



Supplementary Information Tables 2015–16 Report on Plans and Priorities

Supplementary Information Tables List

Departmental Sustainable Development Strategy

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Upcoming Internal Audits and Evaluations Over the Next Three Fiscal Years

Departmental Sustainable Development Strategy

1. Overview of the Federal Government’s Approach to Sustainable Development

The [Federal Sustainable Development Strategy \(FSDS\) 2013–16](#) guides the Government of Canada's sustainable development activities, as required by the *Federal Sustainable Development Act*. In keeping with the objectives of the Act to make environmental decision making more transparent and accountable to Parliament, the Public Health Agency of Canada supports the implementation of the FSDS through the activities in this supplementary information table.

This Departmental Sustainable Development Strategy presents the planned contributions and expected results for Theme I – Addressing Climate Change and Air Quality and Theme IV - Shrinking the Environmental Footprint – Beginning with Government.

2. Themes I to III: Department and Agency-Led Targets

FSDS Goal	FSDS Performance Indicator	FSDS Target
n/a	n/a	n/a

3. Themes I to III: Implementation Strategies

FSDS Theme I: Addressing Climate Change and Air Quality

Linkages to the Program Alignment Architecture (PAA): Sub-Sub-Program 1.2.1.3: Food-borne, Environmental and Zoonotic Infectious Diseases

FSDS GOAL 1 – Climate Change: In order to mitigate the effects of climate change, reduce greenhouse gas emission levels and adapt to unavoidable impacts.

FSDS Target 1.2 – Climate Change Adaptation: Facilitate reduced vulnerability of individuals, communities, regions and economic sectors to the impacts of climate change through the development and provision of information and tools.

FSDS Implementation Strategy led by the Agency: 1.2.2 Work with domestic and international stakeholders to reduce infectious disease risks and public health threats related to climate change by increasing public health capacity and expertise through targeted research, modelling and cost-benefit analysis.

Performance Indicators	Performance Measures
Increased collaboration on climate change adaptation	Number of collaborations with organizations
Targeted communities and sectors recognize the need for adaptation	Number of presentations requested on public health and environmental change
Targeted communities and sectors are aware of relevant adaptation measures	Number of science-based decision-making tools disseminated
	Number of reports disseminated
	Number of publications disseminated
Adaptation measures have been identified to address risks and opportunities arising from climate change	Number of stakeholders/organizations that identify the need to develop adaptation plans/strategies to address their needs

Achievements expected in 2015–16:

The Agency seeks to reduce the vulnerability of individuals, communities, and regions to climate change impacts which have the potential to adversely affect the health of Canada’s population. Through the Preventative Public Health Systems and Adaptation to Climate Change Program, the Agency fosters engagement and capacity building with federal/provincial/territorial (F/P/T) and regional stakeholders as well as international public health organizations. The Program aims to reduce infectious disease emergence, and address the risk associated with climate change through enhancing evidence-based information. Key activities include conducting risk assessments, and developing, validating, and refining practical adaptation strategies and tools.

Clean Air Agenda Planned Spending for 2015–16: \$1,100,000

4. Theme IV: Targets and Implementation Strategies

Goal 7: Waste and Asset Management

Target 7.1: 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 Government of Canada real property projects and operations.

Scope and Context

The Agency is custodian of three laboratories totalling 20,900 m² and is a tenant in 66,600 m² of leased space that accommodates approximately 2,488 employees in 63 locations.

The Agency and Health Canada (HC) worked jointly to transform their individual Green Buildings Strategic Frameworks into a shared Real Property Sustainability Framework. Greening practices outlined in the Framework are applied to all temperature controlled office and laboratory spaces over 1000m² where benchmark information is available.

Link to Department’s PAA

Internal Services

Performance Measurement	
Expected Result	
An industry-recognized level of high-environmental performance will be achieved in Government of Canada real property projects and operations.	
Performance Indicator	Performance Target
A 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 0 m ²
	0 New lease or lease renewal projects 0 m ²
	Planned assessment tool to be used: - BOMA BEST ¹ - International Institute for Sustainable Laboratories (laboratory projects only)
Total number of existing Crown-owned buildings, new construction, build-to-lease projects, and major renovation projects achieving an industry-recognized level of high-environmental performance, and associated floor space (m ²).	0 Crown-owned buildings 0 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 ² (projects \$1M-\$10M) - LEED ³ (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 (projects \$1M-\$10M) - LEED (CI) Silver (projects \$10M+) - International Institute for Sustainable Laboratories (laboratory project only)

¹ BOMA BEST: <http://www.bomabest.com/>

² <http://www.greenglobes.com/fitup/Non-Flash/index.htm>

³ <http://www.cagbc.org/Default.aspx>

Implementation Strategy Element or Best Practice	Performance Target
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"
7.1.1.3. Develop plans to address environmental performance assessment recommendations for existing Crown-owned buildings.	Seeking to reach "Achieved"
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"
7.1.1.5. Manage construction, renovation and demolition waste in Crown-owned buildings in an environmentally responsible manner.	Seeking to reach "Achieved"
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 <i>Policy on Green Procurement</i> .	
Scope and Context	
<p>The Agency 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, and excludes laboratory, field equipment, and purchases using acquisition cards. • Through the June 2012 Order in Council that created the Health Portfolio Shared Services Partnership, the Public Health Agency of Canada relies upon Health Canada's procurement and materiel management specialists in order to fulfill these functions. 	
Link to Department's PAA	
Internal Services	
Performance Measurement	
Expected Result	
Environmentally responsible acquisition, use and disposal of goods and services.	

Performance indicator	Targeted performance level
Departmental approach to further the implementation of the <i>Policy on Green Procurement</i> in place as of April 1, 2014.	Yes, March 31, 2014
Number and percentage of procurement and/or materiel management specialists who have completed the Canada School of Public Service Green Procurement course (C215) or equivalent, in the given fiscal year.	3 100 %
Number and percentage of managers and functional heads of procurement and materiel whose performance evaluation includes support and contribution toward green procurement, in the given fiscal year.	1 100%
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	Performance Target
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	Performance Target
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.	60%
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	Performance Target
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	Performance Target
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 Government of Canada will update and adopt policies and practices to improve the sustainability of its workplace operations.	
Scope and Context	
<p>The Agency has over 2,488 employees located in 63 locations across Canada. Although some unique situations exist, the majority of Agency workplaces are offices, boardrooms, and cafeterias containing typical office equipment: computers, telephones, printers, and photocopiers.</p> <p>The Agency and HC, through a shared consultative Sustainable Workplace Operations Working Group, are developing a Sustainable Workplace Operations Approach which outlines the commitment of both organizations to improving the sustainability of workplaces across the country.</p>	
Link to Department's PAA	
Internal Services	
Performance Measurement	
Expected Result	
Departmental workplace operations have a reduced environmental impact.	
Performance Indicator	Performance Target
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	Performance Target
7.3.1.1. Engage employees in greening government operations practices.	Seeking to reach "Achieved"
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"
7.3.1.6. Dispose of e-waste in an environmentally sound and secure manner.	Seeking to reach "Achieved"

Goal 8: Water Management	
Target 8.1: Water Management	
As of April 1, 2014, the Government of Canada will take further action to improve water management within its real property portfolio.	
Scope and Context	
<p>The Agency is custodian of three laboratories totalling 20,900 m² and a tenant in 66,600 m² of leased space that accommodates approximately 2,488 employees in 63 locations.</p> <p>Through the implementation of a Real Property Sustainability Framework, the Agency will demonstrate 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 Government of Canada real property operations.	
Performance Indicator	Performance Target
Approach to improving water management included in Real Property Sustainability Framework by March 31, 2015.	March 31, 2015
Amount and percentage of floor space in buildings over 1000 m ² that includes water metering, in the given fiscal year (where feasible).	20,900 m ² existing Crown-owned 100 %
	0 m ² new Crown built-to-lease 0 %
	0 m ² major renovations 0 %
	66,600 m ² leases 100 %
Implementation Strategy Element or Best Practice	Performance Target
8.1.1.1 Conserve potable water.	Seeking to reach "Achieved"
<i>Best Practice</i> 8.1.3 Analyze the water consumption data collected to determine steps to improve water management in Crown-owned assets.	Seeking to reach "Achieved"

6. Sustainable Development Management System

The Agency is committed to sustainable development and contributes to the FSDS by delivering on its core vision of healthy Canadians and communities in a healthier world. The Agency strives to integrate environmental, economic and social factors in the making of decisions in order to derive added benefits or to avoid or mitigate negative impacts on human health for both present and future generations.

The Agency's sustainable development vision is guided by the following principles:

- Strengthen Canada's capacity to protect and improve the health of Canadians;
- Build an effective public health system that enables Canadians to achieve better health and well-being in their daily lives by promoting good health, helping prevent chronic diseases and injury, and protecting Canadians from infectious diseases and other threats to their health; and
- Reduce health disparities between the most advantaged and disadvantaged Canadians.

The Agency will manage and promote sustainable development within its policy, planning and operational processes. Sustainable development planning and reporting is linked with the federal government's core expenditure planning and reporting system. Consistent with the Government of Canada reporting on the FSDS, the Agency has fully integrated its sustainable development commitments in the Report on Plans and Priorities Supplementary Information Tables. The Agency reports on progress against these commitments in its annual Departmental Performance Report Supplementary Information Tables.

The Agency will continue to contribute to the federal approach to sustainable development through its ongoing participation at interdepartmental committees and working groups.

The Agency's Assistant Deputy Minister Sustainable Development Champion will continue to be a leader for sustainable development at the Agency by promoting sustainable development commitments and achievements. The Champion will engage senior management at corporate governance committees as required to promote advancement of sustainable development commitments. The Champion's leadership is vital in moving the Agency towards the integration of sustainable development principles and FSDS and DSDS commitments into the policies and programs of the Agency. In addition, the Champion will continue to maintain compliance with the *Cabinet Directive on Environmental Assessment of Policy, Plan and Program Proposals*.

7. Strategic Environmental Assessment

The Strategic Environmental Assessment (SEA) process serves as the strategic platform for the Agency to apply SD principles and environmental considerations to new policy, plan and program creation. The Agency has established processes and guidance for staff to maintain compliance rates with the [*Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals*](#).

The Agency will continue to ensure that its decision-making process includes consideration of the FSDS goals and targets through the Strategic Environmental Assessment (SEA) process. An SEA for policy, plan or program proposals includes an analysis of the impacts of the given proposal on the environment, including on the FSDS goals and targets. The results of the Agency's detailed assessment are made public when an initiative is announced. The purpose of the public statement is to demonstrate that the environmental effects, including the impacts on achieving the FSDS goals and targets, of the approved policy, plan or program have been appropriately considered during proposal development and decision making.

Details on Transfer Payment Programs of \$5 Million or More

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 terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health
Link to department's Program Alignment Architecture	
Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
Description	
<p><u>Objective(s)</u>: Provide Aboriginal preschool children in urban and northern settings with a positive sense of themselves, a desire for learning, and opportunities to develop fully and successfully as young people.</p> <p><u>Why this TPP is Necessary</u>: Aboriginal children are at higher risk for poor developmental and health outcomes than non-Aboriginal children. Considerable evidence supports the mitigating role of community-based early childhood development programs in the lives of children facing similar risks.</p> <p><u>Intervention Method(s)</u>: Funded projects must incorporate the six core program components (health promotion, nutrition, education, Aboriginal culture, parental involvement and social support) into their program design. Within the context of this pan-Canadian consistency, sites are locally tailored to the needs and assets within their communities.</p> <p><u>Repayable Contributions</u>: No.</p>	
Expected results	
<ul style="list-style-type: none"> Aboriginal children and their families participate in AHSUNC programs; Organizations from various sectors collaborate with AHSUNC sites to support the needs of AHSUNC participants; and Parents/caregivers are engaged and supported as children's primary teachers and caregivers. <p><u>Performance indicators</u>:</p> <ul style="list-style-type: none"> Number of children enrolled in the AHSUNC program; Percentage of AHSUNC sites that leverage multi-sectoral collaborations; and Percentage of parents/caregivers who report positive changes in their family practices (e.g., doing more things at home with their children to support their development, preparing nutritious meals and snack more often, etc.) as a result of participation in the AHSUNC program. 	
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 groups				
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.				
	Forecast Spending 2014–15 (\$)	Planned Spending (\$)		
		2015–16	2016–17	2017–18
Total grants				
Total contributions	32,134,000	29,134,000	29,134,000	29,134,000
Total other types of transfer payments				
Total transfer payments	32,134,000	29,134,000	29,134,000	29,134,000

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 terms and conditions	2013–14
Strategic Outcome	Protecting Canadians and empowering them to improve their health
Link to department's Program Alignment Architecture	
Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.2 Public Health Information and Networks	
Description	
<p><u>Objective(s)</u>: Comply with Canada's obligation, as a Member State of PAHO, to provide funding for the Organization to advance its public health work in the Americas. The program also allows Canada to advance global health and foreign policy priorities and contribute to the security of the Americas region to protect the health of Canadians.</p> <p><u>Why this TPP is Necessary</u>: To protect the health of Canadians while advancing Canada's global health priorities.</p> <p><u>Intervention Method(s)</u>: As a member of PAHO, Canada is able to protect the health of Canadians and advance Canada's health priorities 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 uphold international norms and standards through comparative policy analysis and sharing of best practices. Payment of Canada's annual membership fees to PAHO.</p> <p><u>Repayable Contributions</u>: No.</p>	

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.				
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, among 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.				
Fiscal year of last completed evaluation	2013–14			
Decision following the results of last evaluation	Continuation			
Fiscal year of planned completion of next evaluation	2018–19			
General targeted recipient groups				
PAHO is the sole recipient of membership fees under these terms and conditions.				
Initiatives to engage applicants and recipients				
Engagement takes place through a variety of ways, including meetings; 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; and the review of annual reporting and monitoring of performance.				
	Forecast Spending 2014–15 (\$)	Planned Spending (\$)		
		2015–16	2016–17	2017–18
Total grants				
Total contributions	12,500,000	12,500,000	12,500,000	12,500,000
Total other types of transfer payments				
Total transfer payments	12,500,000	12,500,000	12,500,000	12,500,000

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 terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health
Link to department's Program Alignment Architecture	
Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
Description	
Objective(s): Mitigate health inequalities for pregnant women and infants, improve maternal-infant health,	

increase the rates of healthy birth weights, as well as promote and support breastfeeding. The TPP also seeks to promote the creation of partnerships within communities and strengthen community capacity to increase support for vulnerable pregnant women and new mothers.

Why this TPP is Necessary: Evidence shows that maternal nutrition, as well as the level of social and emotional support provided to a mother and her child, can affect both prenatal and infant health, as well as longer-term physical, cognitive and emotional functioning in adulthood.⁴ This program raises stakeholder awareness and supports a coherent, evidence-based response to the needs of vulnerable children and families on a local and national scale. It also supports knowledge development and exchange on promising public health practices related to maternal-infant health for vulnerable families, community-based organizations and practitioners.

Intervention Method(s): Programming delivered across the country includes: nutrition counselling; provision of prenatal vitamins, food and food coupons; parenting classes; social supports; and education on prenatal health, infant care, child development, and healthy living.

Repayable Contributions: No.

Expected results

- Parents/caregivers and their children facing conditions of risk participate in CPNP programs;
- Organizations from various sectors collaborate with CPNP projects to support the needs of participants; and
- Parents/ caregivers and their children gain knowledge and build skills to support maternal, child and family health.

Performance indicators:

- Number of CPNP program participants (pregnant women, postnatal women, and other parents/caregivers);
- Number and percentage of CPNP projects that leverage multi-sectoral collaborations;
- Number of CPNP projects that have leveraged funds from other sources;
- Ratio of leveraged funds to Agency funding; and
- Parents/caregivers participants report gaining knowledge and skill development to support maternal, child and family health (as a result of program participation).

Fiscal year of last completed evaluation	2009–10
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2015–16

General targeted recipient groups

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-six 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.

⁴ 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>.

	Forecast Spending 2014–15 (\$)	Planned Spending (\$)		
		2015–16	2016–17	2017–18
Total grants				
Total contributions	27,189,000	27,189,000	27,189,000	27,189,000
Total other types of transfer payments				
Total transfer payments	27,189,000	27,189,000	27,189,000	27,189,000

Canadian Diabetes Strategy (CDS)

Name of transfer payment program	Canadian Diabetes Strategy (Voted)
Start date	2005–06
End date	Ongoing
Fiscal year for terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health
Link to department's Program Alignment Architecture	
Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
Description	
<p><u>Objective(s)</u>: Promote multi-sectoral partnerships and innovative approaches focused on promoting healthy active living, thereby reducing the risk of developing a chronic disease as the incidence of diabetes rises due to an increasingly inactive and overweight Canadian population.</p> <p><u>Why this TPP is Necessary</u>: Type 2 diabetes is one of the fastest growing diseases in Canada with more than 60,000 new cases yearly. It is estimated that approximately two million Canadians have diabetes and one-third of them are unaware that they have the disease. The risk factors for diabetes are becoming more common.</p> <p><u>Intervention Method(s)</u>: This TPP supports federal leadership by facilitating multi-sectoral partnerships between governments, non-governmental organizations, and the private sector to ensure that resources are deployed to maximum effect.</p> <p><u>Repayable Contributions</u>: No.</p>	

Expected results				
<ul style="list-style-type: none"> • Target populations have access to health promotion, chronic disease prevention, early detection, and/or support resources; • Target populations have knowledge about healthy living and chronic disease prevention practices; and • Social and physical environments support healthy living and chronic disease prevention. 				
<u>Performance indicators:</u>				
<ul style="list-style-type: none"> • Number of participants demonstrating knowledge of chronic disease risk factors (e.g., unhealthy eating, physical inactivity, and smoking); • Number of participants demonstrating knowledge of chronic disease protective factors (e.g., healthy eating, physical activity, and smoking cessation); and • Number of participants who perceive that facilities, programs, parks, playgrounds etc. are available in the community (for physical activity and/or healthy living). 				
Fiscal year of last completed evaluation	2014–15			
Decision following the results of last evaluation	Continuation			
Fiscal year of planned completion of next evaluation	2019–20			
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 solicitations posted on the Agency's Web site and targeted solicitations are used to reach applicants. In-person or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, and the development of case studies to share learnings from funded projects.				
	Forecast Spending 2014–15 (\$)	Planned Spending (\$)		
		2015–16	2016–17	2017–18
Total grants	1,227,000	1,227,000	1,227,000	1,227,000
Total contributions	5,051,000	5,051,000	5,051,000	5,051,000
Total other types of transfer payments				
Total transfer payments	6,278,000	6,278,000	6,278,000	6,278,000

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 terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health
Link to department's Program Alignment Architecture	
Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
Description	
<p><u>Objective(s)</u>: Fund community-based groups and coalitions to develop and deliver comprehensive, culturally appropriate early intervention and prevention programs to mitigate health inequalities and promote the health and development of children aged 0–six years and their families facing conditions of risk. The TPP also seeks to promote the creation of partnerships within communities and to strengthen community capacity to increase support for vulnerable children and their families.</p> <p><u>Why this TPP is Necessary</u>: 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.⁵</p> <p><u>Intervention Method(s)</u>: Programming across the country may include education on health, nutrition, early childhood development, parenting, healthy living and social supports.</p> <p><u>Repayable Contributions</u>: No.</p>	
Expected results	
<ul style="list-style-type: none"> • Parents/caregivers and their children facing conditions of risk participate in CAPC programs; • Organizations from various sectors collaborate with CAPC projects to support the needs of participants; and • Parents/caregivers and their children gain knowledge and build skills to support maternal, child and family health. <p>Performance indicators include:</p> <ul style="list-style-type: none"> • Number of CAPC program participants (parents/caregivers, children 0–six years); • Number of and percentage of CAPC projects that leverage multi-sectoral collaborations to support the health needs of women, children 0–6 years and families facing conditions of risk; • Percentage of CAPC projects that have leveraged funds from other sources; • Ratio of leveraged funds to PHAC funding; and • Parents/caregivers participants report gaining knowledge and skill development to support maternal, child and family health (as a result of program participation). 	
Fiscal year of last completed evaluation	2009–10
Decision following the results of last evaluation	Continuation

⁵ 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.

Fiscal year of planned completion of next evaluation	2015–16			
General targeted recipient groups	Community-based organizations serving at-risk children 0-six 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-six years and families facing conditions of risk across Canada. ⁶ They also support knowledge development and exchange at the community, P/T, and national levels through training, meeting and exchange opportunities.			
	Forecast Spending 2014–15 (\$)	Planned Spending (\$)		
		2015–16	2016–17	2017–18
Total grants				
Total contributions	53,400,000	53,400,000	53,400,000	53,400,000
Total other types of transfer payments				
Total transfer payments	53,400,000	53,400,000	53,400,000	53,400,000

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 terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health
Link to department's Program Alignment Architecture	Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.1 Infectious Disease Prevention and Control; Sub-Program 1.2.2 Conditions for Healthy Living; Sub-Sub-Program 1.2.1.2 Infectious and Communicable Diseases; and Sub-Sub-Program 1.2.2.2 Health Communities
Description	<p><u>Objective(s)</u>: Prevent and control HIV and associated sexually transmitted and blood-borne infections (STBBI); facilitate access to testing, diagnosis, treatment, and information on prevention; and enhance the use of evidence, and knowledge about effective interventions.</p> <p><u>Why this TPP is Necessary</u>: The FI Evaluation indicated that HIV/AIDS remains a persistent public health issue for Canada that disproportionately affects vulnerable populations. While the rate of infection of HIV/AIDS has stabilized, new cases continue to be diagnosed. As such, prevention efforts are still needed as well as greater emphasis on increasing access to testing, diagnosis, and treatment.</p>

⁶ 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.

Intervention Method(s): In addition to facilitating access to testing, diagnosis, treatment, and information on prevention methods, the FI also supports and strengthens multi-sector partnerships to address the determinants of health. It supports collaborative efforts to address factors which can increase the transmission and acquisition of HIV. This includes sexually transmitted infections and co-infection issues with other infectious diseases (e.g., Hepatitis C and tuberculosis). People living with and vulnerable to HIV/AIDS are active partners in FI policies and programs.

Repayable Contributions: No.

Expected results

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

- Enhanced 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;
- Interventions to promote health, prevent and control infections and address barriers to prevention, diagnosis, and treatment for key populations; and
- Evidence and lessons-learned to inform the implementation of new collaborative alliances to deliver community-based interventions across Canada.

Performance indicators include:

- Total number of individuals by target population and audiences reached and by type of activities funded by the FI;
- 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.

Stemming from audit and evaluation recommendations to review and streamline performance measurement strategies, the FI is developing new performance indicators to be reported on in 2016–17.

Fiscal year of last completed evaluation	2013–14
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.

	Forecast Spending 2014–15 (\$)	Planned Spending (\$)		
		2015–16	2016–17	2017–18
Total grants	7,430,000	7,430,000	7,430,000	7,430,000
Total contributions	15,631,758	15,631,758	15,631,758	15,631,758
Total other types of transfer payments				
Total transfer payments	23,061,758	23,061,758	23,061,758	23,061,758

Healthy Living Fund (HLF)

Name of transfer payment program	Healthy Living Fund (Voted)
Start date	2005–06
End date	Ongoing
Fiscal year for terms and conditions	2013–14
Strategic Outcome	Protecting Canadians and empowering them to improve their health
Link to department's Program Alignment Architecture	
Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
Description	
<p><u>Objective(s)</u>: Support multi-sectoral partnerships and innovative approaches focused on promoting healthy active lifestyles, thereby reducing the risk of developing a chronic disease.</p> <p><u>Why this TPP is Necessary</u>: Complex public health challenges defy single solution approaches that are developed in isolation. By engaging multiple sectors of society, partners can leverage knowledge, expertise, reach and resources, allowing each to do what it does best, in working towards the common shared goal of producing better health outcomes for Canadians.</p> <p><u>Intervention Method(s)</u>: The TPP engages and provides funding to multiple sectors and builds partnerships between governments, non-governmental organizations and other sectors, including the private sector. It also focuses on informing policy and program decision-making.</p> <p><u>Repayable Contributions</u>: No.</p>	
Expected results	
<ul style="list-style-type: none"> • Target populations have access to health promotion, chronic disease prevention, early detection, and/or support resources; • Target populations have knowledge about healthy living and chronic disease prevention practices; and • Social and physical environments support healthy living and chronic disease prevention. <p>Performance indicators include:</p> <ul style="list-style-type: none"> • Number of participants demonstrating knowledge of chronic disease risk factors (e.g., unhealthy eating, physical inactivity, and smoking); • Number of participants demonstrating knowledge of chronic disease protective factors (e.g., healthy eating, physical activity, and smoking cessation); and • Number of participants who perceive that facilities, programs, parks, playgrounds etc. are available in the community (for physical activity and/or healthy living). 	
Fiscal year of last completed evaluation	2014–15
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2019–20
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 solicitations posted on the Agency's Web site and targeted solicitations are used to reach applicants. In-person or teleconference meetings with recipients are used to promote collaboration, evaluation, and knowledge synthesis, and the development of case studies to share learnings from funded projects.

	Forecast Spending 2014–15 (\$)	Planned Spending (\$)		
		2015–16	2016–17	2017–18
Total grants				
Total contributions	5,088,000	5,388,000	5,388,000	5,388,000
Total other types of transfer payments				
Total transfer payments	5,088,000	5,388,000	5,388,000	5,388,000

Innovation Strategy (IS)

Name of transfer payment program	Innovation Strategy (Voted)
Start date	2009–10
End date	Ongoing
Fiscal year for terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health
Link to department's Program Alignment Architecture	
Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.2 Healthy Communities	
Description	
<p><u>Objective(s)</u>: Support the development, adaptation, implementation, and evaluation of promising, innovative population health interventions and initiatives across various settings and populations in Canada using an intervention research approach. In addition, support knowledge translation and dissemination based on the systematic collection of results and outcomes of these interventions and promote their use across Canada.</p> <p><u>Why this TPP is Necessary</u>: The majority of public health research focuses on describing public health problems instead of identifying potential solutions. As such, there is little evidence available to inform decision-makers regarding effective interventions. Also, there is little data available to show how a successful, pilot intervention moves past the experimental stage and into the expanded, replicated, adapted, and sustained stages in an effort to influence long-term application or policy change. The program funds research to generate knowledge about policy and program interventions that impact health at the population level.</p> <p><u>Intervention Method(s)</u>: The TPP carries out activities in two key areas:</p> <ul style="list-style-type: none"> • Implementation and testing of innovative population health interventions. The TPP funds, supports, and monitors organizations to design, develop, implement, adapt and evaluate population health interventions that target children youth, and families in over 300 communities. • Knowledge development and exchange. The TPP focuses on the development, exchange, and use of practical knowledge based on results of interventions to reduce health inequalities and address 	

complex public health issues.

Repayable Contributions: No.

Expected results

- Population health interventions contribute to improved protective factors, reduced risk behaviours and improved health outcomes for individuals, families and communities;
- Population health interventions demonstrate readiness for scale-up; and
- Stakeholders access and use knowledge products, intervention research evidence and synthesized learnings to advance population health policy and practice.

Performance indicators include:

- Number of projects demonstrating a change in health outcomes, protective factors and/or risk behaviours;
- Percentage of stakeholders using knowledge generated through the IS in their work;
- Percentage of projects that have leveraged additional funding;
- Percentage of projects receiving in-kind support for the project; and
- Percentage of partnerships sustained three years or more.

Fiscal year of last completed evaluation	2014–15
Decision following the results of last evaluation	Pending
Fiscal year of planned completion of next evaluation	2019–20

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.

	Forecast Spending 2014–15 (\$)	Planned Spending (\$)		
		2015–16	2016–17	2017–18
Total grants	7,359,583	7,370,000	7,370,000	7,370,000
Total contributions	2,777,000	2,877,000	2,877,000	2,877,000
Total other types of transfer payments				
Total transfer payments	10,136,583	10,247,000	10,247,000	10,247,000

National Collaborating Centres for Public Health (NCCPH)

Name of transfer payment program	National Collaborating Centres for Public Health (Voted)
Start date	2005–06
End date	Ongoing
Fiscal year for terms and conditions	2012–13
Strategic Outcome	Protecting Canadians and empowering them to improve their health
Link to department's Program Alignment Architecture	
Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.2 Public Health Information and Networks	
Description	
<p><u>Objective(s)</u>: Promote the use of knowledge for evidence-informed decision making by public health practitioners and policy-makers across Canada. The National Collaborating Centres (NCCs) synthesize, translate, and share knowledge to make it useful and accessible to policymakers, program managers, and practitioners.</p> <p><u>Why this TPP is Necessary</u>: The NCCs are designed to identify knowledge gaps, stimulate research in priority areas, and link public health researchers with practitioners to build strong practice-based networks across Canada in order to strengthen Canada's public health and emergency response capacity.</p> <p><u>Intervention Method(s)</u>: Provision of contribution funds for creative solutions to be developed by the recipient that are responsive to the public health system and its organisations' needs.</p> <p><u>Repayable Contributions</u>: No.</p>	
Expected results	
<ul style="list-style-type: none"> • Mechanisms are in place to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues; • Public health organizations are engaged and participate in collaborative networks and processes; and • Public health professionals and partners have access to reliable, actionable public health data and information. <p>Performance indicators include:</p> <ul style="list-style-type: none"> • The number and types of activities undertaken that identify research knowledge gaps; • The number and types of knowledge translation products and activities created and disseminated; and • The number of collaborations to address emerging public health issues. 	
Fiscal year of last completed evaluation	2014–15
Decision following the results of last evaluation	Continuation
Fiscal year of planned completion of next evaluation	2018–19

General targeted recipient groups

Six centres focusing on thematic areas and priorities of public health priorities of host organizations in not-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.

	Forecast Spending 2014–15 (\$)	Planned Spending (\$)		
		2015–16	2016–17	2017–18
Total grants				
Total contributions	5,842,000	5,842,000	5,842,000	5,842,000
Total other types of transfer payments				
Total transfer payments	5,842,000	5,842,000	5,842,000	5,842,000

Disclosure of Transfer Payment Programs Under \$5 Million

Name of transfer payment program	Blood Safety (Voted)
End date	Ongoing
Type of transfer payment	Contribution
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.1 Infectious Disease Prevention and Control; and Sub-Sub-Program 1.2.1.2 Infectious and Communicable Diseases	
Main objective Support P/T transfusion and/or transplantation adverse event surveillance activities.	
Planned spending for 2015–16	\$2,190,000
Fiscal year of last completed evaluation	2013–14
General targeted recipient groups 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 transfer payment program	Canadian Breast Cancer Initiative (Voted)
End date	Ongoing
Type of transfer payment	Grant and Contribution
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
Main objective Sustain networks of community organizations to share best practices in breast cancer and women's health, and provide information and support mechanisms to communities.	
Planned spending for 2015–16	\$583,000
Fiscal year of last completed 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; 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 transfer payment program	Canadian HIV Vaccine Initiative (Voted)
End date	March 31, 2017
Type of transfer payment	Contribution
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Health Living; and Sub-Sub-Program 1.2.2.2 Healthy Communities	
Main objective	Contribute to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine.
Planned spending for 2015–16	\$620,484
Fiscal year of last completed evaluation	2014–15
General targeted recipient groups 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 transfer payment program	Federal Tobacco Control Strategy (Voted)
End date	March 31, 2017
Type of transfer payment	Contribution
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
Main objective	Support tobacco-related interventions to reduce tobacco use as a chronic disease risk factor.
Planned spending for 2015–16	\$2,250,000
Fiscal year of last completed evaluation	N/A
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; 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 transfer payment program	Fetal Alcohol Spectrum Disorder (FASD) – National Strategic Projects Fund (Voted)
End date	Ongoing
Type of transfer payment	Contribution
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development	
Main objective Assist organizations that have the capacity to enhance and build on already existing FASD activities across the country, and to create new capacity.	
Planned spending for 2015–16	\$1,499,000
Fiscal year of last completed evaluation	2013–14
General targeted recipient groups 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 transfer payment program	Hepatitis C Prevention, Support and Research Program (Voted)
End date	Ongoing
Type of transfer payment	Grant and Contribution
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.2 Healthy Communities	
Main objective Prevent and control HIV and associated sexually transmitted and blood-borne infections (STBBI); facilitate access to testing, diagnosis, treatment, and information on prevention; and enhance the use of evidence, and knowledge on effective interventions.	
Planned spending for 2015–16	\$3,357,242
Fiscal year of last completed evaluation	2012–13
General targeted recipient groups 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 transfer payment program	Immunization Research Network Program
End date	2017–18
Type of transfer payment	Grant and Contribution
Link to department's Program Alignment Architecture Program 1.2 Health Promotions and Disease Prevention; Sub-Program 1.2.1 Infectious Disease Prevention and Control; and Sub-Sub-Program 1.2.1.1 Immunization	
Main objective To strengthen public health infrastructure, the program's objectives include support for applied public health research to strengthen influenza and pandemic preparedness and response within Canada.	
Planned spending for 2015–16	\$1,484,000
Fiscal year of last completed evaluation	N/A
General targeted recipient groups <ul style="list-style-type: none"> • Canadian not-for-profit and for-profit organizations including voluntary organizations and corporations; unincorporated groups, societies and coalitions; • P/T, local governments and their agencies, organizations and institutions supported by provincial and territorial governments (e.g., regional health authorities, post-secondary institutions, etc.); • Individuals deemed capable of conducting public health activities; • Individuals enrolled in public health training or professional development; and • Non-Canadian recipients may be considered upon recommendation by the Chief Public Health Officer. 	

Name of transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Cancer (Voted)
End date	Ongoing
Type of transfer payment	Grant and Contribution
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
Main objective Contribute to cancer prevention, particularly among vulnerable and underserved populations. By testing innovative models for improving cancer prevention activities, best practices can be identified and replicated across the country.	
Planned spending for 2015–16	\$4,571,000
Fiscal year of last completed 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; 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 transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Cardiovascular Disease Program (Voted)	
End date	Ongoing	
Type of transfer payment	Grant and Contribution	
Link to department's Program Alignment Architecture		
Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention		
Main objective		
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.		
Planned spending for 2015–16	\$1,376,000	
Fiscal year of last completed 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 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 transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Enhanced Surveillance for Chronic Disease (Voted)	
End date	Ongoing	
Type of transfer payment	Grant and Contribution	
Link to department's Program Alignment Architecture		
Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention		
Main objective		
Enhance capacity for public health chronic disease surveillance activities to expand data sources for healthy living and chronic disease surveillance.		
Planned spending for 2015–16	\$2,729,000	
Fiscal year of last completed 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; 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 transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Joint Consortium for School Health (Voted)	
End date	Ongoing	
Type of transfer payment	Grant	
Link to department's Program Alignment Architecture		
Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development		
Main objective		
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.		
Planned spending for 2015–16	\$250,000	
Fiscal year of last completed evaluation	N/A	
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; 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 transfer payment program	Integrated Strategy for Healthy Living and Chronic Disease – Observatory of Best Practices (Voted)	
End date	Ongoing	
Type of transfer payment	Grant and Contribution	
Link to department's Program Alignment Architecture		
Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention		
Main objective		
Build collaborative linkages, nationally and internationally, between researchers, policy makers, and practitioners, for the purpose of increasing the adoption of effective practices.		
Planned spending for 2015–16	\$217,000	
Fiscal year of last completed 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; 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 transfer payment program	International Health Grants Program (Voted)
End date	Ongoing
Type of transfer payment	Grant
Link to department's Program Alignment Architecture Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.2 Public Health Information and Networks	
Main objective 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.	
Planned spending for 2015–16	\$2,530,000
Fiscal year of last completed evaluation	2013–14
General targeted recipient groups 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 transfer payment program	Promoting Access to Automated External Defibrillators (AEDs) in Recreational Hockey Arenas Initiative (Voted)
End date	March 31, 2016
Type of transfer payment	Contribution
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; and Sub- Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
Main objective 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.	
Planned spending for 2015–16	\$2,100,000
Fiscal year of last completed evaluation	N/A
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; 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 transfer payment program	Public Health Scholarship and Capacity Building Initiative (Voted)
End date	Ongoing
Type of transfer payment	Grant and Contribution
Link to department's Program Alignment Architecture	
Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.1 Public Health Capacity Building	
Main objective	
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.	
Planned spending for 2015–16	\$1,203,000
Fiscal year of last completed evaluation	2012–13
General targeted recipient groups	
Canadian not-for-profit voluntary organizations and corporations; P/T and local governments; 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.	

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)

General Information	
Name of horizontal initiative	Federal Initiative to Address HIV/AIDS in Canada (FI)
Name of lead department(s)	Public Health Agency of Canada (Agency)
Federal partner organization(s)	Health Canada (HC), Canadian Institutes of Health Research (CIHR), Correctional Service of Canada (CSC)
Non-federal and non-governmental partner(s)	Not applicable (N/A)
Start date of the horizontal initiative	January 13, 2005
End date of the horizontal initiative	Ongoing
Total federal funding allocated (start to end date)	Ongoing
Funding contributed by non-federal and non-governmental partners	N/A
<p>Description of the horizontal initiative</p> <p><u>Objective(s):</u></p> <ul style="list-style-type: none"> To increase knowledge of the epidemic, through research on the factors that contribute to it and on better methods to respond effectively, including a sentinel surveillance system to track the epidemic; To increase the availability of evidence-based HIV interventions that are centred on the needs of at-risk populations and people living with HIV/AIDS; and To increase the awareness of the need for HIV testing, access to prevention, treatment and care and supporting social environments for people living with or at risk of acquiring HIV. <p><u>Why this HI is Necessary:</u></p> <ul style="list-style-type: none"> The FI Evaluation indicated that HIV/AIDS remains a persistent public health issue for Canada that disproportionately affects vulnerable populations. While the rate of infection of HIV/AIDS has stabilized, new cases continue to be diagnosed. As such, prevention efforts are still needed as well as greater emphasis on increasing access to testing, diagnosis and treatment; and A coordinated, coherent, and integrated federal response is needed to identify and scale up the most effective responses to HIV and AIDS in Canada, and to contribute to global efforts to address HIV. 	
<p><u>Intervention Method(s):</u></p> <p>Government of Canada partners are responsible for:</p> <ul style="list-style-type: none"> Public health laboratory science and services; Surveillance; The development of public health practice guidance; Knowledge synthesis; Program policy development; Public awareness; 	

- Capacity building;
- Education and prevention activities for First Nations living on reserve, Inuit living south of the 60th parallel and federal inmates;
- Facilitating the creation of new knowledge through research funding;
- Delivering public health and health services to federal inmates; and
- Supporting the community-based response through grants and contributions funding.

Partners develop multi-sector partnerships and collaborative efforts to address factors which can increase the transmission and acquisition of HIV. This includes sexually transmitted infections (STIs) and co-infection issues with other infectious diseases (e.g., Hepatitis C and tuberculosis). People living with and vulnerable to HIV/AIDS are active partners in FI policies and programs.

Shared outcome(s)⁷

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 enables evaluation, performance measurement, and reporting requirements to be 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;
- [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 [CIHR](#) supports the creation of new scientific knowledge and enables its translation into improved health, more effective health services and products, and a strengthened Canadian health care system; and
- [CSC](#), an agency of the Public Safety Portfolio, provides health services (including services related to the prevention, diagnosis, care and treatment of HIV and AIDS) to offenders sentenced to two years or more.

⁷ Updates to the FI logic model and performance measurement strategy are currently under development and will be implemented starting in 2015–16. First and second level outcomes may be adjusted to reflect the evolution of this mature horizontal initiative.

Planning highlights⁸					
<ul style="list-style-type: none"> Continue to develop integrated approaches to HIV and related communicable diseases to address barriers to prevention, diagnosis, care, treatment, and support; Programs will facilitate the creation, advancement and exchange of knowledge and its application into action; and Programs will enhance robust horizontal governance, planning, monitoring and reporting on results. 					
Results to be achieved by non-federal and non-governmental partners					
N/A					
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Planning Information					
Federal organizations	Link to departmental Program Alignment Architectures	Contributing programs and activities	Total allocation (from start to end date)	2015–16 Planned spending	2015–16 Expected results
The Agency	Public Health Infrastructure	Public Health Laboratory Systems	Ongoing	5,056,959	ER 1.1 ER 1.2 ER 1.3
	Health Promotion and Disease Prevention	Infectious and Communicable Diseases	Ongoing	2,434,753	ER 1.1 ER 1.2
		Healthy Communities	Ongoing	32,611,714	ER 1.1 ER 1.2 ER 1.3
HC	First Nations and Inuit Primary Health Care	Sexually Transmitted and Blood Borne Infections —HIV/AIDS	Ongoing	4,515,000	ER 2.1
CIHR	Horizontal Health Research Initiatives	Health and Health Service Advances	Ongoing	21,700,000	ER 3.1 ER 3.2
CSC	Custody	Institutional Health Services	Ongoing	4,187,261	ER 4.1 ER 4.2
Total for all federal organizations			Ongoing	70,505,687	N/A

Expected Results for 2015–16:

ER 1.1: 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

⁸ The FI logic model and performance measurement strategy are currently under development and will be available and implemented in 2015–16.

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 1.2: 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 1.3: 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.

ER 2.1: Complete the 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.

ER 3.1: Scientific knowledge about the nature of HIV/AIDS and ways to address the disease is created and research capacity built across priority areas including co-morbid health conditions in people living with HIV and the search for an HIV cure.

ER 3.2: Coordination of a strategic research agenda is fostered through the initiation of a new strategic plan for 2015–2020; the creation and maintenance of partnerships; and research programs focused on key populations and interventions to enhance the prevention of HIV and other STBBI.

ER 4.1: Enhanced understanding of the prevalence of HIV/AIDS, other sexually transmitted and blood borne infections (STBBI) and other communicable diseases which facilitates prevention of new infections is achieved through comprehensive screening and assessment of offenders in federal penitentiaries.

ER 4.2: Offenders have increased knowledge and awareness of the nature of HIV/AIDS, other STBBIs and other communicable diseases and ways to address these diseases and associated chronic conditions as a result of educational activities and information materials which are informed by health surveillance. Particular emphasis will be placed on reducing stigma which may impede offender access to prevention, diagnosis, treatment, care and support.

Canadian HIV Vaccine Initiative (CHVI)

General Information	
Name of horizontal initiative	Canadian HIV Vaccine Initiative (CHVI)
Name of lead department(s)	Public Health Agency of Canada (Agency)
Federal partner organization(s)	Health Canada (HC), Industry Canada (IC), Foreign Affairs, Trade and Development Canada (DFATD), and Canadian Institutes of Health Research (CIHR)
Non-federal and non-governmental partner(s)	Non-governmental stakeholders, including research institutions and not-for-profit community organizations
Start date of the horizontal initiative	February 20, 2007
End date of the horizontal initiative	March 31, 2017
Total federal funding allocated (start to end date)	111,000,000
Funding contributed by non-federal and non-governmental partners	N/A
<p>Description of the horizontal initiative</p> <p><u>Objective(s):</u></p> <ul style="list-style-type: none"> • 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 • Enable horizontal collaboration within the CHVI and with domestic and international stakeholders. <p><u>Why this HI is Necessary:</u></p> <ul style="list-style-type: none"> • The CHVI is a key element in the GoC's commitment to a comprehensive, long-term approach to addressing HIV/AIDS domestically and internationally. <p><u>Intervention Method(s):</u></p> <ul style="list-style-type: none"> • The 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 was formalized by a Memorandum of Understanding signed by both parties in August 2006 and renewed in July 2010. 	

Shared outcome(s)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 Research and Development 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 and La Francophonie, 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; and
- The CHVI Secretariat, housed in the Agency, will continue to provide a coordinating role to the GoC and the BMGF.

Planning highlights⁹

- Continue initiatives such as improving domestic and international research projects, as well as continuing to support the Alliance Coordinating Office;
- Undertake activities that will lead to a determination of the appropriate direction and next steps on the future the CHVI;
- Host the 2015 Health Products and Food Branch International Regulatory Forum;
- Support the CHVI Regulatory Capacity Building Mentorship Program, in cooperation with the World Health Organization (WHO) and the Pan-American Health Organization (PAHO), to contribute to the World Health Assembly's resolutions 67.20 and 67.22 on regulatory systems, and continuing delivery of the Canadian HIV Technology Development Program;
- Explore monoclonal antibody capacity in Canada; continuing to support implementation research to eliminate mother-to-child transmission of HIV in sub-Saharan Africa;
- Support knowledge creation and strengthened HIV vaccine research capacity through ongoing support to CHVI investigators and teams;
- Enhance linkages among researchers, stakeholders and funders through participation in collaborative activities and sharing of research outcomes; and
- Support co-ordinated activities that link and communicate with HIV vaccine researchers, and partners and stakeholders.

Results to be achieved by non-federal and non-governmental partners N/A

⁹ The CHVI logic model and performance measurement strategy are currently under development and will be available and implemented in 2015–16.

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Planning Information					
Federal organizations	Link to departmental Program Alignment Architectures	Contributing programs and activities	Total allocation (from start to end date)	2015–16 Planned spending	2015–16 Expected results
The Agency	Health Promotion and Disease Prevention	Healthy Communities	18,000,000	1,231,978	ER 1.1 ER 1.2 ER 1.3 ER 1.4
HC	Internal Services	Governance and Management Support Services	1,000,000	0	ER 2.1
	Health Products	Regulatory Capacity Building Program for HIV Vaccines	4,000,000	1,042,000	ER 2.1 ER 2.2
IC	Commercialization and Research and Development Capacity in Targeted Canadian Industries	Industrial Research Assistance Program's Canadian HIV Technology Development Component	13,000,000	2,500,000	ER 3.1
DFATD	Global Engagement and Strategic Policy	International Development Assistance Program	60,000,000	2,400,000	ER 4.1 ER 4.2
CIHR	Health and Health Services Advances	Institute Strategic Advances – HIV/AIDS	15,000,000	1,660,000	ER 5.1 ER 5.2
Total for all federal organizations			111,000,000	8,833,978	N/A

Expected Results for 2015–16:

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

ER 1.2: 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 1.3: Enable effective communications, strategic planning, coordination, reporting and evaluation within the GoC.

ER 1.4: Lead interdepartmental activities related to determining the future of the CHVI.

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 2.2: 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.

ER 3.1: 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.

ER 4.1: 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.

ER 4.2: 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.

ER 5.1: Continued knowledge creation and strengthened HIV vaccine research capacity.

ER 5.2: Enhanced linkages amongst researchers, stakeholders, and funders.

Upcoming Internal Audits and Evaluations Over the Next Three Fiscal Years

A. Internal Audits¹⁰

Title of Internal Audit	Internal Audit Type	Status	Expected Completion Date
Audit of Physical Security	Governance, Risk Management, Internal Controls	Planned	June 2015
Audit of IT Business Continuity Planning for Mission Critical Systems	Governance, Risk Management, Internal Controls	Planned	October 2015
Audit of Foodborne Environmental and Zoonotic Infectious Disease	Governance, Risk Management, Internal Controls	Planned	October 2015
Audit of Community Action Program for Children and the Canada Prenatal Nutrition Program	Governance, Risk Management, Internal Controls	Planned	June 2015
Audit of Key Financial Controls, 2015–16	Internal Controls	Planned	March 2016
Audit of Information Management	Governance, Risk Management, Internal Controls	Planned	March 2016
Audit of Regional Operations	Governance, Risk Management, Internal Controls	Planned	March 2017
Audit of Biosecurity	Governance, Risk Management, Internal Controls	Planned	March 2017
Audit of Internal Controls over Financial Reporting	Governance, Risk Management, Internal Controls	Planned	March 2017
Audit of Costing	Governance, Risk Management, Internal Controls	Planned	March 2017
Audit of the Management of Grants and Contributions	Governance, Risk Management, Internal Controls	Planned	March 2017
Audit of IT Security	Governance, Risk Management, Internal Controls	Planned	March 2017

¹⁰ The planned audits included in this table are based on the Agency's Multi-Year Risk Based Audit Plan, 2014–17, which is updated as required.

B. Evaluations

Link to Departmental Program Alignment Architecture	Title of the Evaluation	Planned Evaluation Start Date	Planned Deputy Head Approval Date
2015–16			
Sub-Program 1.1.1 Public Health Capacity Building	Evaluation of Public Health Workforce and Field Services	February 2015	March 2016
Sub-Sub-Program 1.2.1.2 Infectious and Communicable Diseases	Evaluation of Tuberculosis	August 2014	June 2015
Sub-Sub-Program 1.2.1.3 Food-borne Environmental and Zoonotic Infectious Diseases	Evaluation of Zoonotic Infectious Disease activities	February 2015	December 2015
Sub-Sub-Program 1.2.2.1 Healthy Child Development	Evaluation of Community Action Program for Children, the Canadian Prenatal Nutrition Program and Related Activities	January 2015	December 2015
Sub-Sub-Program 1.2.2.2 Healthy Communities	Evaluation of Mental Health and Mental Illness	August 2014	December 2015
2016–17			
Sub-Program 1.1.2 Public Health Information and Networks	Evaluation of Public Health Information	June 2016	March 2017
Sub-Program 1.1.3 Public Health Laboratory Systems	Evaluation of Public Health Laboratories	February 2016	March 2017
Sub-Sub-Program 1.2.1.1 Immunization	Evaluation of Immunization and Respiratory Infectious Diseases	November 2015	December 2016
Sub-Sub-Program 1.2.2.1 Healthy Child Development	Evaluation of Aboriginal Head Start in Urban and Northern Communities	April 2016	March 2017
Sub-Sub-Program 1.2.2.2 Healthy Communities	Evaluation of Aging and Seniors	March 2016	December 2016
2017–18			
Sub-Program 1.1.2 Public Health Information and Networks	Evaluation of the Public Health Network	June 2017	March 2018
Sub-Sub-Program 1.2.1.2 Infectious and Communicable Diseases	Evaluation of Health Care Acquired Infections and STBBI	February 2017	March 2018
Sub-Sub-Program 1.2.1.3 Food-borne, Environmental and Zoonotic Infectious Diseases	Evaluations of Foodborne Enteric Diseases	November 2016	December 2017

Link to Departmental Program Alignment Architecture	Title of the Evaluation	Planned Evaluation Start Date	Planned Deputy Head Approval Date
Sub-Sub-Program 1.2.2.2 Healthy Communities	Evaluation of Family Violence	July 2016	June 2017
Sub-Program 1.3.1 Emergency Preparedness and Response	Evaluation of Emergency Preparedness and Response (including supplies)	November 2016	December 2017