planned	2016–17

B. All upcoming Evaluations over the next three fiscal years

Program	Proposed Title of Evaluation	Planned Evaluation Start Date	Expected Completion Date
2014–15			
1.2.1.3 Food-borne, Environmental and Zoonotic Infectious Diseases, 1.3.2 Border Health Security	Evaluation of Travel Health and Border Health Security	March 2014	December 2014
1.2.2.2 Healthy Communities	Evaluation of Canadian HIV Vaccine Initiative	April 2014	March 2015
1.2.2.2 Healthy Communities	Evaluation of Innovation Strategy	March 2014	December 2014
1.2.3 Chronic (non-communicable) Disease and Injury Prevention	Evaluation of Chronic Disease Prevention and Mitigation	January 2014	March 2015

Program	Proposed Title of Evaluation	Planned Evaluation Start Date	Expected Completion Date
1.2.3 Chronic (non-communicable) Disease and Injury Prevention	Evaluation of Lung and Neurological Diseases	April 2014	December 2014
2015–16			
1.1.1 Public Health Capacity Building	Evaluation of Public Health Workforce and Field Services	April 2015	March 2016
1.1.2 Public Health Information and Networks	Evaluation of Public Health Information	March 2015	December 2015
1.2.1.2 Infectious and Communicable Diseases	Evaluation of Tuberculosis	September 2014	June 2015
1.2.1.3 Food-borne Environmental and Zoonotic Infectious Diseases	Evaluation of Environmental and Zoonotic Infectious Diseases	February 2015	March 2016
1.2.2.2 Healthy Communities	Evaluation of Mental Health	August 2014	December 2015
2016–17			
1.1.3 Public Health Laboratory Systems	Evaluation of Public Health Laboratories	October 2015	September 2016
1.2.1.1 Immunization	Evaluation of Immunization and Respiratory Infectious Diseases	November 2015	December 2016
1.2.2.1 Healthy Child Development	Evaluation of Children's Programs including Fetal Alcohol Spectrum Disorder	February 2016	March 2017
1.2.2.1 Healthy Child Development	Evaluation of Aboriginal Head Start in Urban and Northern Communities	April 2016	March 2017