

Public Health Agency of Canada

2015–16

Report on Plans and Priorities

The Honourable Rona Ambrose, P.C., M.P.
Minister of Health

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

— Public Health Agency of Canada

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Minister's Message

I am pleased to present the Public Health Agency of Canada's 2015–16 Report on Plans and Priorities. This report provides an overview of the Agency's priorities and ongoing work in support of its mandate to promote and protect the health of Canadians.

Over the past year, Canada has been at the forefront of the international response to the Ebola outbreak in West Africa while maintaining a vigilant approach to protecting the health and safety of Canadians. Canada is a leader in the international effort to control the outbreak and will continue to invest in promising technologies to mitigate the impact of the Ebola virus disease.



Diseases can arise from many different sources, and the Agency remains diligent in its work to reduce their impacts on Canadians. For example, through continued implementation of state-of-the-art technologies and scientific innovation, the Agency will enhance national laboratory capacity and surveillance to limit antimicrobial resistance and food-borne illnesses in Canada.

The Agency is also committed to its objectives to support Canadians in reducing their risks of chronic illness and injuries. Partnerships with the private and not-for-profit sectors are advancing federal objectives in promoting healthy living by bringing more information and programs to more Canadian communities. The Agency will identify and support innovations that make healthier choices easier choices for all of us.

It will also continue to address injury, violence and suicide prevention. Given the significant public health implications of family violence and child abuse, the Agency will enhance its leadership nationally and internationally in supporting the health sector's response to violence and the collaborations needed to make a difference. In the area of suicide prevention, as the Government of Canada lead for the *Federal Framework for Suicide Prevention*, the Agency will be a catalyst for implementation and will report on results.

With respect to its regulatory responsibilities, the Agency will continue to work to reduce the risk to the health and safety of Canadians while minimizing regulatory burden.

I am confident that the initiatives outlined in this report will provide concrete advancements towards our goal of healthier Canadians and communities in a healthier world.

The Honourable Rona Ambrose, P.C., M.P.
Minister of Health

Section I: Organizational Expenditure Overview

Organizational Profile

Appropriate Minister: The Honourable Rona Ambrose, P.C., M.P.

Institutional Head: Krista Outhwaite

Ministerial Portfolio: Health

Enabling Instruments: [*Public Health Agency of Canada Act*](#),ⁱ [*Department of Health Act*](#),ⁱⁱ [*Emergency Management Act*](#),ⁱⁱⁱ [*Quarantine Act*](#),^{iv} [*Human Pathogens and Toxins Act*](#),^v [*Health of Animals Act*](#),^{vi} and the [*International Health Regulations*](#).^{vii}

Year of Incorporation / Commencement: 2004

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

Organizational Context

Raison d’être

Public health involves the organized efforts of society to keep people healthy and to prevent illness, injury, and premature death. The [Public Health Agency of Canada](#)^{viii} (the Agency) has put in place programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by all three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, the Agency was created within the federal [Health Portfolio](#)^{ix} to deliver on the Government of Canada’s commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening public health capacities across Canada.

Responsibilities

The Agency has the responsibility to:

- Contribute to the prevention of disease and injury, and to the promotion of health;
- Enhance surveillance information and expand the knowledge of disease and injury in Canada;
- Provide federal leadership and accountability in managing national public health events;
- Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning; and
- Serve as a central point for sharing Canada’s public health expertise with international partners, and to translate international knowledge and approaches to inform and support Canada’s public health priorities and programs—for example, by participating in international working groups to develop new public health tools to protect, mitigate and respond to emerging public health threats.

Strategic Outcome(s) and Program Alignment Architecture (PAA)

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

1.1 Program: Public Health Infrastructure

1.1.1 Sub-Program: Public Health Capacity Building

1.1.2 Sub-Program: Public Health Information and Networks

1.1.3 Sub-Program: Public Health Laboratory Systems

1.2 Program: Health Promotion and Disease Prevention

1.2.1 Sub-Program: Infectious Disease Prevention and Control

1.2.1.1 Sub-Sub-Program: Immunization

1.2.1.2 Sub-Sub-Program: Infectious and Communicable Disease

1.2.1.3 Sub-Sub-Program: Food-borne, Environmental and Zoonotic Infectious Disease

1.2.2 Sub-Program: Conditions for Healthy Living

1.2.2.1 Sub-Sub-Program: Healthy Child Development

1.2.2.2 Sub-Sub-Program: Healthy Communities

1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention

1.3 Program: Health Security

1.3.1 Sub-Program: Emergency Preparedness and Response

1.3.2 Sub-Program: Border Health Security

1.3.3 Sub-Program: Biosecurity

Internal Services

Organizational Priorities

Organizational Priorities

Priority	Type ¹	Strategic Outcome(s) and/or Program(s)
1. Strengthened public health capacity and science leadership	Previously committed to	1.1, 1.2, 1.3
Description		
<p>Why is this a priority?</p> <p>The Agency provides national leadership to strengthen public health and science to support effective decision making, public health practices and interventions, and an integrated, evidence-based public health system.</p> <p>What are the plans for meeting this priority?</p> <ul style="list-style-type: none"> • Strengthen formal mechanisms² of the public health system through information sharing with the provinces and territories; and • Adopt emerging technologies and connect research and evidence to disseminate information and tools that promote good health, prevent disease, and injury. 		

Priority	Type	Strategic Outcome(s) and/or Program(s)
2. Leadership on health promotion and disease prevention	Previously committed to	1.1, 1.2
Description		
<p>Why is this a priority?</p> <p>The Agency provides leadership and takes action to address the burden of illness associated with risk factors, multiple chronic diseases and an aging population, as well as the social, economic and environmental conditions that affect Canadians' health status and can increase the potential for disease. By providing a stronger evidence base to inform important health issues and their determinants, the Agency works to improve population health and well-being and help reduce health inequalities.</p> <p>What are the plans for meeting this priority?</p> <ul style="list-style-type: none"> • Prevent and control the emergence and spread of antimicrobial resistance (AMR); • Prevent and control infectious diseases including pandemic, respiratory, blood-borne, vector-borne, and vaccine-preventable diseases; • Continue to leverage innovative multi-sectoral partnerships to promote healthy active living,^x and reduce sports and recreation-related injuries; • Support safe and healthy communities by investing in new initiatives to help prevent family violence and respond to the needs of victims; sharing information through the Stop Family Violence^{xi} Web site; and coordinating the Family Violence Initiative,^{xii} and • Help prevent suicide by implementing the <i>Federal Framework for Suicide Prevention</i>. 		

Priority	Type	Strategic Outcome(s) and/or Program(s)
3. Enhanced Public Health Security	Previously committed to	1.1, 1.2, 1.3
Description		
<p>Why is this a priority?</p> <p>All governments must continue to collaborate to protect the health and safety of Canadians within a context of globalization, environmental change and scientific discovery. The Agency plays an important role in helping to support public health security through emergency preparedness and response, border health security, and biosecurity (i.e., the regulation of pathogens and toxins).</p> <p>What are the plans for meeting this priority?</p> <ul style="list-style-type: none"> • Strengthen emergency preparedness and response capacity, including deployable resources (e.g., mobile laboratories and personnel), through a coordinated, all-hazards, risk-based approach; • Enhance border health security by addressing the risks for travellers departing and entering Canada; • Reduce risks to the health and safety of Canadians posed by activities involving human pathogens and toxins; and • Help advance the development of medical countermeasures, including those for Ebola.^{xiv} 		

Priority	Type	Strategic Outcome(s) and/or Program(s)
4. Excellence and innovation in management	Previously committed to	Internal Services
Description		
<p>Why is this a priority?</p> <p>Effective management, engagement, collaboration, teamwork and professional development are all essential to a high-performing organization that achieves its intended outcomes. Recognizing this, the Agency is committed to a rigorous pursuit of excellence, innovation and continuous improvement in the design and delivery of programs and services.</p> <p>What are the plans for meeting this priority?</p> <ul style="list-style-type: none"> • Maintain compliance with the Treasury Board of Canada Secretariat <i>Policy on Internal Control</i>; • Advance the application of the Performance Management initiative and the Canada School of Public Service learning model as part of an overall talent management strategy to support and sustain a culture of high performance; • Execute the <i>Multi-Year Diversity and Employment Equity Plan</i> to support a diverse workforce; and • Implement Workplace 2.0 to create a modern workplace that will attract, retain and encourage public servants to work smarter, greener, and healthier. 		

¹ Type is defined as follows: **previously committed to**—committed to in the first or second fiscal year prior to the subject year of the report; **ongoing**—committed to at least three fiscal years prior to the subject year of the report; and **new**—newly committed to in the reporting year of the RPP or DPR.

² Examples of mechanisms include: (a) a multi-jurisdictional table of representatives to support the ongoing implementation of the *Multi-Lateral Information Sharing Agreement*; and (b) [infectious disease prevention and control guidelines](#).^{xiii}

Risk Analysis

Key Risks

Risk	Risk Response Strategy	Link to PAA
<p>1) Pandemic, including but not limited to influenza</p> <p>There is a risk that the Agency may not be able to effectively monitor, detect early, or coordinate a response to infectious disease outbreaks, or that effective medical countermeasures may not be available.</p> <p><u>External Conditions:</u></p> <ul style="list-style-type: none"> • Globalization (trade, travel, etc.); • Climate change; • Limited market share in vaccines; and • Little influence on global research and innovation. <p><u>Internal Conditions:</u></p> <ul style="list-style-type: none"> • Timely access to science-based information; and • Capacity to broker national approaches and technologies to respond to outbreaks. 	<p>In support of reducing risk, the Agency will:</p> <ul style="list-style-type: none"> • Enhance measures to enable more reliable, timely and efficient supply of vaccines, including response to shortages, recalls, and quality or safety issues; • Collaborate with stakeholders to develop and validate laboratory technologies and novel methods to better detect and respond to emerging respiratory pathogens; and • Engage international stakeholders to maximize global response efforts. <p><u>Performance Measures:</u></p> <ul style="list-style-type: none"> • Progress in managing risk will be assessed through the Corporate Risk Profile (CRP) process which regularly monitors risk treatments and controls; and • Specific indicators are under development for the risk treatments. 	<p>1.1, 1.2, 1.3</p>
<p>2) Antimicrobial Resistance (AMR)</p> <p>There is a risk that the absence of a comprehensive national action plan may exacerbate the growing impact of AMR on the health and well-being of Canadians.</p> <p><u>External Conditions:</u></p> <ul style="list-style-type: none"> • Decline in effectiveness of antimicrobials; • Unpredictability of AMR infections; and • Knowledge and appropriate use among consumers, health professionals, and agri-food sectors. <p><u>Internal Conditions:</u></p> <ul style="list-style-type: none"> • Surveillance/research data; and • Keeping abreast with other countries. 	<p>In support of reducing risk, the Agency will implement the <i>Federal Framework on AMR</i>, including:</p> <ul style="list-style-type: none"> • Lead the development of a pan-Canadian strategy on AMR with federal/provincial/territorial (F/P/T) partners; • Engage international collaborators on a <i>Global Action Plan on AMR</i>; and • Improve integration and reporting of surveillance data through the <i>Canadian AMR Surveillance System</i>. <p><u>Performance Measures:</u></p> <ul style="list-style-type: none"> • Progress in managing risk will be assessed through the CRP process which regularly monitors risk treatments and controls; and • Specific indicators are under development for the risk treatments. 	<p>1.1, 1.2</p>

<p>3) Food-Borne Diseases</p> <p>There is a risk that the Agency may not receive all relevant, integrated information to inform early interventions, and that partners will not be aware of the information generated by the Agency in a timely manner required to prevent illness.</p> <p><u>External Conditions:</u></p> <ul style="list-style-type: none"> • Food consumption patterns; • Raw and minimally processed foods; • Climate change; and • Globalization. <p><u>Internal Conditions:</u></p> <ul style="list-style-type: none"> • Enhanced stakeholder engagement; • Enhanced surveillance activities; and • Laboratory technology. 	<p>In support of reducing risk, the Agency will:</p> <ul style="list-style-type: none"> • Engage PulseNet Canada and provincial/territorial (P/T) food-borne epidemiology partners to support timely information sharing and to develop a genomics roadmap that will support the implementation of genomic technology; and • Strengthen surveillance and improve coordination with P/T networks to enable integrated data collection and analysis to support earlier detection of risks related to food-borne illness. <p><u>Performance Measures:</u></p> <ul style="list-style-type: none"> • Progress in managing risk will be assessed through the CRP process which regularly monitors risk treatments and controls; and • Specific indicators are under development for the risk treatments. 	1.1, 1.2, 1.3
<p>4) Vector-Borne Zoonotic Infectious Diseases</p> <p>There is a risk that health care and economic costs of vector-borne disease may increase without a national approach to monitor and assess these diseases and to enable the implementation of prevention and control measures.</p> <p><u>External Conditions:</u></p> <ul style="list-style-type: none"> • Environmental change; • Expanded geographic range; and • Traditional surveillance approaches. <p><u>Internal Conditions:</u></p> <ul style="list-style-type: none"> • Public health system; • Healthcare professional capacity; and • Level of awareness to detect/respond. 	<p>In support of reducing risk, the Agency will:</p> <ul style="list-style-type: none"> • Work with stakeholders to monitor the emergence and impact of vector-borne pathogens in Canada through laboratory-based testing and surveillance; • Continue to implement the Action Plan on Lyme disease^{xv} to pilot novel approaches in order to promote awareness and prevention of Lyme disease; and • Build on the results of the <i>Action Plan on Lyme disease</i> to develop a model that can be applied to other vector-borne diseases. <p><u>Performance Measures:</u></p> <ul style="list-style-type: none"> • Progress in managing risk will be assessed through the CRP process which regularly monitors risk treatments and controls; and • Specific indicators are under development for the risk treatments. 	1.1, 1.2

<p>5) Chronic Disease</p> <p>There is a risk that the Agency's ability to provide timely and relevant analysis of chronic disease risk and trends over time will be reduced due to data gaps affecting analysis of the factors/conditions that determine risk for chronic diseases or protective factors.</p> <p><u>External Conditions:</u></p> <ul style="list-style-type: none"> • Effective interventions to promote health, and to reduce chronic diseases and injuries; and • Dependence on external partners to provide data. <p><u>Internal Conditions:</u></p> <ul style="list-style-type: none"> • Shift in science focus to understand, test, and disseminate information on effective interventions; • Upstream surveillance^{xvi} to effectively monitor and enable action; and • Mobilize and leverage multi-sectoral collaborations. 	<p>In support of reducing risk, the Agency will:</p> <ul style="list-style-type: none"> • Continue expanding surveillance systems to include a broader range of diseases, injuries, conditions, risks, protective factors and health determinants, with a priority emphasis on mental health and mental illness, and on physical activity, sedentary behaviour, and sleep; • Collaborate with Statistics Canada, the Canadian Institute for Health Information, and the Pan-Canadian Public Health Network to support open data objectives and report on health inequality indicators; and • Continue to use the Agency's chronic disease indicator framework as the basis for reaching consensus among data generating partners on critical data requirements and metrics. <p><u>Performance Measures:</u></p> <ul style="list-style-type: none"> • Progress in managing risk will be assessed through the CRP process which regularly monitors risk treatments and controls; and • Specific indicators are under development for the risk treatments. 	1.2
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The Agency operates within a dynamic and complex environment where domestic and international public health challenges continually evolve, highlighting the importance of ongoing planning and preparedness for public health. The multi-jurisdictional nature of public health also means that the Agency must work closely with domestic and international stakeholders to respond to situations and to build on lessons learned.

The risks³ identified in the table above are drawn from the Agency's 2013–15 CRP and represent those risks which were ranked as having the highest likelihood of significant impacts on the achievement of the Agency's objectives, and the most important potential health and safety consequences for Canadians in the event of a failure of any risk response strategy.

³ The Agency's approach to integrated risk management is consistent with: [ISO 31000 Risk Management Principles and Guidelines](#),^{xvii} the Treasury Board of Secretariat's (TBS) [Framework for the Management of Risk](#),^{xviii} [Guide to Corporate Risk Profiles](#),^{xix} [Guide to Developing Risk Statements](#),^{xx} [Guide to Risk Taxonomies](#),^{xxi} [Risk Management Capability Model](#),^{xxii} [Guide to Integrated Risk Management](#),^{xxiii} the Agency's IRM Policy and IRM Standard, and the International Risk Governance Council's [Workshop Report: Public Sector Governance of Emerging Risks Hallmarks and Drivers](#). May 2013.^{xxiv}

Planned Expenditures

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
567,152,421	567,152,421	550,391,749	549,313,361

Human Resources (Full-time equivalents—FTEs)

2015–16	2016–17	2017–18
2,488	2,465	2,460

Budgetary Planning Summary for Strategic Outcome(s) and Program(s) (dollars)

Strategic Outcome(s), Program(s) and Internal Services	2012–13 Expenditures	2013–14 Expenditures	2014–15 Forecast Spending	2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
Strategic Outcome 1 : Protecting Canadians and empowering them to improve their health							
1.1 Public Health Infrastructure	137,453,765	132,987,799	139,694,677	114,621,598	114,621,598	115,053,125	115,053,125
1.2 Health Promotion and Disease Prevention	315,767,073	305,929,930	360,182,082	297,110,496	297,110,496	292,633,451	292,583,451
1.3 Health Security	59,951,642	73,097,007	64,424,507	59,776,240	59,776,240	47,883,186	46,937,103
Subtotal	513,172,480	512,014,736	564,301,266	471,508,334	471,508,334	455,569,762	454,573,679
Internal Services Subtotal	106,483,749	109,482,900	104,061,299	95,644,087	95,644,087	94,821,987	94,739,682
Total	619,656,229	621,497,636	668,362,565	567,152,421	567,152,421	550,391,749	549,313,361

The 2014–15 Forecast Spending increased from the previous year expenditures primarily due to temporary funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad; and the Agency making the final payment of \$49.7 million to provinces and territories under the Hepatitis C Health Care Services Program. In parallel, expenditure reductions were achieved through streamlined administration; travel; and professional services as well as administrative efficiencies in delivering grants and contributions programs.

Planned Spending for 2015–16 is less than 2014–15 Forecast Spending primarily due to the Agency making the final payment of \$49.7 million to provinces and territories under the Hepatitis C Health Care Services Program and the sunseting of \$4.9 million for the Aboriginal

Head Start in Urban and Northern Communities Program’s Strategic Fund coupled with the funding decrease of \$3.8 million for the Pandemic Vaccine Fill Line project as it nears completion. In addition, temporary funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad is reduced by \$17.5M between 2014–15 and 2015–16. Finally, 2014–15 contains \$16.4M of Operating Budget Carry Forward from the previous fiscal year. The 2015–16 amount has not been determined and is not included in the 2015–16 reference levels.

The reduction in Planned Spending from 2015–16 to 2016–17 is primarily related to the sunseting of the temporary initiative to support the Government of Canada’s Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American Games; the Automated External Defibrillators and Associated Training in Recreational Hockey Arenas Initiative; the Travelling Public Program; and the temporary funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported.

The Government of Canada reassesses priorities, as required, and some programs that are set to sunset will be considered for renewal and may in fact be renewed.

Alignment of Spending With the Whole-of-Government Framework

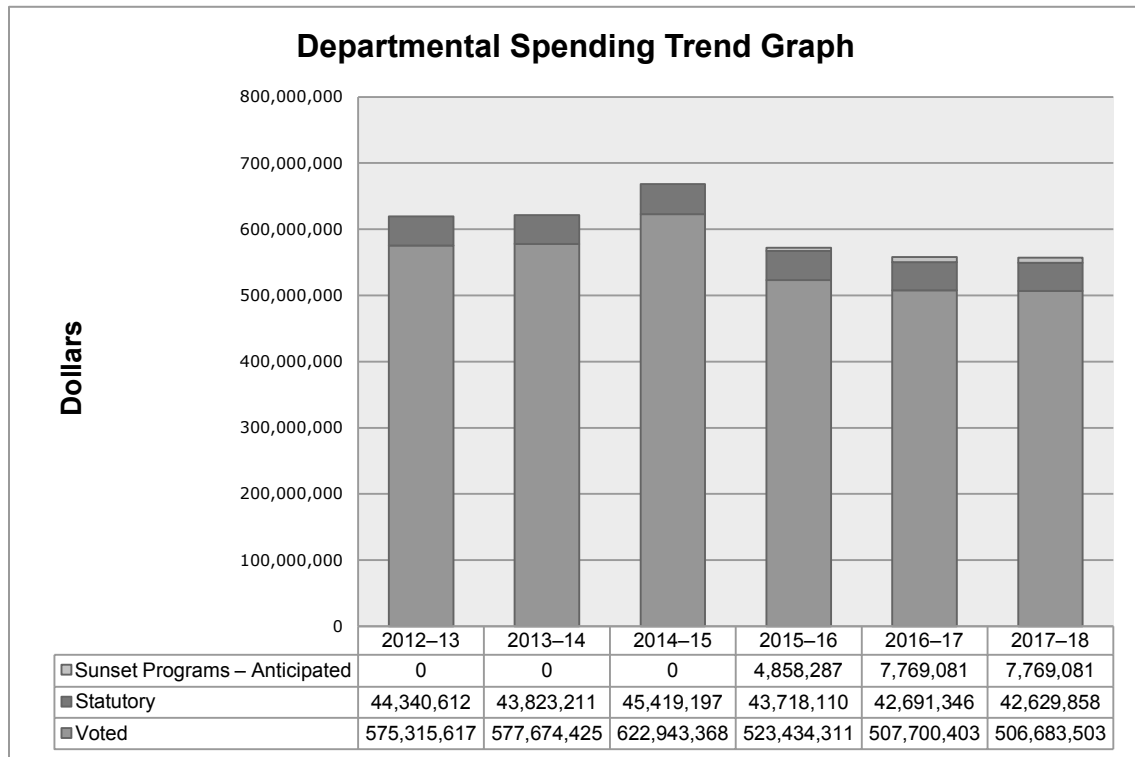
Alignment of 2015–16 Planned Spending With the [Whole-of-Government-Framework Spending Area](#)^{xxv} (dollars)

Strategic Outcome	Program	Spending Area	Government of Canada Outcome	2015–16 Planned Spending
Protecting Canadians and empowering them to improve their health	1.1 Public Health Infrastructure	Social Affairs	Healthy Canadians	114,621,598
	1.2 Health Promotion and Disease Prevention	Social Affairs	Healthy Canadians	297,110,496
	1.3 Health Security	Social Affairs	A Safe and Secure Canada	59,776,240

Total Planned Spending by Spending Area (dollars)

Spending Area	Total Planned Spending
Economic Affairs	N/A
Social Affairs	471,508,334
International Affairs	N/A
Government Affairs	N/A

Departmental Spending Trend



The changes in Planned Spending are primarily associated with issuing the final payment for the Hepatitis C Health Care Services Program in 2014–15; receipt of temporary funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad; and the sunsetting of some temporary Agency programs over the next three years.

The Government of Canada reassesses priorities, as required, and some programs that are set to sunset will be considered for renewal and may in fact be renewed.

Estimates by Vote

For information on the Agency's organizational appropriations, please see the [2015–16 Main Estimates on the Treasury Board of Canada Secretariat website](#).^{xxvi}

Section II: Analysis of Program(s) by Strategic Outcome

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

Program 1.1: *Public Health Infrastructure*

Description:

The Public Health Infrastructure Program strengthens Canada's public health, workforce capability, information exchange, and federal, provincial and territorial networks, and scientific capacity. These infrastructure elements are necessary to support effective public health practice and decision-making in Canada. Working with federal, provincial and territorial stakeholders and within existing collaborative mechanisms, the program supports planning for and building consensus on strategic and targeted investments in public health infrastructure, including public health research, training, tools, best practices, standards, and mechanisms to facilitate information exchange and coordinated action. Public health laboratories provide leadership in research, technical innovation, reference laboratory services, surveillance, outbreak response capacity and national laboratory coordination to inform public health policy and practice. Through these capacity-building mechanisms and scientific expertise, the Government of Canada facilitates effective coordination and timely public health interventions which are essential to having an integrated and evidence-based national public health system based on excellence in science. Key stakeholders include local, regional, provincial, national and international, public health organizations, practitioners and policy makers, researchers and academics, professional associations and non-governmental organizations.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
114,621,598	114,621,598	115,053,125	115,053,125

Human Resources (FTEs)

2015–16	2016–17	2017–18
698	698	698

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canada has the public health system infrastructure to manage public health risks of domestic and international concern	Level of Canada's compliance with the public health capacity requirements outlined in the <i>International Health Regulations</i>	3	March 31, 2016

Canada is able to use highly specialized laboratory technologies to identify and characterize pathogens in support of public health surveillance and investigation of disease outbreaks	The number of pathogens for which molecular typing is offered by national laboratories	128	March 31, 2016
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Planning Highlights

In addition to the expected results identified above, efforts under this Program will contribute to meeting the Agency's [Organizational Priorities](#) 1, 2, and 3, as well as manage related risks 1, 2, 3, and 4 as described in the [Risk Analysis](#) sub-section.

As part of this Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Continue to strengthen Canada's capacity to detect, assess, report, and respond to public health events/emergencies by generating information, products, and tools that reflect international best practices and standards;
- Strengthen national laboratory capacity in order to detect and respond to antimicrobial resistance (AMR) threats in Canada; and
- Advance the development of accurate and validated laboratory technologies, and engage provincial/territorial (P/T) collaborators in the implementation of novel methods and tools to support action against food-borne illnesses and outbreaks.

Sub-Program 1.1.1: *Public Health Capacity Building*

Description:

The Public Health Capacity Building Sub-Program contributes to the development and maintenance of a Canadian public health workforce which has the competency and capability to respond to public health issues and requirements at any time. Working with federal, provincial and territorial partners and stakeholders, the Sub-Program provides training and support to public health professionals to develop and maintain their ability to carry out core functions and respond effectively and cooperatively to public health events. The Sub-Program takes a leadership role in developing; identifying core competencies; coordinating and delivering training; strengthening national response capacity for disease outbreaks and public health events/emergencies, and providing funding to strengthen and advance the use of research to improve public health policies and practices. The Sub-Program uses funding from the following transfer payment: Public Health Scholarship and Capacity Building Initiative.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
13,483,695	13,816,115	13,816,115

Human Resources (FTEs)

2015–16	2016–17	2017–18
95	95	95

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Public health partners have the competencies and capabilities to execute their public health functions	Percent of the Agency field staff who say that their competencies and capabilities have improved	85	March 31, 2017
	Percent of public health practitioners who took the Agency training who say they are better equipped to perform public health functions	80	March 31, 2016
	Percent of public health host organizations who say that the Agency field staff contributed to their capacity to respond to public health events	85	March 31, 2016

Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Implement competency-based management profiles for key public health functions focused on emergency preparedness and science;
- Re-focus efforts of the [Canadian Public Health Service](#)^{xxvii} on public health capacity needs that are most pressing, and in locations such as Northern, remote, and isolated areas; and
- Deliver targeted training and applied apprenticeship to better equip public health professionals to perform public health functions.

Sub-Program 1.1.2: *Public Health Information and Networks***Description:**

The Public Health Information and Networks Sub-Program facilitates federal, provincial, and territorial coordination and collaboration, and establishes core structures to facilitate access to accurate and reliable information, tools and models required by Canadian public health professionals to perform their public health duties effectively. Working with federal, provincial and territorial partners through the Public Health Network the Sub-Program provides leadership by consulting and undertaking collaborative planning for public health strategies and addressing issues affecting the sharing of information for effective surveillance and action. The Sub-Program also invests in tools and processes to allow public health practice and core public health functions to be informed by evidence and applied knowledge, develops scenarios for population and public health research, and prepares models for economic analysis to support effective decision-making. The Sub-Program uses funding from the following transfer payments: Assessed Contribution to the Pan-American Health Organization, National Collaborating Centres for Public Health, and Grants to eligible non-profit international organizations in support of their projects or programs on health.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
27,653,041	27,653,041	27,653,041

Human Resources (FTEs)

2015–16	2016–17	2017–18
53	53	53

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Mechanisms are in place to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues	Number of jurisdictions who sign the <i>Multi-Lateral Information Sharing Agreement</i> on infectious diseases and public health events	4	December 31, 2015
Public health organizations are engaged and participate in collaborative networks and processes	Percent of collaborative initiatives/projects delivered and/or on track based on work plans by fiscal year	70	March 31, 2016
Public health professionals and partners have access to reliable, actionable public health data and information	Percent of public health professionals and partners who responded that the Chief Public Health Officer's report on the State of Public Health in Canada was useful	75	March 31, 2016

Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Finalize the *Blueprint for a Federated System for Public Health Surveillance in Canada*⁴ with P/T collaborators;
- Enhance information sharing by establishing a multi-jurisdictional table of representatives to support the ongoing implementation of the *Multi-Lateral Information Sharing Agreement (MLISA)*⁵;
- Collaborate with the *Pan-Canadian Public Health Network*^{xxviii} to deliver on collective

⁴ The *Blueprint for a Federated System for Public Health Surveillance in Canada* is a framework and action plan that sets out the collaborative context and necessary infrastructure for a federated system for public health surveillance in Canada.

⁵ The MLISA, a ministerial level agreement with associated technical annexes, sets out what public health information is to be shared between federal/provincial/territorial (F/P/T) jurisdictions and how it is to be used to inform Canadians.

actions such as the promotion of healthy weights as highlighted in the [2013 Progress Report on Advancing the Federal/Provincial/Territorial Framework on Healthy Weights](#),^{xxix} and

- Publish the *Chief Public Health Officer's Annual Report on the State of Public Health in Canada*, highlighting specific public health issues for further discussion and action in Canada.

Sub-Program 1.1.3: *Public Health Laboratory Systems*

Description:

The Public Health Laboratory Systems Sub-Program is a national resource providing Canada with a wide range of highly specialized scientific and laboratory expertise and access to state-of-the-art technologies. The Sub-Program informs public health professionals at all levels of government to enable evidence-based decision-making in the management of, and response to diseases and their risk factors. The Sub-Program conducts public health research, uses innovative approaches to advance laboratory science, performs reference laboratory services, contributes to public health surveillance, provides outbreak response capacity and leads national public health laboratory coordination. The Sub-Program also addresses public health risk factors arising from human, animal and environmental interactions by conducting research, surveillance and population risk analysis. These combined efforts work to inform infectious disease-specific strategies and prevention initiatives. The knowledge generated and translated by the Sub-Program supports the development and implementation of national and international public health policies, guidelines, interventions, decisions and actions that contribute to the lifelong health of the population.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
73,484,862	73,583,969	73,583,969

Human Resources (FTEs)

2015–16	2016–17	2017–18
550	550	550

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Decisions and interventions to protect the health of Canadians are supported by research and reference/testing services	Percent of accredited reference laboratory tests that are conducted within the specific turnaround times (TAT)	95	March 31, 2016
	Percent of clients indicating overall satisfaction with laboratory reference services as “satisfied” or “very satisfied”	90	March 31, 2016

	number of citations to agency laboratory research publication to demonstrate knowledge transfer uptake	1800	March 31, 2016
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Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Strengthen Canada’s ability to detect, monitor, predict and respond to existing and emerging infectious disease threats through the continued implementation of state-of-the-art technologies (e.g., genomics and bioinformatics);
- Monitor public health risks associated with climate change (e.g., Lyme and West Nile virus disease) through ongoing surveillance and use of risk assessment methods to determine the impact of existing and emerging vector-borne pathogens with the potential to cause disease in humans;
- Contribute to vaccine effectiveness monitoring by conducting strain surveillance for pathogens circulating in Canada (e.g., rotavirus, meningococcal disease, measles);
- Work with national and international collaborators to enhance Canada’s ability to develop, assess, and deliver medical countermeasures, including vaccines and treatments, to address public health threats such as [Ebola^{xxx}](#); and
- Support national and international laboratory capacity to detect and respond to public health threats through training (e.g., Ebola molecular diagnostics).

Program 1.2: *Health Promotion and Disease Prevention*

Description:

The Health Promotion and Disease Prevention Program aims to promote better overall health of the population—with additional focus on those that are most vulnerable—by promoting healthy development among children, adults and seniors, reducing health inequalities, and preventing and controlling chronic and infectious diseases. Working in collaboration with provinces and territories, the Program develops and implements federal aspects of frameworks and strategies (e.g., *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*, national approaches to addressing immunization, HIV/AIDS) geared toward promoting health and preventing disease. The Program carries out primary public health functions of health promotion, surveillance, science and research on diseases and associated risk and protective factors to inform evidenced-based frameworks, strategies, and interventions. It also undertakes health promotion and prevention initiatives working with stakeholders to prevent chronic disease and injury, and to help prevent and control infectious disease.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
297,110,496	297,110,496	292,633,451	292,583,451

Human Resources (FTEs)

2015–16	2016–17	2017–18
889	886	886

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Diseases in Canada are prevented and mitigated	Rates per 100,000 of key infectious diseases (HIV)	6.41	March 31, 2016
	Rates per 100,000 of key infectious diseases (Hepatitis B)	9.17	
	Rates per 100,000 of key infectious diseases (Hepatitis C)	28.82	
	Rates per 100,000 of key infectious diseases (Tuberculosis)	3.6	
	Rates per 100,000 of key infectious diseases (<i>E-Coli</i> 0157)	1.39	
	Rates per 100,000 of key infectious diseases (Salmonella)	19.68	
	Rates per 100,000 of key infectious diseases (Invasive Pneumococcal Disease in children of less than one year old)	28	
	Rates per 100,000 of key infectious diseases (Invasive Pneumococcal Disease in children ages one to four years)	20	
	Rates per 100,000 of key infectious diseases (Pertussis deaths in the target population of less than or equal to three months of age)	0	
	Rates per 100,000 of key infectious diseases (Invasive Meningococcal Disease)	0.7	
	Rate of key chronic disease risk factors (% of adults aged 20 and over that report being physically active)	50.14 ⁶	March 31, 2016
	Rate of key chronic disease risk factors (% of children and youth aged 5 to 17 who are overweight or obese)	31.5 ⁷	

⁶ This baseline is obtained through the *Canadian Community Health Survey* (2009–10). Over time, the objective is to achieve an upward trend for physical activity.

⁷ This baseline is obtained through the *Canadian Health Measures Survey* (2009–2011). Over time, the objective is to achieve a downward trend for obesity and overweight.

Planning Highlights

In addition to the expected results identified above, efforts under this Program will contribute to meeting the Agency’s [Organizational Priorities](#) 1, 2, and 3, as well as manage related risks 1, 2, 3, 4, and 5 as described in the [Risk Analysis](#) sub-section.

As part of this Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Provide information, evidence and tools to organizations serving Canadians that promote good health and prevent disease, injury and family violence;
- Test incentive-based models as a means to encourage Canadians to make sustained healthy living choices; and
- Improve dissemination and access to surveillance data by finalizing and implementing the Agency’s *Open Data Action Plan* in support of *Canada’s Action Plan on Open Government* to facilitate data access by Canadians.

Sub-Program 1.2.1: *Infectious Disease Prevention and Control*

Description:

The Infectious Disease Prevention and Control Sub-Program is the national focal point for efforts to help prevent, mitigate and control the spread and impact of infectious diseases in Canada. The Sub-Program provides leadership for integrating activities related to surveillance, laboratory science, epidemiology, research, promotion, modeling, intervention and prevention, including immunization. Applying an evidence-based approach, the Sub-Program informs targeted prevention and control initiatives for many infectious disease threats including acute respiratory and vaccine preventable infections (e.g., influenza, measles), sexually transmitted and blood borne infections (e.g., Hepatitis B and C, HIV), hospital associated infections (e.g., *C. difficile*), and human diseases (e.g., *Listeria*, *E. coli* o157, West Nile virus) resulting from environmental exposures to food, water, animals and other vectors. This Sub-Program reinforces efforts to protect the health and well-being of Canada’s population, reinforces efforts to reduce the economic burden of infectious disease and provides expert advice to federal, provincial and territorial partners and stakeholders. The knowledge generated and translated by this Sub-Program influences and enables the development and implementation of public health policies, guidelines, interventions and action—including those required to meet Canada’s *International Health Regulations* obligations—and helps to guide the population in their decisions regarding their personal health and that of their families.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
48,581,276	47,406,775	47,406,775

Human Resources (FTEs)

2015–16	2016–17	2017–18
323	320	320

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Actively engaged Canadians on infectious disease issues	Percent uptake of information via social media outreach mechanisms	0.6	March 31, 2016

Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Lead the implementation of the *Federal Framework on AMR* by engaging internationally on the development of a *Global Action Plan on AMR*, and working towards a pan-Canadian strategy;
- Strengthen capabilities for detecting clusters of food-borne illness;
- Contribute to the prevention and control of infectious diseases with pandemic potential such as Ebola; and
- Contribute to the coordinated national effort to prevent and control the spread of vector-borne infectious diseases such as Lyme.

Sub-Sub-Program 1.2.1.1: Immunization**Description:**

The Immunization Sub-Sub-Program reduces the burden of infectious disease and contributes to higher life expectancies for Canada's population and lower costs to the health care system by supporting vaccine accessibility in Canada. Under the framework of the National Immunization Strategy, the Immunization Sub-Sub-Program seeks to protect Canadians from vaccine preventable diseases by providing a science-based approach for the use of existing and the introduction of new vaccines, encouraging maximum vaccine uptake and coverage, providing information on vaccine surveillance and safety, and ensuring a safe and affordable supply of vaccines. In this regard, the Sub-Sub-Program enables provinces and territories to access vaccines at reduced cost through bulk purchases in collaboration among provinces and territories to ensure a supply of vaccine is available in the event of an outbreak. The work of the National Advisory Committee on Immunization, which provides expert advice to the Agency on vaccine use, also supports the work of this Sub-Sub-Program.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
7,563,046	7,563,046	7,563,046

Human Resources (FTEs)

2015–16	2016–17	2017–18
35	35	35

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Public Health stakeholders are engaged in efforts to maximize vaccine uptake and coverage	Percent of population covered by functioning immunization registries	95	March 31, 2017
Elimination status of measles, rubella, congenital rubella and polio in Canada is maintained through immunization against these diseases and surveillance of importations to Canada	Percent of World Health Organization elimination/eradication verification criteria met	95	March 31, 2016

Planning Highlights

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Strengthen domestic and international collaborations to advance the research necessary to respond to vaccine-preventable disease threats;
- Broaden national immunization surveillance capacity through the expansion of immunization registries for children to identify and develop targeted strategies for under-immunized or unimmunized populations; and
- Collaborate with F/P/T and other stakeholders on the development of a federal-led *Action Plan on Vaccine Research, Innovation and Development*.

Sub-Sub-Program 1.2.1.2: Infectious and Communicable Diseases**Description:**

The Infectious and Communicable Diseases Sub-Sub-Program supports the prevention and control of infectious diseases by monitoring emerging and re-emerging infectious diseases⁸ which are identified by the Agency as leading causes of hospitalization and morbidity and mortality in Canada, and by developing strategic approaches to reduce the likelihood of infection. The Sub-Sub-Program assesses and models public health interventions, monitors and reports risk factors and trends associated with infectious diseases and works collaboratively with federal, provincial, territorial and international partners to develop national approaches to

⁸ **An emerging disease** is one that has appeared in a population for the first time, or that may have existed previously but is rapidly increasing in incidence or geographic range. **A re-emerging disease** once was a major health problem globally or in a particular country, and then declined dramatically, but is again becoming a health problem for a significant proportion of the population.

manage infectious disease threats including antimicrobial resistance, and helps prevent the transmission of these infections (such as healthcare-associated infections, sexually-transmitted infections, including HIV/AIDS, hepatitis B and C, tuberculosis, vaccine-preventable diseases, influenza, MERS-CoV and other respiratory infectious diseases). The Sub-Sub-Program also seeks to reduce the risk and incidence of infections and injuries associated with blood transfusions and organ transplantation by providing knowledge products to federal, provincial and territorial health care experts. This Sub-Sub-Program, informed by science, uses this knowledge to prevent infectious disease outbreaks and generate guidelines, education materials, frameworks and reports to guide decision-making to support public health action. These activities inform national action plans and global responses to prevent and control infectious diseases, in accordance with the *International Health Regulations*. The Sub-Sub-Program uses funding from the following transfer payments: Federal Initiative to Address HIV and AIDS in Canada, Hepatitis C Prevention, Support and Research Program, and the Blood Safety Program.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
27,795,106	27,107,218	27,107,218

Human Resources (FTEs)

2015–16	2016–17	2017–18
204	200	200

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Up-to-date guidance information on prevention and control of infectious disease is available to provincial and territorial public health officials and other stakeholders to support policy and operational decisions	Percent of emerging and re-emerging infectious disease guidance information requiring update that is updated and disseminated annually	90	March 31, 2016
Infectious disease surveillance information is available to support evidence based decision making	Percent of surveillance disease reports associated with key emerging and re-emerging infectious diseases that are updated and disseminated annually	80	March 31, 2016

Planning Highlights

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Collaborate with F/P/T governments and provide advice and guidance to professionals on AMR, sexually transmitted and blood borne infections, and respiratory infectious diseases; and
- Contribute to the achievement of tuberculosis (TB) reduction goals, as set out in the [federal tuberculosis framework](#),^{xxxii} while focussing on advice, guidance, and key collaborative initiatives to address TB in northern Aboriginal communities and foreign-born Canadians.

Sub-Sub-Program 1.2.1.3: *Food-borne, Environmental and Zoonotic Infectious Diseases*

Description:

The Food-borne, Environmental and Zoonotic Infectious Diseases Sub-Sub-Program seeks to reduce the risk of food-borne, water-borne, environmental and zoonotic diseases in Canada which have the potential to adversely impact the health of Canada's population. By examining the interrelationship between the environment and human health, the Sub-Sub-Program develops and disseminates measures to help address the risks associated with infectious disease threats such as Salmonella, *E.coli* 0157, West Nile virus, Legionella and Listeria, including emerging antimicrobial resistance. The Sub-Sub-Program undertakes national surveillance of food-borne illness and zoonotic diseases, conducts targeted research projects aimed at reducing infectious disease emergence, and manages Canada's national and international response to food- and water-borne disease outbreaks. It also addresses the risk associated with rising global population mobility through enhancing evidence-based information. The Sub-Sub-Program works with federal, provincial, territorial and regional stakeholders as well as international public health organizations to help address emerging global food-borne, water-borne, environmental and zoonotic infectious diseases, in keeping with Canada's obligations under the *International Health Regulations*.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
13,223,124	12,736,511	12,736,511

Human Resources (FTEs)

2015–16	2016–17	2017–18
84	85	85

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Evidence of knowledge uptake of food safety surveillance information	Percent of surveillance information uptake by stakeholders	90	March 31, 2016
Multi-jurisdictional food-borne and zoonotic illness outbreaks are detected and responded to in a timely manner	Percent of significant multi-jurisdictional clusters that are assessed for further investigation within 24 hours of notification	90	March 31, 2016
Public access to information on Travel Health via social media	Number of referrals from social media to the travel health section of the website	12,000	March 31, 2016

Planning Highlights

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Identify and develop adaptation tools to respond to vector-, food-, and water-borne diseases associated with climate change as part of the *Adaptation Theme of the Government's Clean Air Agenda*;
- Enhance awareness of public health partners, including health care professionals and Canadians in general, of vector-borne zoonotic diseases (e.g., Lyme) and other health hazards arising from increased population mobility;
- Strengthen surveillance capacity (tools and modern technology) to detect food-borne illness and identify causes; and
- Improve coordination and capacity, including surge capacity, to respond to multi-jurisdictional food-borne illness outbreaks.

Sub-Program 1.2.2: *Conditions for Healthy Living***Description:**

The Conditions for Healthy Living Sub-Program supports improved health outcomes for Canada's population throughout life by promoting positive mental, social, and physical development, and by enabling the development of healthy communities. Population-wide health promotion efforts that respond to the needs of vulnerable and at-risk populations have been shown to improve health outcomes, especially in circumstances where poor social, physical or economic living conditions exist. The Sub-Program contributes to early childhood development, sustains healthy living conditions into youth and adolescence and builds individual and community capacity to support healthy transitions into later life. In collaboration with provinces, territories, stakeholders and organizations that assist individuals directly affected by a condition or disease, the Sub-Program advances priorities and initiatives to promote health and well-being. It also develops, tests and implements evidence-based interventions and initiatives that can help those facing socially challenging circumstances (e.g., family violence, poor mental health, injuries, communicable infections and social isolation). Finally, the Sub-Program provides evidence-based information for public health policies, practices and programs, and helps to build community public health capacity.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
191,616,567	190,416,023	190,416,023

Human Resources (FTEs)

2015–16	2016–17	2017–18
362	362	362

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Programs, policies and practices to promote health and reduce health inequalities are informed by evidence	Percent of key stakeholders using evidence	70	March 31, 2018
Communities have the capacity to respond to health inequalities of targeted populations	Percent of funded community organizations that leverage multisectoral collaborations to support at risk populations	95	March 31, 2018
	Percent of funded community organizations that have leveraged funds from other sources	60	March 31, 2018

Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Implement the *Federal Framework for Suicide Prevention*;
- Collect data and report on the mental health of Canadians so that information is accessible to support programs; and
- Raise awareness of domestic violence and child abuse as public health issues and support collaborations that advance effective models for prevention and response.

Sub-Sub-Program 1.2.2.1: *Healthy Child Development***Description:**

The Healthy Child Development Sub-Sub-Program promotes improvement of maternal and child health outcomes, and encourages positive health and development throughout the stages of infancy and childhood. Current research demonstrates that building resilience, developing empathy, exposing children to healthy eating practices and promoting breastfeeding can substantially compensate for adverse socio-economic conditions throughout their life. Through social science research, population health and community-based interventions, the Sub-Sub-

Program works to promote positive physical, social and cognitive development, and reduce health inequalities in order to set a positive trajectory for sustained health throughout the life course. The Sub-Sub-Program engages key stakeholders to identify and address shared priorities related to healthy childhood and adolescent development, including fetal alcohol spectrum disorder, maternal and infant health, oral health, positive parenting practices and health status in Aboriginal and Northern communities. It supports interventions to assist pregnant women, children, adolescents and families who face circumstances such as low socio-economic status, family violence, poor mental health and isolation. As well, it facilitates knowledge development and exchange of practice guidelines, frameworks for action, training, tools and supports which benefit the Canadian population, their families, other jurisdictions, national non-governmental organizations and public health practitioners. The Sub-Sub-Program uses funding from the following transfer payments: Aboriginal Head-Start in Urban and Northern Communities (AHSUNC), Canada Prenatal Nutrition Program (CPNP), Community Action Program for Children (CAPC), Fetal Alcohol Spectrum Disorder (FASD) and Joint Consortium for School Health (JCSH).

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
129,906,338	129,953,639	129,953,639

Human Resources (FTEs)

2015–16	2016–17	2017–18
166	166	166

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Participation in the Agency-funded interventions is positively associated with protective factors for healthy child development	Percent change in school readiness for Aboriginal participants in funded interventions relative to an Aboriginal population of non-participants	15	March 31, 2018
	Percent of participants reporting positive parental-child interaction in funded interventions relative to a population of non-participants with comparable socio-demographic characteristics	58.9	March 31, 2018

Planning Highlights

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Collaborate with multi-sectoral partners to promote and disseminate the new evidence-based caregiver curriculum on FASD for parents and service providers caring for those affected by FASD;
- Work with Aboriginal organizations to promote the dissemination and uptake of culturally-appropriate tools that reflect promising and best practice approaches to healthy childhood development; and
- Advance oral health promotion and prevention for at-risk children in community-based settings.

Sub-Sub-Program 1.2.2.2: *Healthy Communities*

Description:

The Healthy Communities Sub-Sub-Program aims to improve the community capacity to contribute to better health outcomes for Canada’s population, including those who are vulnerable and at-risk. Evidence demonstrates that supportive social and physical community environments can have a positive impact on health status through the life course. Certain populations such as seniors, new Canadians, Aboriginal Peoples or those living with a communicable or infectious disease, are more likely to experience health challenges that can be prevented or mitigated in a community context. By engaging federal departments, other levels of government and stakeholders, the Sub-Sub-Program implements shared priorities, disease prevention and health promotion initiatives. The Sub-Sub-Program develops, adapts and implements promising or innovative population health and community-based initiatives and interventions that equip communities to support the population, including those affected by a communicable disease, in living the healthiest, most productive lives possible. The Sub-Sub-Program facilitates the exchange and uptake of evidence-based information to inform decision making for policy and programs and improve public health outcomes within communities. The Sub-Sub-Program uses funding from the following transfer payments: Federal Initiative to Address HIV/AIDS, Innovation Strategy, Canadian HIV Vaccine Initiative and Hepatitis C Prevention, Support and Research Program.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
61,710,229	60,462,384	60,462,384

Human Resources (FTEs)

2015–16	2016–17	2017–18
196	196	196

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
New collaborative alliances to promote health, prevent and control infections, and address barriers to care, treatment and support, are in place across Canada.	Percent of programming funded through collaborative alliances	10	March 31, 2016

Planning Highlights

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Strengthen the capacity of community-based collaborators to use knowledge of sexually transmitted and blood-borne infections that will contribute to better health outcomes for at-risk populations;
- Work with communities to build partnerships with researchers, private, or non-profit sectors to support the scale up of promising interventions in mental health promotion for long-term sustainability; and
- Showcase innovative policies and practices that reduce health inequalities in accordance with the [Rio Political Declaration on Social Determinants of Health](#).^{xxxii}

Sub-Program 1.2.3: *Chronic (non-communicable) Disease and Injury Prevention*

Description:

The Chronic (non-communicable) Disease and Injury Prevention Sub-Program mobilizes and supports governmental and non-governmental organizations at national, provincial, territorial and local levels, and collaborates with international/national multi-sectoral stakeholders in designing, evaluating and identifying best practices, with the goal that policies and programs support healthy living, decrease chronic disease rates and reduce the impact of these diseases on Canada's population. This Sub-Program tracks injuries, chronic diseases, their risk factors and related inequalities, analyses the risks to public health and determines priorities for action. It also identifies what works in chronic disease prevention and mitigation according to scientific criteria and disseminates these approaches widely to increase the use of effective interventions. Finally, it facilitates collaboration among stakeholders to increase the efficiency and effectiveness of chronic disease prevention and mitigation. The Sub-Program uses funding from the following transfer payments: Integrated Strategy for Healthy Living and Chronic Disease (Cancer, Diabetes, Cardiovascular Disease, Surveillance for Chronic Disease, Healthy Living and Observatory of Best Practices), Canadian Breast Cancer Initiative, Federal Tobacco Control Strategy and Promoting Access to Automated External Defibrillators and Associated Training in Recreational Hockey Arenas Initiative.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
56,912,653	54,810,653	54,760,653

Human Resources (FTEs)

2015–16	2016–17	2017–18
204	204	204

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Chronic disease prevention priorities for Canada are identified and advanced	Percent of key stakeholders who agree that chronic disease and injury priorities have been advanced through collaboration with the Agency	70	March 31, 2016
Chronic disease prevention practice, programs and policies for Canadians are informed by evidence	Percent of key stakeholders using evidence	70	March 31, 2016

Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Report on progress, in collaboration with provinces and territories, in implementing the [*Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*](#);^{xxxiii}
- Assess the health impacts of obesity in children and identify actions to reduce future chronic diseases;
- In collaboration with provinces and territories, implement a national surveillance system for autism spectrum disorders that addresses gaps in information;
- In collaboration with scientific experts, develop the first *24-Hour Integrated Movement Behaviour Guidelines* to harmonize recommendations for physical activity, sedentary behaviour, and sleep into a single, integrated set of guidelines; and
- Contribute to a reduction in the occurrence of injuries by facilitating earlier identification of new hazards and risk factors, and working with stakeholders to develop interventions to reduce sports-related injuries in youth.

Program 1.3: *Health Security*

Description:

The Health Security Program takes an all hazards approach to the health security of Canada's population, which provides the Government of Canada with the ability to prepare for and respond to public health events/emergencies. This program seeks to bolster the resiliency of the populations and communities, thereby enhancing the ability to cope and respond. To accomplish this, its main methods of intervention include actions taken through collaborations with key jurisdictions and international collaborators. These actions are carried out by fulfilling Canada's obligations under the *International Health Regulations* and through the administration and enforcement of pertinent legislation and regulations.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
59,776,240	59,776,240	47,883,186	46,937,103

The decrease in Planned Spending in 2016–17 is primarily due to the sunsetting of a temporary initiative to support the Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American Games; the Travelling Public Program; and the temporary funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

Human Resources (FTEs)

2015–16	2016–17	2017–18
300	282	277

The decrease in FTEs is primarily due to the sunsetting of some temporary Agency programs listed in [Budgetary Financial Resources \(dollars\)](#) over the next three years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canada has the partnerships and regulatory frameworks to prevent, prepare for and respond to threats to public health	Percent of partnerships with key jurisdictions and international partners in place to prepare for and respond to public health risks and events	100	March 31, 2016
	Percent of Government of Canada's health emergency and regulatory programs implemented in accordance with the <i>Emergency Management Act</i> , the <i>Quarantine Act</i> , the <i>Human Pathogens and Toxins Act</i> and the <i>Human Pathogens Importation Regulations</i>	100	December 31, 2015

Planning Highlights

In addition to the expected results identified above, efforts under this Program will contribute to meeting the Agency's [Organizational Priorities](#) 1 and 3, as well as manage related risks 1 and 3 as described in the [Risk Analysis](#) sub-section.

As part of this Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Enhance the capacity to prepare for, mitigate, and respond to public health events/emergencies by incorporating lessons learned from the Ebola outbreak;
- Develop an enhanced approach, with collaborators, to identify and acquire medical countermeasures for stockpiling, based on the current threat and risk environment; and
- Enhance health security by continuing to participate in international and domestic initiatives such as *Beyond the Border* and the *North American Plan for Avian and Pandemic Influenza*.

Sub-Program 1.3.1: *Emergency Preparedness and Response*

Description:

The Emergency Preparedness and Response Sub-Program is the central coordinating point among federal, provincial, territorial and non-governmental public health partners. The Sub-Program is also responsible for strengthening the nation's capacity to help prevent, mitigate, prepare and respond to public health events/emergencies. In order to meet these goals, the Sub-Program's interventions include emergency preparedness, emergency planning, training and exercises, ongoing situational awareness and risk assessment, maintenance of a Health Portfolio Operations Centre, coordination of inter-jurisdictional mutual aid, deployment of surge capacity to provinces and territories, and deployment of Microbiological Emergency Response Teams and associated mobile laboratories. The Sub-Program seeks to protect all persons living in Canada and provides surge capacity to provinces and territories and fulfills Canada's international obligations for events, such as infectious disease outbreaks, pandemic influenza and bioterrorism. In addition, it coordinates response to natural or man-made disasters and preparedness for mass gatherings and high profile events. The Sub-Program enables the Agency to meet its obligations under the *Emergency Management Act and International Health Regulations*, and it also makes a significant contribution to the *Beyond the Border* initiatives and to the *North American Plan for Animal and Pandemic Influenza*.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
43,888,910	34,870,751	34,722,562

The decrease in Planned Spending in 2016–17 is primarily due to the sunsetting of a temporary initiative to support the Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American Games; and the temporary funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

Human Resources (FTEs)

2015–16	2016–17	2017–18
175	174	173

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Achieved
Canada has the capacity to prevent, mitigate, prepare and respond to public health emergencies including infectious disease	Percent of all-hazards and disease specific Emergency Management plans and procedures developed, maintained and kept current at all times	100	March 31, 2016
	Percent of inter-jurisdictional mutual aid/federal assistance requests coordinated for domestic and international response and resource sharing within negotiated timelines	100	March 31, 2016
	Percent of required health portfolio capabilities ready to respond appropriately to events/emergencies on 24/7 basis	100	March 31, 2016

Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Improve Canada’s capacity to detect and respond to health security threats through enhanced situational awareness and collaborations;
- Expand the *Pan-Canadian Health Emergency Coordination Protocols* to provide for a more consistent approach to managing health emergencies at a pan-Canadian level; and
- Oversee and coordinate the Health Portfolio’s activities in support of the *Government of Canada’s Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American Games*.

Sub-Program 1.3.2: Border Health Security**Description:**

The Border Health Sub-Program helps protect Canadians from the introduction and spread of communicable disease across borders through administration and enforcement of the *Quarantine Act* and elements of the *Department of Health Act*. The Sub-Program includes quarantine services for travellers, cargo and conveyances at Canadian ports of entry. It also includes a risk-based public health inspection program for passenger conveyances (including aircraft, trains, cruise ships and ferries) and ancillary services (such as flight kitchens and terminals). The Sub-Program provides ship sanitation Inspections pursuant to the *International Health Regulations (IHR)*. The Border Health Security Sub-Program promotes coordinated border health measures by creating linkages between key border departments and agencies, including the Canadian Border Services Agency, Royal Canadian Mounted Police and the Canadian Food Inspection Agency.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
5,748,985	2,825,709	2,825,709

The decrease in Planned Spending in 2016–17 is primarily due to the sunsetting of the Travelling Public Program.

The Government of Canada reassesses priorities, as required, and some programs that are set to sunset will be considered for renewal and may in fact be renewed.

Human Resources (FTEs)

2015–16	2016–17	2017–18
54	30	30

The decrease in FTEs in 2016–17 is primarily due to the sunsetting of the Travelling Public Program.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Risks associated with import and export of communicable diseases into and out of Canada are mitigated and/or controlled	Percent of inspected passenger conveyances (ships, planes, trains) that meet federal guidelines	90	March 31, 2016
	Percent of designated Canadian points of entry that maintain the <i>IHR</i> core capacities	100	March 31, 2016

Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Enhance the capacity to identify and mitigate health security risks at borders by updating the Quarantine Services program design to incorporate lessons learned from the Ebola outbreak; and
- Enhance the Travelling Public Program’s authority to address public health risks on passenger conveyances.

Sub-Program 1.3.3: *Biosecurity*

Description:

The Biosecurity Sub-Program is responsible for administration and enforcement activities related to the use and manipulation of human and terrestrial animal pathogens and toxins. This Sub-Program has specific responsibility under the *Human Pathogens and Toxins Act*, the *Human Pathogens Importation Regulations*, and select sections of the *Health of Animals Act* and *Health of Animals Regulations* to promote and enforce safe and secure biosafety practices and laboratory environments. Through the fostering of a foresight-based collaborative Canadian framework for pathogen oversight and accountability, the Sub-Program further contributes to public health security by assessing and addressing emerging risks and by mitigating risks posed by the malicious use of pathogens with the intent to harm. The Sub-Program's main methods of intervention include compliance promotion and education through the provision of knowledge products and training, guidance, the publication of biosafety and biosecurity standards, risk assessments, laboratory certification and verification, the issuance of import permits, laboratory inspections and enforcement activities. The Sub-Program works in close collaboration with a variety of key stakeholders including academic institutions, industry, hospitals and public health laboratories, government laboratories, federal government departments and Health Portfolio partners, and provincial and territorial policy and issue experts.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
10,138,345	10,186,726	9,388,832

The decrease in Planned Spending in 2017–18 is primarily due to the sunsetting of a temporary initiative to support the Single Window Initiative.

Human Resources (FTEs)

2015–16	2016–17	2017–18
71	78	74

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Safe and secure biosafety practices and laboratory environments	Percent of <i>Human Pathogens and Toxins Act</i> (HPTA) registered laboratories working with moderate risk pathogens and toxins compliant with requirements	90	March 31, 2016
	Percent of HPTA registered laboratories working or intending to work with high risk pathogens and toxins compliant with requirements	100	March 31, 2016
	Number of laboratory acquired infections	0	March 31, 2021

Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2015–16:

- Enhance national oversight of human pathogens and toxins to promote their safe and secure use in Canada by bringing into force the remaining provisions of the HPTA by finalizing the *Human Pathogens and Toxins Regulations* and the *Canadian Biosafety Standards*;
- Facilitate stakeholder transition to the new regulatory regime under the fully implemented HPTA by increasing stakeholder awareness and understanding of new requirements set out in the Act, regulations, standards and other policy instruments by using clear language and interactive resource tools;
- Reduce the burden on regulated parties by streamlining service delivery of laboratory safety certification to facilitate a competitive edge for Canadian businesses and innovative science at research institutions; and
- Strengthen a collaborative, interdepartmental, and foresight-based⁹ Canadian framework for pathogen oversight and accountability to address challenges associated with rapid advances in life science research, such as synthetic biology.¹⁰

⁹ Foresight-based is to anticipate emerging policy challenges and opportunities in a rapidly changing and complex world.

¹⁰ Synthetic biology focuses on the design and creation of biological components and systems. For more information, please see <http://canadianbiosafetystandards.collaboration.gc.ca/cbsq-nldcb/index-eng.php?page=11#a11>.

Internal Services

Description:

Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. Internal services include only those activities and resources that apply across an organization, and not those provided to a specific program. The groups of activities are Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
95,644,087	95,644,087	94,821,987	94,739,682

Human Resources (FTEs)

2015–16	2016–17	2017–18
601	599	599

Planning Highlights

Health Canada and the Agency continue to participate in the Shared Services Partnership in which each organization retains responsibility for different internal services and corporate functions while working to deliver equitable services to both organizations. The Partnership will undertake the following key activities and initiatives in 2015–16:

- Maintain an ongoing, risk-based monitoring strategy for internal controls over financial reporting;
- Optimize opportunities for integrated service delivery through collaborative engagement and further integration of policies and processes; and
- Implement government-wide modernization and transformation initiatives to support Agency programs, including:
 - Supporting and sustaining a high-performance culture and a diverse workforce; and
 - Implementing collaborative tools, mobile devices and applications, and Public Works and Government Services Canada workspace standards.

Section III: Supplementary Information

Future-Oriented Statement of Operations

The future-oriented condensed statement of operations provides a general overview of the Agency's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the future-oriented condensed statement of operations is prepared on an accrual accounting basis, and the forecast and planned spending amounts presented in other sections of the Report on Plans and Priorities are prepared on an expenditure basis, amounts differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net costs of operations to the requested authorities, can be found on the [Agency's website](#).^{xxxiv}

Future-Oriented Condensed Statement of Operations

For the Year Ended March 31

(dollars)

Financial Information	2014–15 Estimated Results	2015–16 Planned Results	Difference
Total expenses	690,628,539	599,340,155	(91,288,384)
Total revenues	14,593,556	14,593,556	0
Net cost of operations	676,034,983	584,746,599	(91,288,384)

Total expenses are higher in 2014–15 primarily due to the Agency making the final payment of \$49.7 million to provinces and territories under the Hepatitis C Health Care Services Program; the sunsetting of the Aboriginal Head Start in Urban and Northern Communities Program's Strategic Fund; and the temporary funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad.

Supplementary Information Tables

The supplementary information tables listed in the *2015–16 Report on Plans and Priorities* can be found on the [Agency's website](#).^{xxxv}

- ▶ Departmental Sustainable Development Strategy;
- ▶ Details on Transfer Payment Programs of \$5 Million or More;
- ▶ Disclosure of Transfer Payment Programs Under \$5 Million;
- ▶ Horizontal Initiatives; and
- ▶ Upcoming Internal Audits and Evaluations of the next three years.

Tax Expenditures and Evaluations

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures annually in the *Tax Expenditures and Evaluations*^{xxxvi} publication. The tax measures presented in the *Tax Expenditures and Evaluations* publication are the responsibility of the Minister of Finance.

Section IV: Organizational Contact Information

Sylvain Segard

A/Assistant Deputy Minister, Strategic Policy, Planning and International Affairs Branch

Public Health Agency of Canada

130 Colonnade Road

Ottawa, Ontario K1A 0K9

Canada

Telephone: 613-948-3249

sylvain.segard@phac-aspc.gc.ca

Appendix: Definitions

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

budgetary expenditures: Include operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Departmental Performance Report: Reports on an appropriated organization's actual accomplishments against the plans, priorities and expected results set out in the corresponding Reports on Plans and Priorities. These reports are tabled in Parliament in the fall.

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

Government of Canada outcomes: A set of 16 high-level objectives defined for the government as a whole, grouped in four spending areas: economic affairs, social affairs, international affairs and government affairs.

Management, Resources and Results Structure: A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

non-budgetary expenditures: Include net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

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

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

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

planned spending: For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

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

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

priorities: Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

program: A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

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

Report on Plans and Priorities: Provides information on the plans and expected performance of appropriated organizations over a three-year period. These reports are tabled in Parliament each spring.

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

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

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

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

whole-of-government framework: Maps the financial contributions of federal organizations receiving appropriations by aligning their Programs to a set of 16 government-wide, high-level outcome areas, grouped under four spending areas.

Endnotes

- i *Public Health Agency of Canada Act*, <http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html>
- ii *Department of Health Act*, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>
- iii *Emergency Management Act*, <http://laws-lois.justice.gc.ca/eng/acts/E-4.56/page-1.html#s-1>
- iv *Quarantine Act*, <http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html>
- v *Human Pathogens and Toxins Act*, <http://lois-laws.justice.gc.ca/eng/acts/H-5.67/FullText.html>
- vi *Health of Animals Act*, <http://laws-lois.justice.gc.ca/eng/acts/H-3.3/>
- vii *International Health Regulations*, <http://www.who.int/ihr/en/>
- viii Public Health Agency of Canada, <http://www.phac-aspc.gc.ca/index-eng.php>
- ix Health Portfolio, <http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php>
- x Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease, <http://www.phac-aspc.gc.ca/fo-fc/mspphl-pppmvs-eng.php>
- xi Stop Family Violence, <http://www.phac-aspc.gc.ca/sfv-avf/index-eng.php>
- xii Family Violence Initiative, <http://www.phac-aspc.gc.ca/nfcv-cnivf/initiative-eng.php>
- xiii Infectious disease prevention and control guidelines, <http://www.phac-aspc.gc.ca/dpg-eng.php#infection>
- xiv Ebola virus disease, <http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/ebola/index-eng.php>
- xv Action Plan on Lyme disease, <http://www.phac-aspc.gc.ca/id-mi/lyme-plan-eng.php>
- xvi Upstream Surveillance, <http://www.phabc.org/modules.php?name=Contentpub&pa=showpage&pid=34>
- xvii ISO 31000 Risk Management Principles and Guidelines, http://www.iso.org/iso/catalogue_detail?csnumber=43170
- xviii Framework for the Management of Risk, <http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=19422>
- xix Guide to Corporate Risk Profiles, <http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/girm-ggirtb-eng.asp>
- xx Guide to Developing Risk Statements, <http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/rmg-ger04-eng.asp>
- xxi Guide to Risk Taxonomies, <http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/grt-gtrtb-eng.asp>
- xxii Risk Management Capability Model, <http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/rmcm-mcmgr-eng.asp>
- xxiii Guide to Integrated Risk Management, <http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/girm-ggirtb-eng.asp>
- xxiv Workshop Report: Public Sector Governance of Emerging Risks Hallmarks and drivers, May 2013, http://www.irgc.org/wp-content/uploads/2013/05/IRGC_Workshop-Report_Public-Sector-Governance-of-Emerging-Risks-2013.pdf
- xxv Whole-of-Government-Framework Spending Area, <http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx>
- xxvi 2015–16 Main Estimates, <http://www.tbs-sct.gc.ca/ems-sgd/esp-pbc/me-bpd-eng.asp>
- xxvii Canadian Public Health Service, <http://www.phac-aspc.gc.ca/cphs-sspc/index-eng.php>

- xxviii Pan-Canadian Public Health Network, <http://www.phn-rsp.ca/index-eng.php>
- xxix 2013 Progress Report on Advancing the Federal / Provincial / Territorial Framework on Healthy Weights, <http://www.phn-rsp.ca/thcpr-vcpsre-2013/index-eng.php>
- xxx Ebola virus disease, <http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/ebola/index-eng.php>
- xxxi Tuberculosis Prevention and Control in Canada: A Federal Framework for Action, <http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tpc-pct/assets/pdf/tpc-pcta-eng.pdf>
- xxxii Rio Political Declaration on Social Determinants of Health, <http://www.who.int/sdhconference/declaration/en/>
- xxxiii Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php>
- xxxiv Future-Oriented Statement of Operations, <http://www.phac-aspc.gc.ca/rpp/2015-2016/foso-erp-eng.php>
- xxxv Supplementary Information Tables, <http://www.phac-aspc.gc.ca/rpp/2015-2016/suppl-eng.php>
- xxxvi Tax Expenditures and Evaluations publication, <http://www.fin.gc.ca/purl/taxexp-eng.asp>