Public Health Agency of Canada

2004–2005
Departmental Performance Report

Ujjal Dosanjh
Minister of Health

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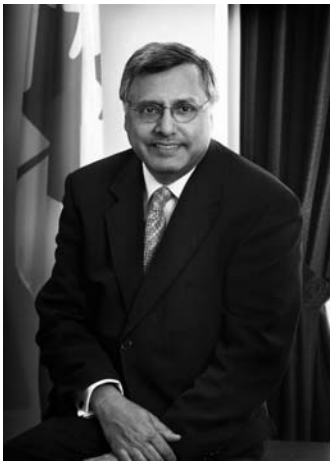
Minister's Message



I am pleased to present to Parliament the 2004–2005 Departmental Performance Report for the Public Health Agency of Canada. This is the Agency's first performance report and demonstrates that much has been accomplished since its inception on September 24, 2004.

The creation of the Public Health Agency of Canada and appointment of the country's first Chief Public Health Officer last September represented an important addition to the federal health portfolio. The Agency, in conjunction with Health Canada and the rest of the health portfolio, is already making a vital contribution towards meeting the country's public health challenges. The establishment of the Agency allows us to continue building the best health system in the world, as well as to move towards the ultimate goal of helping make Canadians the healthiest people in the world.

In Budget 2004 the government announced an additional investment of $100 million to support the development of a pan-Canadian health surveillance system with particular focus on infectious disease.

The Agency supported health emergency preparedness and response activities for the entire health portfolio and launched the National Emergency Management System in collaboration with Public Safety and Emergency Preparedness Canada and all provinces and territories.

These components are critical to fulfilling the Agency's mission to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health, and to realizing its vision of creating healthy communities in a healthier world.

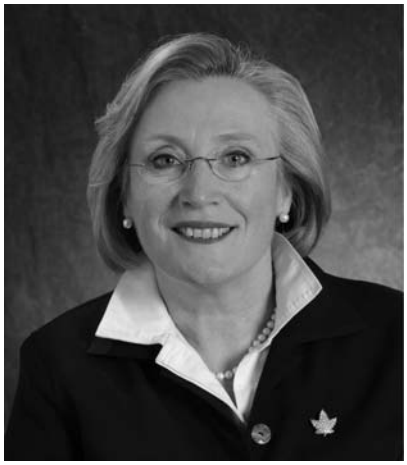
The Agency has also acted to enhance partnerships with the provinces and territories through the establishment of the pan-Canadian Public Health Network and has advanced international collaboration within the World Health Organization and with other countries around the world.

Because disease knows no boundaries, the Agency collaborated with the World Health Organization on relief efforts for victims of the tsunami emergency in Southeast Asia, on the Marburg virus outbreak in Angola, and on response to the Avian flu threat in Southeast Asia. It has been active in developing international chronic disease and laboratory networks and has developed candidate vaccines for Ebola and Marburg viruses, two often-deadly diseases.

The 2004–2005 Departmental Performance Report shows the Public Health Agency of Canada is meeting its responsibility in providing federal leadership in the area of public health, building alliances with domestic and international partners to improve health outcomes, and rising to new challenges that threaten the health of Canadians. The Report demonstrates that the new Agency has made an excellent start and will continue to make an important contribution to improving a health system that is already the envy of the world.

Ujjal Dosanjh
Minister of Health

Minister of State's Message



The creation of the Public Health Agency of Canada and the appointment of Canada's first Chief Public Health Officer last September signalled the federal government's renewed emphasis on health promotion, disease prevention, and emergency preparedness and response as a means of improving the health outcomes of Canadians.

The Agency's vision statement – "Healthy Canadians and communities in a healthier world" – reflects the government's commitment to expand the traditional approach to health care to include the upstream model of exploring the determinants of good health and taking action to prevent disease.

To that end, I am proud of my involvement as co-leader of the federal-provincial public consultations to develop pan-Canadian public health goals. This exercise, which was initiated in 2004-05, will produce when completed Canada's first national health goals, endorsed by federal, provincial and territorial governments, which will serve as the foundation for establishing targets to improve the health of Canadians.

The public health goals process is one collaborating initiative along with the creation of the pan-Canadian Public Health Network, a consultative body that is engaged in knowledge sharing and collaboration between federal, provincial and territorial partners for the advancement of public health across the country.

The Agency continues to fulfill its mandate to support innovative internal and external research, and to support the transfer of research into public health practice and programming. This was highlighted by our support in the creation of six National Collaborating Centres focussing on infectious diseases, determinants of health, public policy and risk assessment, infrastructure, infostructure and new tools development, environmental health, and Aboriginal health.

The 2004–2005 Departmental Performance Report shows the Public Health Agency of Canada responding across the spectrum of public health issues facing Canadians. From meeting the challenges of protecting Canadians against infectious diseases such as a possible pandemic outbreak, to supporting research that will help advance our knowledge, to promoting healthy living to improve health outcomes and reduce the incidence and severity of chronic diseases, the Agency is providing leadership that will continue to produce long-term improvements in the health and lives of Canadians for years to come.

Dr. Carolyn Bennett
Minister of State (Public Health)

Chief Public Health Officer's Message

As Canada's first Chief Public Health Officer, I am proud to have been part of the launch of the Public Health Agency of Canada in 2004 and of this public accounting to Parliament of the Agency's work in the past twelve months, both as a branch of Health Canada and then as the Public Health Agency of Canada in the last six months.

The Agency was established to provide a national focal point to lead efforts in the promotion and advancement of public health nationally and internationally through the widest possible collaboration. However, the creation of the Agency has posed a number of challenges as a result of transition to a new departmental entity which has two domestic pillars and an international role. Despite this ongoing process, the Agency continued to deliver on its mandate and it has taken important steps over the last six months towards improving health outcomes for Canadians.

The Agency accomplished a number of goals during its initial year. It launched the second phase of the Global Public Health Intelligence Network (GPHIN-II), an early warning system for public health issues; developed the new *Quarantine Act*; and completed the establishment of the Emergency Operations Centres in the Agency's twin pillars of Ottawa and Winnipeg. In 2004–05, the Agency also worked with the provinces and territories to update the Canadian Pandemic Influenza Plan. To enhance pandemic preparedness, the Government of Canada made a $24 million contribution (9.6 million doses) towards the creation of a national stockpile of 16 million doses of antivirals for the prevention and treatment of influenza.

The Agency has met many unexpected challenges during its first year of operation. It helped secure additional influenza vaccine supplies last fall to meet public concern over shortages, and worked with the World Health Organization (WHO) and our United States counterparts to detect and trace the source of an accidental release of H2N2 influenza virus.

The Agency welcomed the announcement of the Integrated Strategy on Healthy Living and Chronic Disease that will combat major chronic diseases such as diabetes, cancer and cardiovascular disease, which impose a huge burden of premature death and disability on Canadians. The Agency will lead the implementation of this Strategy to link public health approaches to health promotion and to disease prevention and control.

Through these measures, and others, the Agency has lived up to its mandate. It has anticipated and prepared for threats to public health, carried out surveillance and reported on diseases and preventable health risks, and used the best tools available to inform and advise Canadians on matters that will improve their health.

The Agency's first Departmental Performance Report shows that the Agency, through its dedicated staff across the country, is meeting the challenges and critical responsibilities we have been given by the Government of Canada. We are moving forward on fulfilling our vision of healthy Canadians and communities in a healthier world.

Dr. David Butler-Jones
Chief Public Health Officer

Management Representation Statement

I submit for tabling in Parliament, the 2004–2005 Departmental Performance Report (DPR) for the Public Health Agency of Canada.

This document has been prepared based on the reporting principles contained in the Treasury Board of Canada Secretariat's *Guide for the preparation of 2004–2005 Departmental Performance Reports*:

- It adheres to the specific reporting requirements;
- It uses an approved Business Lines structure;
- It presents consistent, comprehensive, balanced and accurate information;
- It provides a basis of accountability for the results pursued or achieved with the resources and authorities entrusted to it; and
- It reports finances based on approved numbers from the Estimates and the Public Accounts of Canada.

Dr. David Butler-Jones
Chief Public Health Officer

Summary Information

Agency's Raison d'être

Canadians are among the healthiest people in the world. Two factors which contribute to Canadians' high quality of life are their access to a strong and sustainable publicly funded health care system, and the existence of a strong public health system.

Public health involves a range of players and partners engaging in initiatives that reflect a comprehensive and integrated approach to promoting health, preventing and controlling both infectious and chronic diseases, protecting people from the consequences of health emergencies as well as engaging in public health research and surveillance activities. In Canada, public health is a responsibility shared by the three levels of government, the private sector, the not-for-profit sector and health professionals such as family physicians.

An increasingly global economy, the convergence of people in large urban areas, the ease with which people and goods travel around the world, rapid advances in science and technology, and the changing nature of our environment are but some of the factors exerting strong pressures on and posing challenges to Canada's public health system. Canada must be prepared to respond to public health threats that impact on the health of Canadians.

The actions of the public health community are often not as apparent as those relating to the conventional health care system, because public health focusses on the promotion of health and the prevention of health problems that could become, or are, widespread. Events like the emergence of severe acute respiratory syndrome (SARS) in 2003, however, brought the activities of Canada's public health professionals to the public's attention.

The occurrence of SARS, and subsequent reports by public health experts, reinforced the need for Canada to have a national focal point to deal with public health issues. The existence since 1946 of such an organization in the United States (the Centers for Disease Control and Prevention) and the need to coordinate our efforts with those of our southern neighbour also encouraged the creation of a lead agency for Canada. In response to these pressures, the Cabinet established, on September 24, 2004, the Public Health Agency of Canada (the Agency), and appointed Dr. David Butler-Jones as the country's first Chief Public Health Officer. The creation of the Agency marks the beginning of a new approach to federal leadership and to collaboration with provinces and territories toward efforts to renew the public health system in Canada and support a sustainable health care system.

When the Agency was created, it inherited the base of activities and commitments of the former Population and Public Health Branch of Health Canada. Thus, fiscal year 2004–05 was one of transition from a branch of Health Canada to an agency. This Departmental Performance Report reports on the Population and Public Health Branch until September 24, 2004, and the Agency after that date.

One of the accomplishments of the Agency was the identification of its mission: "To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health." To assist Canadians in moving towards its vision of "healthy Canadians and communities in a healthier world," the Agency is mandated to work in collaboration with its partners, to lead federal efforts and to mobilize pan-Canadian action in preventing disease and injury, and to promote and protect national and international public health through the following:

- Anticipating, preparing for, responding to and recovering from threats to public health;
- Carrying out surveillance of, monitoring, researching, investigating and reporting on diseases, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally;
- Using the best available evidence and tools to advise and support public health stakeholders nationally and internationally as they work to enhance the health of their communities;
- Providing public health information, advice and leadership to Canadians and stakeholders; and
- Building and sustaining a public health network with stakeholders.

In addition to setting its long-term focus and direction, the Agency launched several new initiatives in 2004–05. These new activities follow up on commitments made at the September 2004 First Ministers' Meeting as well as on some of the recommendations presented by experts' reports on the public health system. For example,

- The Minister of State engaged individuals, public health experts, volunteer organizations and elected officials in a consultation process to establish health goals for Canada by the fall of 2005. The second phase of this process, beginning in the fall of 2005, will consist of establishing targets and indicators so that progress against those health goals can be measured. More information on this process is accessible on the Healthy Canadians Web site at http://healthycanadians.ca/home.html.

- Pan-Canadian Public Health Strategy and Network: To build on the future health goals, the Agency took a leadership role in putting in place the initial components of a pan-Canadian Public Health Strategy and a pan-Canadian Public Health Network that will improve collaboration and information-sharing among governments on public health issues.
- The Agency supported the establishment of six National Collaborating Centres for Public Health to provide national focal points for the study of key priority areas in public health and to contribute to the development of a pan-Canadian public health capacity. The Centres will emphasize collaboration and translation of knowledge into practical public health strategies. They will focus on the determinants of health; public policy and risk assessment; infrastructure, infostructure (systems of information and communications technologies), and new tools development; infectious diseases; environmental health; and Aboriginal health. Additional details are available at http://www.phac-aspc.gc.ca/media/nr-rp/2004/2004_01bk2_e.html.
- In the February 2005 Budget, the Government announced that it would provide $300 million over five years for the Integrated Strategy on Healthy Living and Chronic Disease. The pan-Canadian Healthy Living Strategy, a federal/provincial/territorial effort comprising one of the key components of the Integrated Strategy, reflects the Agency's integrated approach to health promotion and chronic disease prevention. The Integrated Strategy has three pillars: promoting health by addressing the conditions that lead to unhealthy eating, physical inactivity and unhealthy weights; preventing chronic diseases through focussed action on risk factors; and creating platforms for the early detection and management of chronic diseases such as diabetes, cancer and cardiovascular disease. Additional details are available at http://www.phac-aspc.gc.ca/hl-vs-strat/index.html and at http://www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/integrated_e.html.

Total Financial Resources

Planned	Authorities ($ millions)	Actual ($ millions)
This agency's business line was the Population and Public Health Branch as well as other parts of other branches of Health Canada.	605.2	586.7

Total Human Resources (full-time equivalents)

Planned	Actual	Difference
1,671	1,666	5

Summary of Performance in Relationship to Departmental Strategic Outcomes, Priorities and Commitments

Strategic Outcome	2004–2005 Priorities/ Commitments	Type	Authorities ($ millions)	Actual Spending ($ millions)	Expected Results and Current Status
A healthier population by promoting health and preventing illness	1. Contribute towards the development of a seamless and comprehensive public health system	New	428.4	419.7	The Agency would work collaboratively with provincial/territorial governments and other partners to bring together public health authorities for the development of a seamless and comprehensive public health system. **Successfully met.**
	2. Enhance the federal government's capacity in public health	New	176.8	167.0	The Agency would be up and running, and delivering on its mandate and commitments to develop and implement national policies and programs that promote and protect the health of Canadians. **Successfully met.**

Overall Agency Performance

Summary of Agency Performance

Operating Environment and Context

Public health consists of a range of efforts to keep the Canadian population healthy and safe. A key component of Canada's health system, it seeks to prevent disease, to prolong life and to promote health through the organized efforts of society. Promoting healthy living and reducing health disparities, preventing and controlling infectious and chronic diseases and injuries, as well as being ready to respond to threats to public health are critical components of the Government of Canada's responsibilities to help the people of Canada maintain and improve their health.

The role of the Public Health Agency of Canada can be summed up as follows:

- It will take a lead role in the prevention of disease and injury and the promotion of health;
- It will provide a clear focal point for federal leadership and accountability in managing public health emergencies;
- It will serve as a centralized point for sharing Canada's expertise with the rest of the world and applying international research and development to Canada's public health programs; and
- It will strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

Most of the activities of the Agency – indeed, most public health activities in general – involve collaboration and partnership with the provinces and territories, other federal departments, health organizations, professional organizations, academia, the private and not-for-profit sectors and/or other stakeholders. This creates challenges for performance measurement, as positive health outcomes and trends invariably reflect the success of joint efforts.

The context for the new Agency was very clearly stated by the Honourable Ralph Goodale, in Budget 2004, on March 23, 2004:

> …events such as the SARS outbreak and the spread of the avian flu have reminded all of us that we now live in a more vulnerable world, where disease can be spread from one end of the globe to the other in just a matter of hours. As a result, we face new challenges to our public health systems, requiring new approaches and new responses. With this budget, we begin to provide the resources for a new Canada Public Health Agency, to be able to spot outbreaks earlier and mobilize emergency resources to control them sooner. …

> …Once the agency and its new CEO have developed a long-term strategic plan, we will be in a position to make further investments to ensure that Canadians receive the national public health agency they deserve…

Fiscal year 2004–05 was a year of transition for the new Public Health Agency of Canada. On September 24, 2004 the Agency was created, its backbone consisting of Health Canada's the Population and Public Health Branch.

In this report, the Agency's performance and financial tables are presented according to the framework provided under the Strategic Outcome and Business Line. This Departmental Performance Report is based on the approved Program Activity Architecture for the Population and Public Health Branch. The PAA used by the agency will be further developed in order to provide a stronger performance measurement framework.

Overall Agency Performance

Canada's Performance

The Public Health Agency of Canada's strategic outcome "A healthier population by promoting health and preventing illness" is aligned with Canada's Performance 2005 under several themes:

- The Agency's focus on health promotion and on minimizing the extent and impact of infectious and chronic diseases, injuries and emergencies contributes to the outcome "Healthy Canadians," which supports the Government of Canada's outcome "Healthy Canadians with access to quality health care" under the theme "Canada's Social Foundations."
- The Agency's activities to promote healthy living, to minimize the extent and impact of infectious and chronic diseases, and to strengthen Canada's public health system contribute to the high quality of life in Canada. Together with the Agency's collaboration with foreign and multilateral organizations and public health officials, and especially its support of other countries' efforts related to its key program areas, these activities support the outcome "Global poverty reduction through sustainable development" under the theme "Canada's Place in the World". Under the same theme, the Agency also supports the outcomes "A strong and mutually beneficial North American partnership" and "A safe and secure world," primarily within the key program area of Emergency Preparedness and Response, by activities including those falling within the Government's Smart Border Initiative and National Security Policy.

In its first year of operation, the Agency delivered on its two key priorities (to contribute towards the development of a seamless and comprehensive public health system, and to enhance the federal government's capacity in public health), as

identified in the 2004-2005 Health Canada Report on Plans and Priorities. In addition to developing public health goals, the Agency established the pan-Canadian Public Health Strategy and the pan-Canadian Public Health Network, and augmented its capacity for information sharing, surveillance of diseases and emergency response. A Healthy Living Task group, comprised of representatives from the Agency and the provinces and territories led the development of the pan-Canadian Healthy Living Strategy. Intersectoral working groups provided a vehicle for input from other governments, other federal departments and other stakeholders (including non-

The Public Health Agency of Canada's Role in Aboriginal Health

In her cross-country series of roundtable discussions surrounding the development of the Public Health Agency of Canada, the Minister of State (Public Health) emphasized that the Agency would have a role in Aboriginal public health issues. All work on Aboriginal people's issues is done in consultation with the Agency's partners in the First Nations and Inuit Health Branch (FNIHB) of Health Canada, which has responsibility for on-reserve populations and Inuit peoples, while the Agency offers programs that target Aboriginal populations living off-reserve and in urban settings. Its Aboriginal Head Start in Urban and Northern Communities program is designed specifically for Aboriginal people other programs, such as the Community Action Program for Children and the Canada Prenatal Nutrition Program, have large numbers of Aboriginal participants. As part of the development of the Pan-Canadian Healthy Living Strategy, a dialogue was held with national Aboriginal organizations. In addition the National Collaborating Centre for Aboriginal Health will bring forward best practices and help move new knowledge into public health policy and practice as they relate specifically to Aboriginal health.

- **Aboriginal Head Start (AHS)**, in both its Urban and Northern Communities (off-reserve) components, is an early intervention strategy for First Nations, Inuit and Métis children and their families living in urban centres and large northern communities.
- **Initiatives to prevent HIV/AIDS among Aboriginal populations** during 2004–05 included the provision of funding to the Battlefords Family Health Centre in North Battleford, Saskatchewan, which sought to increase knowledge of HIV/AIDS, hepatitis C and other sexually transmitted infections among at-risk Aboriginal youth. In addition, 25 other projects were funded under the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund (see http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/community/fund_04_06.html).
- The independent **National Collaborating Centre for Aboriginal Health** will develop priorities for research and knowledge translation in consultation with the Aboriginal community, researchers, practitioners and other levels of government. Priorities are to take into account the health status of Aboriginal people in urban settings as well as those who live in rural and remote communities. This initiative is being delivered through a grant to the University of Northern British Columbia in Prince George.

governmental organizations and some private sector agencies), and assisted the Agency in the development of a policy framework for the Budget 2005 announcement of funding for the Integrated Strategy on Healthy Living and Chronic Disease. These initiatives will continue to build strong partnerships with provincial and territorial governments, other federal departments and other stakeholders, strengthened federal and national capacity in public health, and enabled the Agency to demonstrate effective leadership in meeting public health challenges.

Priority 1: Contribute towards the development of a seamless and comprehensive public health system

The Agency worked with provinces and territories to set in place the initial components of the pan-Canadian Public Health Strategy that will move toward the new public health goals being developed through the federal/provincial/territorial (F/P/T) public consultative process. The Agency took a leadership role in establishing the new pan-Canadian Public Health Network that will significantly enhance data sharing and collaboration between F/P/T partners.

New funding programs have been put in place to counter infectious and chronic disease and to improve emergency preparedness. Concrete steps have been taken to strengthen information sharing and laboratory capacity dealing with infectious disease, to enhance access to advanced technologies, and to foster collaborative research. Significant progress has been made in integrating surveillance networks, expanding both geographical coverage and content. Activities are underway, in partnership with provinces and territories, academia, and other health and professional organizations, to address public health human resource planning issues, and the Agency has augmented its epidemiology training programs.

The Agency, which has the federal lead for HIV/AIDS, worked with its federal partners to implement the new Federal Initiative to Address HIV/AIDS in Canada.

Besides the Agency's work on infectious disease during 2004–05, a major initiative to promote healthy living and prevent chronic diseases was announced. The Integrated Strategy on Healthy Living and Chronic Disease was announced in Budget 2005. It provides a framework for health promotion, with an initial focus on healthy eating, physical activity and healthy weight as well as complementary disease-specific prevention and control efforts related to major chronic diseases such as diabetes, cancer and cardiovascular disease. Its implementation will be informed by lessons learned from the Canadian Diabetes Strategy (non-Aboriginal components), which Budget 2005 renewed and enhanced with the Integrated Strategy.

While the Agency filled gaps in infectious and chronic disease programs, it also augmented emergency preparedness and response. During 2004–05, it

- Launched the Canadian Global Public Health Intelligence Network II, providing 24-hour global monitoring and surveillance for potential global health threats;
- Has been laying the foundations, through its regional offices, for Regional All-Hazards Emergency Plans and Policies, working in coordination with provincial and territorial partners; and
- Provided emergency supplies, equipment and medicines to survivors of the December 2004 tsunami, thus playing a significant role in Canada's response to that disaster.

Priority 2: Enhance the federal government's capacity in public health

The creation of the Public Health Agency of Canada and the appointment of Canada's first Chief Public Health Officer may be considered the key achievements of 2004–05 in terms of the federal capacity in public health. However, the Agency also swiftly moved to increase capacity, particularly with regard to information generation and sharing, healthy living and chronic disease, and emergency response.

The creation of federal systems to support pan-Canadian networks for the collection and use of infectious disease information were important priorities in 2004-05. The Canadian Network for Public Health Intelligence (CNPHI) is a three-year project funded by the Chemical, Biological, Radiological and Nuclear (CBRN) Research and Technology and Initiative (CTRI) through Defense Research and Development Canada, to create a robust information technology backbone to strengthen the public health system. It was in its second year of development, and began supporting the Canadian Public Health Laboratory Network during 2004-05. An adequate technological base is making possible effective communication among those researching infectious diseases, bioterrorism and other health emergencies. Now used by 99 percent of health units across Canada, the Canadian Integrated Outbreak Surveillance Centre (CIOSC), which is a part of CNPHI, also played an integral role in information sharing. In combination, the Integrated Public Health Information System and the Canadian Integrated Outbreak Surveillance Centre have improved the federal government's capacity for diagnostic research, surveillance, and information sharing. This in turn allows for timely outbreak detection and response to outbreaks of emerging and re-emerging infectious diseases.

A major goal underlying the creation of the Agency was to ensure that the federal government would be able to deal effectively with public health emergencies. Key achievements for 2004–05 in this respect include:

- Re-establishment of front-line quarantine services at Canada's eight major international airports; and
- A strategic review of the National Emergency Stockpile System (NESS), to ensure readiness to respond to all types of emergency hazards.

Organizing for Results

During 2004–05, the Public Health Agency of Canada's programming fell into four broad categories:

- Emergency Preparedness and Response;
- Health Promotion and Chronic Disease Prevention and Control;
- Infectious Disease Prevention and Control; and
- Public Health Tools and Practice.

The Agency's programming is supported by community grant and contribution programs, the largest of which are the Community Action Program for Children (CAPC), the Canada Prenatal Nutrition Program (CPNP), Aboriginal Head Start (AHS), AIDS – COMMUNITY ACTION, the Population Health Program, the hepatitis C support program and the Canadian Diabetes Strategy (CDS).

While the Agency's policy development, research and information management activities are largely carried out in the Agency's headquarters offices in Winnipeg and the National Capital Region, many of its programs are delivered from both headquarters and regional offices. To achieve the Agency's mandate, its regional staff collaborated with the provinces, municipalities, for-profit and non-profit organizations and delivered funding to community-based organizations.

The following sections provide more detailed information, including actual and planned spending for key programs and services relating to the Agency's four broad categories of programming.

Emergency Preparedness and Response

The public's health can be threatened by emergencies resulting from events such as natural disasters, major releases of pollutants and outbreaks of infectious diseases. The Agency played a role in 2004–05 in assuring adequate preparation for such events. In December 2004, the World Health Organization (WHO) conducted an assessment of Canada's national health emergency preparedness programs. It found the Canadian system to respond to events with public health consequences to be, in general, complex, well integrated and capable of responding to such events.

Because emergency response must be a collaborative effort, the Agency worked and continues to work closely with governmental partners, such as other federal departments, provinces and territories, as well as non-governmental partners to develop emergency response plans, the key tool for adequate preparation. For example, the Agency supported training for emergency preparedness by providing the services of professionals skilled in course design, adult education and course delivery. These professionals participated in developing the training courses necessary to enable Canada's health sector to respond effectively to emergency situations.

New Emergency Operations Centre – Winnipeg

A new Emergency Operations Centre opened at headquarters in Winnipeg in the spring of 2005. The Agency's two emergency response centres, in Winnipeg and in Ottawa, will serve to coordinate the Agency's response to public health emergencies. They can be linked, in real time, to other centres and agencies including those of the World Health Organization and the Pan American Health Organization.

The Agency also provided accurate and timely information to both Canadians and World Health Organization officials on national and global public health events. It played a coordinating role for public health security both domestically and internationally, and provided essential emergency planning and infectious disease resources to front-line public health workers across Canada. It provided up-to-date information on international disease outbreaks, immunization recommendations for international travel, general health advice for international travellers and treatment and prevention guidelines for specific diseases. In addition, the Agency provided expert advice and information to all levels of government in Canada, and collaborated with international agencies to share intelligence and other information and to mitigate chemical, biological and radiological/nuclear threats.

Public Health and National Security

In recognition of the close relationship between public health and national security, Canada's first National Security Policy, published in April 2004, included measures to fill priority gaps in public health emergency readiness and reaffirmed the action taken to modernize the public health emergencies system. At the international level, Canadian public health officials worked closely with their United States counterparts on biosecurity aspects of the Smart Border Declaration and Smart Border Action Plan. The Agency was also a participant in the Global Health Security Action Group, which works to strengthen the international public health response to the threat of international biological, chemical and radiological/nuclear terrorism.

But public health crises do not come only in the form of emergencies – public health is also threatened by disease. The outbreak of any infectious disease could result in significant socio-economic difficulties throughout Canada. The Agency is working to ensure Canada's preparedness in the event of a pandemic influenza outbreak by working with provinces and territories to update the Canadian Pandemic Influenza

Plan. Specifically, the Government of Canada made an investment of $24 million (9.6 million doses) towards the creation of a national stockpile of 16 million doses of antivirals.

Total Financial Resources – Emergency Preparedness and Response

Key Program Area	Authorities ($ millions)	Actual ($ millions)
Emergency Preparedness Capacity	19.1	7.2
Emergency Response Capacity	30.7	32.6
Total	49.8	49.8

The Agency inspected and licensed high-risk level 3 and 4 biocontainment facilities, and issued permits for the importation of human pathogens. It applied its national expertise on biosafety-related issues to the development and application of the national biosafety policies and guidelines. The Agency played a leading role in the development of national plans for responses to suspicious packages and other situations that may involve pathogens including potential threats of bioterrorism. It also provided access to its extensive resources on biosafety, including training courses, videos, up-to-date bibliographic references and quick references in the form of safety data sheets.

Regional Emergency Preparedness

Collectively with the Agency's other regional offices and Centre for Emergency Preparedness and Response (CEPR) in Ottawa, the British Columbia-Yukon Regional Office continued to develop and revise emergency management plans, capacity and infrastructure. This was done in order to create sufficient consistency among plans, to ensure that there are elements of interoperability across regional plans and to support optimum use of relatively scarce human resources. The regional coordinators of emergency preparedness and response routinely work as a group with the CEPR and other federal and provincial partners to address a broad range of strategic and tactical issues related to emergency management.

When emergencies occurred, the Agency provided emergency health and social services. This involved assessing and restoring stockpiles of emergency supplies as well as distributing medical and pharmaceutical supplies to provincial/territorial governments at their request. Supplies were provided, for example, in response to the South Asian tsunami in January 2005; the avian influenza outbreak in British Columbia, when Tamiflu was issued to the Canadian Food Inspection Agency for

federal workers involved in the farm cleanup; an Ottawa apartment fire in September 2004; and a request by the Ministry of Social Services of Ontario for supplies to be sent to the Public Works and Government Services Canada yard in Fort Erie, Ontario, in preparation of the set-up of Reception Centre Kits for the Fort Erie Reception Centre for asylum seekers, in December 2004.

An emergency preparedness forum of provincial and territorial emergency health and social services officials and Chief Medical Officers of Health was coordinated through the Agency, in order to discuss the scope of federal/provincial/territorial emergency preparedness health planning, training and arrangements. Expertise and services provided by the Agency included business planning, strategic policy advice, performance measurement and legislative support.

While responding to health emergencies is a crucial public health function, preventing health problems is as well.

Health Promotion and Chronic Disease Prevention and Control

Total Financial Resources – Health Promotion and Chronic Disease Prevention and Control

Key Program Area	Authorities ($ millions)	Actual ($ millions)
Health Promotion/Integrated Healthy Living Strategy	177.3	179.6
Strategies for Specific Chronic Diseases	33.1	27.7
Total	210.4	207.3

In order to contribute to the health of Canada's population, the Agency promoted healthy human development, developed partnerships and introduced integrated strategies for promoting health and preventing chronic diseases. During 2004–05, the Agency helped Canadians in this endeavour through the delivery or funding of a range of programs using integrated healthy living strategies and prevention strategies for specific chronic diseases.

The Agency developed policy, carried out research and delivered programs related to childhood and adolescence during 2004–05. These included programs to support early childhood development such as the Canada Prenatal Nutrition Program, the Community Action Program for Children (CAPC) and Aboriginal Head Start, as well as smaller support programs to individual communities and groups. It also maintained partnerships and networks with a wide range of domestic and international organizations, other federal departments and provincial/territorial governments to address issues pertaining to the life stages of childhood and adolescence.

Canada Prenatal Nutrition Program (CPNP) – Edmonton

The "Health for Two" program is a unique partnership that involves over 30 community agencies. Community partners and public health centres provide convenient access to over 50 Edmonton area sites, and deliver services in "safe" community environments to clients, specifically women exposed to social and economic risk factors. Partner agencies integrate prenatal information, support and distribution of nutrition supplements into their ongoing programs. The "Health for Two" program reaches over 1000 women at any one time and over 24,000 women annually.

The Agency likewise served as a centre of expertise related to adults, healthy aging and seniors. It delivered enhanced physical activity programs for adults and healthy and active aging information for seniors. It also participated in updating *Canada's Combined Food Guide to Physical Activity and Healthy Eating*.

Working with its partners and stakeholders, the Agency developed policy frameworks and national action plans that allowed for coordinated efforts on health promotion-related issues such as improving the health of citizens in rural and isolated areas of Canada and disseminating information to the public and to health professionals. It provided information directly to professionals and the public during 2004–05 through the Canadian Health Network, which it manages. This national, internet-based, bilingual information portal provided easy access to trustworthy, timely and relevant information on maintaining good health and preventing disease.

Nunavik Mentoring Project

Directors of childcare centres funded by Aboriginal Head Start (AHS) in Kuujjuaq (Tumiapiit and Iqitauvik centres) and Ouaqtaq, which provide 160 and 30 day-care spaces respectively for Inuit children, have been able to benefit from a mentoring program. In this learning and professional development project, two directors of childcare centres from the greater Montréal region spent a month in the northern Québec communities, following the local directors as they carried out their daily tasks. Later, the directors of the Kuujjuaq and Ouaqtaq centres made a working visit to southern childcare centres to increase their understanding of practices used in the Montréal region. Another centre, in Kuujjuaraapik, will benefit from this mentoring experience in the fall of 2005, completing the initial program which was highly appreciated and considered beneficial by both the Nunavik region childcare centre directors and their mentors.

Besides this work with professional organizations, the Agency strengthened its relationship with the voluntary sector through the Voluntary Sector Initiative, with the goal of increasing that sector's capacity to deliver public health programs and to contribute to public health policy development.

Integrated approaches are at the forefront of health promotion and disease prevention and control both in Canada and internationally. Scientific evidence demonstrates that healthy eating and physical activity protect people against many chronic diseases, including cancer, heart disease and stroke as well as diabetes. These approaches offer opportunities for greater effectiveness by bringing health promotion and disease prevention efforts together. Given that major chronic diseases share common risk factors such as unhealthy diet and physical inactivity, concerted effort across jurisdictions and across sectors, to respond to a combination of risk factors and diseases, can achieve greater impacts. Integration does not rule out employing specific approaches to address challenges particular to individual diseases. In fact, integrated approaches mandate a balance between integrated and disease-specific efforts.

Expert reviews of the Canadian public health system following the SARS crisis recommended investments and a coherent national strategy for chronic disease prevention as part of a necessary growth in public health capacity. All First Ministers endorsed this approach in the September 2004 health accord, stating that the pan-Canadian Public Health Strategy "will include efforts to address common risk factors, such as physical inactivity, and integrated disease strategies."

Over this reporting year, the Agency responded to these calls for federal leadership in the establishment of a public health response to chronic disease by developing a policy framework for an Integrated Strategy on Healthy Living and Chronic Disease. This initiative, announced in Budget 2005, builds on the initial investments in the Public Health Agency made in 2004–05. The Budget proposes an investment of $300 million over five years for the Integrated Strategy. It includes a series of activities that will promote healthy eating and encourage physical activity and healthy weight factors that can help to prevent and control chronic diseases. This would allow a series of complementary, disease-specific activities in the areas of diabetes, cancer and cardiovascular disease. The Integrated Strategy includes a renewal of the Canadian Diabetes Strategy (non-Aboriginal components), with annual funding for the latter enhanced to $18 million from $15 million.

The pan-Canadian Healthy Living Strategy is another key component of the Integrated Strategy. In 2004–05, in partnership with its provincial and territorial partners, the Agency carried out developmental work toward a long-term integrated pan-Canadian Healthy Living Strategy that would include policy and programming initiatives on healthy eating and physical activity and their relationship to healthy weights. This developmental work also focussed on mental

health promotion. The Healthy Living Strategy will function in an inter-sectoral manner, engaging provincial and territorial governments, other federal departments and non-governmental organizations.

While developing the Integrated Strategy on Healthy Living and Chronic Disease, during 2004–05 the Agency continued to deliver existing programs on specific chronic diseases, including the Canadian Diabetes Strategy (non-Aboriginal components) and the Canadian Breast Cancer Initiative.

Funding for several regional projects under the Canadian Diabetes Strategy (CDS) was extended as part of a one-year extension of the CDS prior to its incorporation into the Integrated Strategy on Healthy Living and Chronic Disease. An evaluation of the CDS validated the direction taken in developing the Integrated Strategy. This evaluation will be made available in 2005–06.

A National Strategy for Comprehensive Workplace Health Promotion: Health Works

Funding was provided, through the Canadian Diabetes Strategy, to the Heart and Stroke Foundation of Nova Scotia to develop workplace health promotion models for the prevention of chronic diseases, including type 2 diabetes. Research demonstrates that workplace health promotion can improve employee health, enhance employee relations, raise morale and productivity and reduce health care costs and absenteeism. Outcomes of this project included refined models for comprehensive workplace health promotion and identification of required support; increased knowledge, skills and abilities within organizations which are critical to dissemination and sustainability; and tools to support comprehensive workplace health promotion and evaluation.

Nine multi-year grant and contribution projects were approved in 2004–05 under the Community Capacity Building Fund component of the Canadian Breast Cancer Initiative. The nine projects show stronger links to and integration with cancer strategies whose scope extends beyond breast cancer, and touch on determinants of health outside personal and systemic health care.

The Agency worked with stakeholders and partners to develop disease-specific policy frameworks for the prevention and control of the leading chronic diseases in Canada. It supported the development of pan-Canadian policies on diabetes and cancer, explored improved surveillance capacity, supported identification and dissemination of best practices in prevention, and raised awareness of the need for approaches to chronic disease prevention and control through a range of projects and activities.

It also continued its work towards an integrated and intelligent approach to chronic disease surveillance, undertaking a number of key activities related to the enhancement of surveillance of cardiovascular disease, arthritis and other musculoskeletal diseases, mental health/illness and cancer (staging). Several workshops were organized to support current forays in these areas. National and international experts were invited to provide valuable input regarding the feasibility of creating new initiatives and expanding on current initiatives. In addition, an internet-based application to assist in national childhood cancer data collection was launched; this will facilitate remote data submission by paediatric oncology centres across the country.

In addition, working with other federal government agencies, provinces and territories, national health professional associations and other non-governmental organizations, university-based researchers and international experts, the Agency monitored and reported on the determinants of health and the health outcomes of foetuses and babies around the time of birth (during the perinatal period), and injury and child maltreatment.

Work with national and international experts also took place on best practice guidelines for breast cancer; economic modelling, including of cost-effectiveness of preventing type 2 diabetes among high-risk groups; and estimation of the prevalence of pre-diabetes in Canada. In addition, an inventory of best practice interventions for chronic disease prevention and control was conducted that will serve as a starting point for the establishment of a searchable database of best practice interventions.

As a complement to its work within Canada, the Agency was active in fulfilling Canada's role as an international partner in the global prevention and control of chronic disease. It worked with national and international partners and stakeholders, including the World Health Organization (WHO) and the Chronic Disease Prevention Alliance of Canada (CDPAC), on national and international action planning on chronic disease prevention and control. As the only collaborating centre on non-communicable disease policy in the Americas and Europe, the Agency's WHO Collaborating Centre (WHOCC) supported the WHO Network of Countries (CARMEN and CINDI programs) in all aspects of chronic disease policy development, from analysis to implementation and development of an evidence-based framework. In this regard, a demonstration site on the integrated approach to chronic disease prevention and control, which contributes to the international model, has been established in Alberta.

Over the last year, the WHOCC led the establishment and technical development of a Non-Communicable Disease Policy Observatory in the Americas, jointly working with the Pan American Health Organization. Several countries have begun conducting case studies on policy formulation processes in the area of nutrition

policy, and the WHOCC has played an integral role in the development and signing of a Framework for Cooperation on Chronic Diseases between the WHO and Canada. The Public Health Agency of Canada also manages WHO Collaborating Centre on Surveillance of Cardiovascular Diseases in Developing Countries.

First National Conference on Integrated Chronic Disease Prevention

In November 2004, the Agency organized, in partnership with the Chronic Disease Prevention Alliance of Canada, the first national conference on integrated chronic disease prevention in Ottawa, under the theme "Getting It Together," the conference was a national call for action to mobilize and to build on vital knowledge across sectors, to strengthen key relationships among disciplines and to create the future of an integrated system for chronic disease prevention and control in Canada.

Canada also hosted the fourth meeting of the WHO Global Forum on Chronic Disease in November 2004, which resulted in a renewed commitment to support policy activities among countries and within WHO regions. The WHOCC provided secretariat support for this meeting.

In summary, during 2004–05, the health promotion and chronic disease prevention and control program addressed populations, high-risk groups and specific diseases through health promotion and disease prevention, using integrated strategies and disease-specific strategies.

Infectious Disease Prevention and Control

Total Financial Resources – Infectious Disease Prevention and Control

Key Program Area	Authorities ($ millions)	Actual ($ millions)
HIV/AIDS	31.0	32.5
Pandemic Influenza Preparedness	4.7	4.7
Immunization and Respiratory Disease	6.7	6.5
Health Care-/Hospital-Acquired Infections	6.6	6.8
Animal-to-Human Diseases	30.1	29.7
Other	89.1	82.4
Total	168.2	162.6

Emergency preparedness and response, health promotion and chronic diseases are not the only concerns of public health. The increased speed and volume of global travel and trade place Canadians within 24 hours' transport of almost any other location in the world – a shorter time frame than the incubation period of many communicable diseases. The emergence of a new infectious disease anywhere in the world can have a dramatic impact on Canada and on Canadians abroad. Therefore, the Agency is involved in many activities aimed at reducing and preventing the spread of infectious diseases.

In its leadership capacity, the Agency collaborated in investigations of disease outbreaks in Canada and, when requested, abroad. The National Microbiology Laboratory, for example, played an instrumental role in containing and controlling an outbreak of Marburg virus in Angola. Several two-person teams and a portable laboratory began work in Angola in late 2004 to enhance the capabilities of field diagnostic tests and work to expedite the identification of cases in the affected region.

The Agency continued to provide Canada with a national capacity to detect a range of infectious diseases, and conducted, supported and coordinated applied public health research on infectious disease threats to Canadians, for example respiratory disease. It also facilitated and coordinated risk analysis and risk management activities with international, federal, provincial and local partner organizations. The areas of concern include waterborne and foodborne diseases, diseases of animal origin (zoonotic), vaccine preventable diseases, bloodborne pathogens, sexually transmitted infections and health care-acquired infections.

The Agency provided expert microbiological reference testing, surveillance and outbreak investigation to the public health networks both in Canada and abroad, through its Level 4 National Microbiology Laboratory in Winnipeg. In addition, the Laboratory for Foodborne Zoonoses in Guelph provided policy makers and other stakeholders with scientific information and advice on minimizing the risk of human illnesses arising from contact between humans, animals and the environment, with special emphasis on infections due to enteric (gastro-intestinal) pathogens. For example, in 2004–05, Agency scientists were involved in work in the tsunami area for many weeks, in Vietnam on avian influenza, in Hong Kong doing environmental sampling for the SARS coronavirus, and in Mexico on enteric pathogens.

Avian Influenza

The outbreak of avian influenza H7N3 in the Fraser Valley region of British Columbia damaged the local poultry industry, leading to the culling of nearly 20 million birds. Staff from the Agency's British Columbia-Yukon Regional Office, in collaboration with headquarters experts in infectious disease prevention and control, were actively engaged with partners from Health Canada, the Canadian Food Inspection Agency, Public Safety and Emergency Preparedness Canada, the provincial Ministry of Health, the Fraser Health Authority and many others in a sustained response to this serious outbreak. For the duration of the response effort, the regional office partially activated its emergency management plan to help focus resources and activities on the outbreak. Coordination of the regional response activities within the health portfolio and provision of central experts for public risk communication were central to the maintenance of public calm during the response period.

The Agency also took action to prevent infectious diseases. With regard to bloodborne diseases, bloodborne pathogen infections and sexually transmitted diseases, it designed, developed and implemented programs that will help prevent hepatitis C infection, supported people infected with or affected by this bloodborne disease and increased public awareness about hepatitis C. The Agency also provided national leadership in the development and promotion of a national management/policy structure to reduce the risk of bloodborne pathogen infections, transfusion-transmitted injuries and infections resulting from the transplantation of cells, tissues and organs.

The Agency worked with provinces, non-governmental organizations and health care providers to improve and maintain the sexual health of the Canadian population by preventing and controlling sexually transmitted diseases and their complications, which include infertility and cancer. It coordinated, implemented and monitored the Canadian Strategy on HIV/AIDS and helped move the Strategy towards a nationally shared vision through improved collaboration among all levels of government, communities, non-governmental organizations, professional groups, researchers, institutions and the private sector. This led to the creation of the Federal Initiative to Address HIV/AIDS in Canada, announced in January 2005.

AIDS Community Action Program (ACAP)

Funded by the AIDS Community Action Program (ACAP) with the financial support of the Hepatitis C Program and Health Canada's First Nations and Inuit Health Branch, this First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) project is intended to improve accessibility and services for Aboriginals at high risk of contracting HIV/AIDS and hepatitis C. The project is divided into two components: creating a network linking on- and off-reserve Aboriginal organizations and community organizations working in HIV/AIDS and hepatitis C; and developing and validating a guide and workshops entitled HIV/AIDS and Hepatitis C Among Natives, An Adapted Training, for use by Aboriginal stakeholders, and a guide and workshops entitled Adapting Our Interventions to Native Reality, for use by non-Aboriginal stakeholders.

This project has been so successful that it has been extended for a third year in order to consolidate the network developed over the first two years and to respond to the high demand for the workshops. Extension of the project will allow the adaptation of the workshop tools and contents for delivery in federal correctional institutions, in partnership with Correctional Service Canada. It will also permit the completion of a guide to the specific cultural traits of Quebec's eleven Aboriginal nations, to better equip non-Aboriginal stakeholders who work with Aboriginal clients. The Adapting Our Interventions to Native Reality component has proved to be particularly interesting, because in addition to its original purpose it could be applied to any issue linking the Aboriginal and non-Aboriginal communities.

In addition to its activities addressing specific diseases, the Agency focussed on risks incurred by the population while undergoing health care. For example, it played a role in ongoing surveillance for emerging pathogens in high-risk individuals. A surveillance system was established with the Canadian Blood and Bone Marrow Transplant Group in hopes of reducing the incidence rates for West Nile virus in patients undergoing bone marrow transplants. The objective of this activity is to ensure that no new cases are found in recipients.

Preparing to Deal With Cross-Border Infectious Disease Outbreaks

In partnership with the Province of British Columbia and the State of Washington, the Agency's British Columbia-Yukon Regional Office co-sponsored a seminar on a range of emergency management issues that would arise from an infectious disease outbreak crossing the borders of jurisdictions in the Pacific Northwest. Envisioned as part of an intended series of regional events, the seminar supported the development of inter-jurisdictional relationships among officials occupying similar functions, and enhanced the participants' understanding of the capacities and capabilities of their counterparts, within a longer-term objective of raising vital regional issues to the national level. Ultimately, the goal is to create a national, provincial and state-supported framework that will facilitate the provision of aid across jurisdictional boundaries during public health-related emergencies.

Public Health Tools and Practice

Total Financial Resources – Public Health Tools and Practice

Key Program Area	Authorities ($ millions)	Actual ($ millions)
Public Health Tools and Application Development	9.4	7.0
Building Public Health Human Resource Capacity	5.2	5.6
Total	14.6	12.6

The variance between authorities and actual spending were mainly caused by work that was not completed before the end of the fiscal year in Canadian Integrated Public Health Surveillance ($1.5 million) and Skills Enhancement for Public Health ($0.4 million).

The programs and approaches described above in this report were primarily concerned with the content of public health programs. The federal government has also recognized that to improve the effectiveness of public health practice in Canada, it must strengthen the core elements of the country's public health infrastructure.

As part of the process of creating the new Public Health Agency of Canada, the new organization built and strengthened its internal capacity to assume a leadership position and to take an active role in ensuring that public health legislation is relevant, responsive, effective, accessible and equitable across jurisdictions. To this end, for example, the *Quarantine Act* was updated. At the same time, the Agency worked to harmonize public health legislative and regulatory frameworks across

jurisdictions and to develop policies and guidelines for managing health information relevant to key aspects of infectious disease reporting and management. Among other examples, the Agency led the development, of common definitions in support of the Canadian Public Health Laboratory Network and the Canadian Integrated Outbreak Surveillance Centre.

The Agency also fostered community practices by bringing together key stakeholders on issues related to public health infostructure. In conjunction with stakeholders and partners, it worked to develop pan-Canadian strategies on chronic diseases, chronic disease risk factors, and injuries. It supported the creation of six National Collaborating Centres for Public Health to improve knowledge translation and the availability of public health human resources, and supported the development of more robust regional and national public health emergency response capacities.

In addition, the Agency provided access to data and information necessary for evidence-based decision making. It developed managing data policies to ensure that the data are used in a consistent fashion and in accordance with privacy and disclosure standards.

Manitoba/Saskatchewan – Comprehensive Evaluation

A Manitoba/Saskatchewan Regional initiative was undertaken to streamline the administration of financial and evaluation reporting for early childhood development groups having multiple sources of funding.

With respect to professional development, the Agency provided an internet-based training service for health professionals in local public health departments and regional health authorities across Canada, to increase their skills in the areas of epidemiology, surveillance and information management. This service enabled professionals to use and understand information by using very specific skills. It involved development, administration, and management of online learning modules. The Agency also developed partnerships with the public health community.

Other Programs and Services

Total Financial Resources – Other Programs and Services

Financial Resources	
Authorities ($ millions)	Actual ($ millions)
162.2	154.4

Other Programs and Services include $100 million for the Canada Health Infoway Inc.

Organizing for Results Summary:

Through the programming areas discussed above, the Public Health Agency of Canada delivered an effective public health program. As the new Agency continues to expand the federal government's capacity in public health, to enhance emergency preparedness and response capability, to promote healthy living, to address chronic and infectious diseases and to contribute towards the development of a seamless and comprehensive public health system, it works to create an even better public health system in Canada and to contribute to an improved international public health environment.

Total Financial Resources – Public Health Agency of Canada

Key Program Area	Authorities ($ millions)	Actual ($ millions)
Emergency Preparedness and Response	49.8	49.8
Health Promotion and Chronic Disease Prevention and Control	210.4	207.3
Infectious Disease Prevention and Control	168.2	162.6
Public Health Tools and Practices	14.6	12.6
Other Agency Programs and Services	162.2	154.4
Total	605.2	586.7

Section II – Analysis of Performance by Strategic Outcome

Strategic Outcome: A healthier population by promoting health and preventing illness		
Objective: Promote health and prevent and control injury and disease		
Total Financial Resources ($ millions)		
Planned	**Authorities**	**Actual**
N/A	605.2	586.7
Total Human Resources (full-time equivalents)		
Planned	**Actual**	**Difference**
1,671	1,666	5

Expected Results:

Intermediate Outcomes

- Informed choices and adoption of safe, healthy and sustainable health practices.
- Strengthened public health policies and actions within the health system.
- Development of an evidence base to shape population and public health policy and practice.
- Improved access to health and social services for target populations.
- Enhanced involvement, participation and partnership of individuals and stakeholders in health promotion and protection policy and program development.
- Development of a comprehensive, integrated and sustainable health promotion system.
- Enhanced protection during emergencies.

Immediate Outcomes

- Increased public awareness of key public health issues.
- Enhanced public health research capacity, information sharing, and uptake of evidence among key partners and stakeholders.
- Strengthened national and international networks and coordination.
- Increased awareness and use of reliable promotion of population health evidence.
- Increased awareness of information, community and health system supports.
- Implementation of strategies and policies to support public health.
- Improved community capacity
- A better national health emergency management system.

Priorities and Commitments for 2004–05

Priority 1: Contribute Towards the Development of a Seamless and Comprehensive Public Health System

Commitments

- Develop a Pan-Canadian Public Health System
- Develop Integrated Strategies for Communicable and Non-Communicable Diseases
- Foster Increased Collaboration in Public Health

Priority 2: Enhance the Federal Government's Capacity in Public Health

Commitments

- Establish the New Public Health Agency of Canada
- Enhance Federal Capacities in Its Laboratories, Health Surveillance and Emergency Response

Note: In the performance analysis that follows, references to Health Canada in specific commitments and undertakings have been replaced by references to the Agency, where appropriate.

Program, Resources, and Results Linkages

The following Program Structure is based on the Program Activity Architecture (PAA) of Health Canada's former Population and Public Health Branch, which now forms the new Public Health Agency of Canada. It reflects the Program Sub-Activities of the agency and is provided here for information purposes. The PAA will be revised in order to improve its alignment to the agency's objectives.

Programs	Results Linkages
Emergency Preparedness and Response	The Agency works closely with partners in Health Canada, other federal departments, and the provinces and territories to identify and implement emergency preparedness planning priorities and to develop public health emergency response plans.
Health Promotion and Chronic Disease Prevention and Control (HHD & CDPC)	The Agency works closely with health portfolio departments and agencies, provincial/territorial governments, voluntary organizations and private sector partners to identify emerging areas of concern, develop pan-Canadian action plans for health promotion, disseminate information to the public and health professionals, integrate multiple and diverse interests and perspectives, and furnish a critical link between citizens and government policy and decision-makers. (This combines the previous Health Canada programs of *Healthy Human Development and Chronic Disease Prevention and Control).*
Infectious Disease Prevention and Control	The Agency provides an enhanced pan-Canadian capacity to conduct policy development, surveillance, investigation, research and program response to food- and water-borne diseases, sexually-transmitted infections, hepatitis C and HIV/AIDS, respiratory infections such as tuberculosis, vaccine-preventable diseases and bloodborne pathogens.
Public Health Tools and Practice (Surveillance Coordination)	The Agency contributes towards the development and implementation of a public health surveillance system and enhancement of public health capacity at the provincial and territorial levels through: the development and provision of tools and applications that support front-line health care professionals; tools and data access to support evidence-based decision making; and training to enhance public health human resource capacity. (This program was previously identified as *Surveillance Coordination* by Health Canada).

Performance Summary for Priority 1: Contribute Towards the Development of a Seamless and Comprehensive Public Health System

Canada needs a seamless and comprehensive pan-Canadian public health system that is able to identify, respond to and prevent communicable and non-communicable diseases, injuries, and public health emergencies in a timely, co-ordinated and effective manner to promote the overall good health of Canadians. The threats posed by severe acute respiratory syndrome (SARS), West Nile virus and bovine spongiform encephalopathy (BSE) pointed to the need for Canada to strengthen its public health system. The creation of the Public Health Agency of Canada, and the appointment of the Chief Public Health Officer to lead it, demonstrated the Government of Canada's commitment to meeting this challenge.

The development of a seamless and comprehensive public health system will require sustained leadership and hard work over many years, with the Agency undertaking collaborative efforts with provincial and territorial governments, other federal departments, and stakeholder groups. Work will be required to develop and strengthen collaborative policies and working frameworks, to develop and elaborate integrated strategies for dealing with infectious and non-infectious diseases, to manage public health human resource requirements, and to prepare and deliver effective health promotion strategies and programs.

During 2004–05, the Agency worked with the provinces and territories to set in place the initial components of a new pan-Canadian Public Health Strategy. It provided input and support to the Federal/Provincial/Territorial Special Task Force on Public Health, which recommended the creation of a Public Health Network. The Agency also provided policy and communication support for the creation of the Network. It continues to provide full support to the Network's secretariat and is ensuring communication among all Network components in order to facilitate federal/provincial/territorial collaboration on public health issues.

In 2004–05, the Agency delivered on one of its key commitments by supporting and facilitating the creation of six new National Collaborating Centres for Public Health. To this end, the Agency provided both start-up money and facilitation for the development of key structures and activities needed to evolve the program in its initial year. These Centres, whose purpose is to increase collaboration and to facilitate the translation of knowledge into practical public health tools and methodologies, will contribute an important component of the pan-Canadian Public Health Strategy.

National consultations were undertaken to develop a pan-Canadian agreement on mutual assistance to facilitate the timely transfer of equipment, personnel and other resources across jurisdictions during health emergencies.

A policy framework for an Integrated Strategy on Healthy Living and Chronic Disease was developed, and funding for its activities was announced in Budget 2005. A planned allocation of $300 million over five years for the Integrated Strategy, will include a series of activities to promote healthy eating and encourage physical activity and healthy weight – which can help to prevent and control chronic diseases – as well as a series of complementary, disease-specific activities in the areas of diabetes, cancer and cardiovascular disease.

As part of the Integrated Strategy, funding was provided for a comprehensive multiple-partner pan-Canadian Healthy Living Strategy whose first areas of emphasis are healthy eating, physical activity and their relationships to healthy weights. The Agency also provides other funding support to increase the physical activity levels of Canadians, for example through the Agency's sustainable development commitment. Funding in 2004–05 supported performance measurement, research to better understand public opinions, barriers and motivators influencing transportation decisions, and community workshops on Active Transportation.

In 2004–05, the Canadian Diabetes Strategy (CDS) was extended for one year, to March 31, 2005, to enable the Agency to continue its work with community-based projects, to raise awareness and to engage in joint disease prevention initiatives. It will now be included in the new Integrated Strategy on Healthy Living and Chronic Disease.

Mechanisms to incorporate input from youth were established through a new national youth planning committee for symposium development and a national youth network for collaborative planning on hepatitis C virus and other infectious diseases. A surveillance system called the Canadian Blood and Bone Marrow Transplant Group was established in hopes of seeing results such as a reduction in the incidence rates for West Nile virus in patients undergoing bone marrow transplantation. The objective of this activity is to ensure no new cases are found in recipients.

The Agency has the federal lead on matters relating to HIV/AIDS. The Federal Initiative to Address HIV/AIDS in Canada was launched in January 2005, continuing the work of the Canadian Strategy on HIV/AIDS while refocussing efforts on populations already infected or at risk. In 2004–05, through the AIDS Community Action Program, the Agency enhanced the capacity of 83 local community-based organizations to deliver front-line HIV/AIDS prevention programs. The Agency increased access to more effective HIV/AIDS prevention, care, treatment and support, through support for 46 projects funded under national

HIV/AIDS grants and contribution programs including the Non-Reserve First Nations, Inuit and Métis HIV/AIDS Communities Project Fund, the National HIV/AIDS Capacity Building Fund, the HIV/AIDS Information Service Initiative, the HIV/AIDS Community-Based Social Marketing Fund and the National HIV/AIDS Non-Government Organization Operational Fund.

The regional offices of the Agency continue to develop strategies to address chronic disease prevention. Innovative programs are developing best practices, enhancing collaboration and knowledge transfer.

The Agency has developed an international strategic framework, clarified roles and responsibilities, built organizational capacity and provided federal leadership in global activities, including those relating to the World Health Organization, the Pan American Health Organization and the International Union for Health Promotion and Education. A Framework for Cooperation was signed by the Agency, Health Canada, and the World Health Organization in Davos, Switzerland, on January 27, 2005, strengthening Canada's engagement in the international response to chronic disease prevention and control.

A critical component in the strengthening of the public health system involves the need for accurate, comprehensive and current information to allow sound scientific evidence-based decision making. Agreements in principle have been, and continue to be, put in place to strengthen laboratory capacity, to enhance access to advanced technologies and expertise, to permit collaborative projects and to share information on public health problems. Significant progress has been made in integrating surveillance and laboratory networks and expanding both geographical coverage and content.

Effective public health human resource planning is another critical component of the public health system. The Agency is working in collaboration with its federal partners to plan a coordinated approach with the provinces and territories, academia, professional and public health associations to address public health human resource issues. The Agency has added new modules to its on-line training program, in order to enhance the capacity of front-line public health professionals to do their jobs effectively and efficiently. The intake level for both internal and external candidates to the Canadian Field Epidemiology Program has doubled.

Together, these efforts contributed substantially to the development of a seamless and comprehensive public health system.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status	
RPP Commitments	**Status**
Develop a Pan-Canadian Public Health Strategy	
1. In 2004–05, the Agency will work with the provinces and territories to develop the initial components of a pan-Canadian public health strategy, by:	
• Clarifying roles, responsibilities and relationships regarding public health, especially with respect to emergency response;	MET (Ongoing) All levels of government, together with the private and not-for-profit sectors, are now engaged in clarifying roles and responsibilities regarding public health. This task is scheduled for completion in 2005, and is expected to build on the work of federal/provincial/territorial public consultations now underway to develop the Public Health Goals. The Ministers of Health have accepted the National Framework for Health Emergency Management, developed by the federal/provincial/territorial Network on Emergency Preparedness and Response as a guiding document for the development of an integrated and comprehensive National Health Emergency Management System. A national consultation process is underway to develop a pan-Canadian Agreement on Mutual Assistance to facilitate the timely transfer of equipment, personnel and other resources across jurisdictions during health emergencies.
• Enhancing laboratory networks;	MET (Ongoing) Agreements in Principle have been reached on three collaborative initiatives with academia and provincial laboratories. These agreements are designed to enhance laboratory capacity, and access advanced technologies and expertise, collaborative projects, and information sharing on public health problems. Progress is slower than anticipated, due to the complexity of the negotiating process.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
	The Agency developed an interim Intellectual Property Management Strategy that will facilitate future collaborative and integration efforts and help ensure optimal use of scientific research.
• Integrating surveillance networks.	MET The Agency has over 40 surveillance systems that produce annual reports, trend analysis, scientific publications and presentations. To enhance the integration of surveillance systems, the Agency is working with provincial partners to standardize epidemiological case definitions. Among other chronic disease surveillance activities, the Agency supported the work of the Advisory Committee on Population Health and Health Security's Task Group on Enhancing Capacity for Chronic Disease Risk Factor Surveillance. Surveillance: The report of the Task Group, which outlined a comprehensive approach to enhancing surveillance, was approved by the Conference of Deputy Ministers of Health. The Auditor General indicated satisfaction with progress made in filling identified gaps in the surveillance of chronic disease.
2. The Agency will develop a national, coordinated collaborative approach to public health human resource planning, addressing issues such as recruitment, retention and professional development.	MET As part of the overall pan-Canadian Public Health Strategy, the Agency worked in collaboration with federal partners to plan a coordinated approach with the provinces and territories, academia, and professional and public health associations to address public health human resource planning. This planning addressed the findings of the Joint Task Group on Public Health Human Resources, set up by the Committee of Deputy Ministers to identify gaps in the system and to make recommendations for closing them.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
	Provinces and territories and professional associations worked with the Agency to develop core competencies for public health practice and discipline-specific competencies. The design of the Scholarships in Public Health Program is underway, as is collaborative work with the Canadian Institutes of Health Research (CIHR) to implement a scholarship program that will create more partnerships with the provinces, territories and academia across the country and to foster excellence in public health professional development.
• Additional training modules will be added to the Agency's Skills Enhancement Program.	MET Two additional on-line modules ("Epidemiology of Chronic Diseases" and "Outbreak Investigation") have been added, further enhancing the capacity of front-line public health professionals to do their jobs effectively and efficiently. Over 1000 front-line public health practitioners have received training under the program, and there are now over 70 on-line trained facilitators.
• The Agency will continue to provide professional development to 10 public health professionals through the Canadian Field Epidemiology Program.	MET In 2004–05, four (4) public health professionals successfully completed the program and 9 were in training, enhancing their capability to undertake field investigations of public health threats and manage outbreaks, both domestically and internationally. Over 100 health professionals have so far graduated from this program and are working at all levels of government or in other professional settings. Another 15 participated in the intensive specialized training modules offered by the program, bringing the total number of external participants to over 100 in the past 15 years. The program will double its intake in September 2005.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
Develop Integrated Strategies for Communicable and Non-Communicable Diseases	
3. As part of the integrated pan-Canadian Healthy Living Strategy, the Agency, in collaboration with our partners, will continue to develop and begin to implement a comprehensive multiple-partner action plan whose first areas of emphasis are healthy eating, physical activity and their relationships to healthy weights.	MET In Budget 2005, the Government announced that it would provide $300 million over five years for the Integrated Strategy on Healthy Living and Chronic Disease. The pan-Canadian Healthy Living Strategy is a key component of the Integrated Strategy. The Integrated Strategy is a collaborative federal/provincial/territorial effort that reflects the Agency's approach to health promotion and the prevention of chronic diseases. It has three pillars: promoting health by addressing the conditions that lead to unhealthy eating, physical inactivity and unhealthy weights; preventing chronic diseases through focussed action on risk factors; and creating platforms for the early detection and management of chronic diseases such as diabetes, cancer and cardiovascular disease. The latter share several common risk factors. The Healthy Living Strategy (HLS) is inter-sectoral, engaging provincial and territorial governments and non-governmental organizations. Its initial areas of focus are healthy eating and physical activity and their relationship to healthy weights.
4. As part of our Sustainable Development Strategy, the Agency will promote an active transportation initiative to increase physical activity levels associated with actions such as walking or bicycling, which would improve the health of Canadians. This initiative is expected to contribute to the federal, provincial and territorial governments' joint target of increasing the physical activity	MET The Agency has supported the initiative to increase the physical activity levels of Canadians through specific funding programs, including: • Active Transportation Survey 2005, to assess active transportation knowledge, attitude and behaviours against a benchmark 1998 survey. (Results will be available in 2005–06)

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
levels of Canadians by 10 percentage points in each province and territory by 2010.	• Eight focus groups held in Vancouver, Winnipeg, Ottawa and Halifax, to better understand public opinions, barriers and motivators influencing transportation decisions; and • Support for community workshops on Active Transportation, to assist communities in developing an active transportation vision. There has been high demand for these workshops from other communities, and for use of the Active Transportation Tool Kit that assesses the quality of a community's active transportation environment.
5. Final evaluation of the Canadian Diabetes Strategy will be initiated and completed.	MET The Canadian Diabetes Strategy (CDS) focusses on health promotion and disease prevention, national coordination and surveillance. It was extended for one year to March 31, 2005, to enable the Agency to continue its work with community-based projects, to raise awareness and to engage in joint disease prevention initiatives. The NDSS was evaluated in 2004–05; the associated report will be finalized and the findings made available in 2005–06.
• The Agency will build on lessons learned from the Canadian Diabetes Strategy and will put emphasis on the needs of the population groups at highest risk of developing diabetes and those who already have the disease.	MET The Agency has incorporated lessons learned from the CDS in the development of the Integrated Strategy on Healthy Living and Chronic Disease. The Integrated Strategy will address the needs of those at greatest risk of developing diabetes and other chronic diseases along with the needs of persons trying to maintain their health or manage an existing disease.
6. The Agency will pursue the development of integrated strategies for common populations in common settings.	MET Over the last year the agency developed a policy framework for the Integrated Strategy on Healthy Living and Chronic Disease that was announced in Budget 2005. The

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
	Budget's announcement provides $300 million over five years for the Integrated Strategy that will include a series of activities to promote healthy eating, physical activity and healthy weight – factors that can help prevent and control chronic diseases – as well as a series of complementary disease-specific activities in the areas of diabetes, cancer and cardiovascular disease. As part of the Strategy, funding was provided for a comprehensive multiple-partner pan- Canadian Healthy Living Strategy whose first areas of emphasis are healthy eating and physical activity and their relationship to healthy weights. The Agency also provides funding support to increase the physical activity levels of Canadians, for example through the Agency's sustainable development commitment. Funding in 2004– 05 supported performance measurement, research to better understand public opinions, barriers and motivators influencing transportation decisions, and community workshops on Active Transportation. The Healthy Living Strategy (HLS) is inter-sectoral, engaging provincial and territorial governments and non-governmental organizations. Its initial areas of focus are healthy eating and physical activity and their relationship to healthy weights. Implementation work is well underway. Funding for the HLS was included in the Integrated Strategy announced in Budget 2005. An overall framework for an Integrated Infectious Disease Strategy is under development and slated for completion in 2005–06.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
	Fiscal year 2004–05 saw the establishment of a national youth planning committee for symposium development, and of a national youth network for collaborative planning and programming on hepatitis C virus and other infectious diseases. Both of these events enable results such as the Best Practice Model for Youth Involvement in hepatitis C virus and other infectious disease programming. Enhanced surveillance programs for street youth were set up, and data were analyzed from seven sites across Canada. The investigation of an outbreak in Alberta led to recommendations for preventative strategies and better educational materials for HIV prevention. The integration into current programs of infectious disease information for populations at risk of, or living with, HIV/AIDS is being evaluated. Improved access to more effective prevention, care, treatment and support was achieved in part by combining the Canadian Hepatitis C Information Centre with the Canadian HIV/AIDS Information Centre. This is a pilot project to test the efficiencies of creating a single window for information on these conditions. Another project with the Battlefords Family Health Centre in North Battleford, Saskatchewan, aims to increase knowledge of HIV/AIDS, hepatitis C and other sexually transmitted infections among at-risk Aboriginal youth.
• The Agency will continue to monitor emerging and re-emerging infectious diseases in Canada and to work with partners to protect Canadians from these disease risks.	MET The surveillance network for West Nile virus was extended from four to six sites, and procedures were set up for collaborating with the US Centres for Disease Control and Prevention (CDC). A surveillance system for West Nile virus was established with the Canadian Blood and Bone Marrow Transplant Group, to protect those undergoing bone marrow transplants.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
	The Agency coordinated an investigation across provinces of an outbreak of tularemia among hamsters. The coordinated response resulted in effective control and prevention of the disease. The Agency worked collaboratively with public health authorities in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and the CDC to assess the situation, and to develop required investigation tools and guidelines and a public advisory that was disseminated on the Agency's Web site. Due to concerns over the possible emergence of a new strain of influenza in 2004–05, the Government of Canada enhanced its pandemic preparedness by announcing, on February 4, 2005, a $24 million federal investment towards the creation of a national antiviral stockpile (9.6 million doses of oseltamivir) for possible use during an influenza pandemic. Provinces and territories have purchased an additional 6.4 million doses, as recommended by the Pandemic Influenza Committee.
7. Focussing its attention on key population groups and improved public education awareness.	MET The Federal Initiative to Address HIV/AIDS in Canada was launched in January 2005, continuing the work of the Canadian Strategy on HIV/AIDS while refocussing efforts on populations already infected or at risk. In 2004–05, the Agency enhanced the front-line response capacity of 83 community-based organizations. The Agency increased access to more effective HIV/AIDS prevention, care, treatment and support through 46 projects funded under national HIV/AIDS grants and contribution programs including the Non-Reserve First Nations, Inuit and Métis HIV/AIDS Communities Project Fund, the National HIV/AIDS Capacity Building Fund, the HIV/AIDS Information Service Initiative,

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
	the HIV/AIDS Community-Based Social Marketing Fund and the National HIV/AIDS Non-Government Organization Operational Fund. Two new sites were added to the list for sentinel HIV surveillance among injection drug users, and a pilot project was completed for HIV surveillance among men who have sex with men.
• addressing determinants of health related to the disease.	MET This work is being reinforced under the new Federal Initiative to Address HIV/AIDS which will allow for a more strategic approach to the determinants of health. The determinants of health related to HIV/AIDS were addressed in two projects. With support from grants and contribution funding under the Federal Initiative to Address HIV/AIDS in Canada, the Battlefords Family Heath Centre in Saskatchewan implemented "Mobilizing Community Supports for the Prevention of HIV/AIDS," a two-year project to increase knowledge of HIV/AIDS, hepatitis C and other sexually transmitted infections among at-risk Aboriginal youth in North Battleford as well as among their health, social services and education providers. Support was provided to St. Michael's Hospital in Toronto for a project called "Adding Life to Years: Building the Community's Capacity to Identify and Treat Depression in People Living With HIV/AIDS." This project worked with AIDS service organizations and other organizations across Canada to develop training, tools and resources that will increase their capacity to identify clients who are depressed, and to provide appropriate interventions and referrals.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
	Funding programs are being redesigned to address infectious diseases and determinants of health in an integrated manner for populations living with, or at risk of, HIV/AIDS.
• Strengthening Canada's international response to the disease.	MET The Agency provided technical support for the design and implementation of a second-generation surveillance program, and provided enhanced training for Pakistani scientists in the area of laboratory expertise. This was done in collaboration with the Government of Pakistan, the University of Manitoba, the Canadian International Development Agency (CIDA), ProAction Consulting and Agriteam Consulting. The Public Health Agency of Canada has also provided technical assistance to the Bulgarian Ministry of Health on the assessment of HIV/AIDS surveillance reporting and second-generation surveillance. Partners include the Bulgarian Ministry of Health; the Global Fund to Fight AIDS, TB and Malaria; United Nations agencies, and CIDA. These projects demonstrate a commitment to provide technical assistance and are part of a larger global response to act where need is identified.
8. The Agency's regional offices will focus on the burden of chronic disease and develop integrated strategies to address chronic disease prevention. For example, the Agency's Alberta/Northwest Territories Region is a partner in the Alberta Healthy Living Network. This initiative will provide leadership for integrated action to promote health and to prevent chronic disease.	MET The Agency has supported the Alberta Healthy Living Initiative in its mission of providing leadership for collaborative action to promote health and prevent chronic disease in Alberta. This has facilitated the development of local and regional networks and a Best Practices Framework, and the promotion of healthy eating and active living.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
	The Agency has supported the development of the Ontario Chronic Disease Prevention Alliance, involving collaboration among over 20 partners, to increase the integration of efforts on chronic disease prevention, to enhance knowledge transfer between partners, and to develop sound financial analysis to support chronic disease prevention activities.
• Building on the joint process involving the Agency and the Government of Nova Scotia, which led to the report *The Cost of Chronic Disease in Nova Scotia*, the Agency will, in partnership with the governments of other Atlantic provinces, complete similar provincially focussed reports on the costs related to chronic disease. These reports will complement existing work and will serve as an evidence base to plan appropriate strategies for local chronic disease prevention.	MET Based on previous work with the Province of Nova Scotia to investigate the costs of chronic disease, the Agency undertook 12 workshops to provide input to the *Turning the Tides* document to be published in September 2005. Work will continue to explore the relationship between mental health, infectious chronic disease and health disparities.
Foster Increased Collaboration in Public Health	
9. The pan-Canadian Public Health Network, an intergovernmental approach to integrating the public health system in Canada, will be established. It will be built on existing strengths and provide the structures for federal/provincial/territorial discussions at all levels, allowing the effective development and delivery of pan-Canadian public health strategies across jurisdictions.	MET The Agency provided input and support to the Federal/Provincial/Territorial Special Task Force on Public Health that resulted in the recommendation to create the Public Health Network. The Agency also provided policy and communication support during the creation of the Network. The Agency continues to provide full support to the Network's Secretariat, and is ensuring collaboration among all Network components, in order to facilitate federal/provincial/territorial collaboration on public health issues.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status (continued)	
RPP Commitments	**Status**
	As part of this larger network strategy, the Agency provided support in the development of six new National Collaborating Centres for Public Health, each specializing in a priority issue area. This has included assisting in the development of a call for proposals to support the work of the Centres and the establishment of an external Advisory Committee which includes senior public health experts who are recognized both nationally and internationally as experts in their fields. Through these efforts, the Agency has evolved the scope and contextual parameters of a new approach to collaboration among Canada's research community.
10. The Agency will explore the international dimensions of public health to help clarify our roles and responsibilities, as well as to guide our relationships with our international partners.	MET The Agency has developed an international strategic framework, clarified roles and responsibilities, built organizational capacity and provided federal leadership in activities relating to the World Health Organization, the Pan American Health Organization and the International Union for Health Promotion and Education. A Framework for Cooperation was signed by the Agency, Health Canada and the World Health Organization in Davos, Switzerland, on January 27, 2005, strengthening Canada's engagement in international collaboration for chronic disease prevention and control.

Performance Summary for Priority 2: Enhance the Federal Government's Capacity in Public Health

In response to the outbreak of severe acute respiratory syndrome (SARS) in Canada and to the subsequent reports by public health professionals, on September 24, 2004, the Prime Minister formally established the Public Health Agency of Canada and appointed Dr. David Butler-Jones as the country's first Chief Public Health Officer. These actions demonstrate the Government's commitment to provide Canada with a federal focal point to deal with public health issues. Additional background information on the Agency is accessible at http://www.phac-aspc.gc.ca/media/nr-rp/2004/phac_e.html.

Since its creation, the Agency has worked, under the leadership of the Chief Public Health Officer and in consultation with its employees and external stakeholders, to set its long-term focus. In March 2005, the Agency revealed its vision, mission and mandate.

Vision – Healthy Canadians and communities in a healthier world.

Mission – To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

Mandate – In collaboration with our partners, to lead federal efforts and mobilize pan-Canadian action in preventing disease and injury, and promoting and protecting national and international public health through the following:

- Anticipate, prepare for, respond to and recover from threats to public health;
- Carry out surveillance, monitor, research, investigate and report on diseases, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally;
- Use the best available evidence and tools to advise and support public health stakeholders nationally and internationally as they work to enhance the health of their communities;
- Provide public health information, advice and leadership to Canadians and stakeholders; and
- Build and sustain a public health network with stakeholders.

The Agency is focussed on effective efforts to promote health, to prevent chronic diseases such as diabetes, cancer and cardiovascular, to prevent injuries, to monitor infectious disease outbreaks and to respond to public health emergencies. It will also continue to work closely with the provinces and territories to keep Canadians healthy and to help reduce pressures on the health care system. One of its chief tools in accomplishing these goals is information sharing.

In keeping with the identified need to enhance the federal government's capacity in public health, the Agency moved swiftly during its first year to enhance information sharing on infectious diseases, immunization, chronic diseases and public health emergencies.

> The agency continues the work on its three-year project to create the Canadian Network for Public Health Intelligence. Now in its second year, it was adopted as a business and communication platform for the Canadian Public Health Laboratory Network. More than 95 percent of federal and provincial public health laboratories are now connected to it, including Héma-Québec, Canadian Blood Services and the Canadian Food Inspection Agency National Centre for Foreign Animal Heath. A breakthrough in information sharing, this network is significantly improving communications among those involved in laboratory diagnosis, mitigation and response to emerging and re-emerging infectious diseases, bioterrorism and other public health emergencies. Work is also underway to develop national standards for reporting diagnoses, and to improve upon diagnostic reference centre testing, and nation-wide proficiency testing, all necessary steps if the benefits of the Laboratory Network are to be realized, and to expand the list of diseases monitored (e.g. hospital "super bug" infections, pandemic influenza, etc).

The Canadian Integrated Outbreak Surveillance Centre (CIOSC) also plays an integral role in information sharing. It is now used by 99 percent of health units across Canada. Improved outbreak detection and response has also been created through FluWatch, a collaborative effort between the Agency, provinces and territories, laboratories and sentinel physicians. FluWatch provides weekly reports summarizing influenza prevalence in Canada. In addition, the first sentinel site for surveillance of enteric diseases and exposure to pathogens has been set up with Region of Waterloo Public Health.

Work is also underway, in collaboration with all stakeholders, to investigate the surveillance of chronic diseases such as arthritis and mental illness.

In a final step to improve information sharing, as the Public Health Information System (PHIS) moved into its operational phase, the Agency successfully partnered with Ontario and British Columbia to develop new modules (Outbreak and Primary Assessment and Care modules). These provide credible, timely, accessible and secure public health information and practices, enhancing the ability of health professionals to make better-informed decisions that benefit Canadians.

In addition to improving the gathering and sharing of information on infectious diseases, the Government also moved to prevent them. The federal/provincial/territorial Canadian Immunization Committee was established to provide leadership in advancing the National Immunization Strategy. Activities carried out in 2004–05 included the establishment of the federal/provincial/territorial Vaccine Supply Working Group, and management of the repercussions of supply shortfalls in the United States, in collaboration with the provincial and territorial governments. Promising research took place, at the Agency's National Microbiological Laboratory, on the development of experimental vaccines for the deadly Ebola and Marburg hemorrhagic fevers. Through the Integrated Strategy on Healthy Living and Chronic Disease (described under Priority 1), the Government made a commitment to preventing chronic disease.

A major goal underlying the creation of the Agency was to ensure that Canada would be able to deal effectively with public health emergencies. Key achievements for 2004–05 include

- The re-establishment of front-line quarantine services at Canada's eight major international airports;
- The launch of the Canadian Global Public Health Intelligence Network II, which provides 24-hour global monitoring and surveillance of potential global health threats;
- A strategic review of the National Emergency Stockpile System (NESS), to ensure readiness to respond to all types of emergency hazards;
- The setting of the foundation of Regional All-Hazards Emergency Plans and Policies, by the Agency's regional offices, who worked in coordination with provincial and territorial partners;
- The continued development of national surge capacity for large-scale health emergencies – National Office of Health Emergency Response Teams (NOHERT); and
- Ongoing emergency preparedness exercises and training, for example Vigilant Courier, Exercise Constant Vigil and the World Health Organization assessment of their draft framework "to assess national health emergency preparedness and response programs."

NESS was activated at the request of the Canadian International Development Agency to respond to the need for medicines, supplies and equipment in Southeast Asia after the devastating tsunami of December 2004. Over $1.6 million in materials such as blankets, generators and drugs from NESS were used in the response effort.

The Agency co-hosted with Public Safety and Emergency Preparedness Canada (PSEPC) the fourth National Forum on Emergency Preparedness and Response, during which significant progress was made toward the development of an integrated pan-Canadian emergency management system based on the principles and guidelines of the National Health Emergency Management Framework.

Through these steps taken during 2004–05 on information sharing, infectious and chronic disease prevention, and emergency preparedness and response, the federal government increased its capacity to act on public health issues.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status	
RPP Commitments	**Status**
Establish the new Public Health Agency of Canada	
11. Health Canada will establish the proposed Canada Public Health Agency by exploring organizational options that will enable the Government of Canada to more effectively protect and promote the health of Canadians. The new agency will be responsible for leading the federal government's response on a range of threats to health, such as communicable and non-communicable diseases and injuries. The Government of Canada will also appoint a new Chief Public Health Officer for Canada who will head the new agency.	MET On September 24, 2004, the Prime Minister announced the creation of the Public Health Agency of Canada and the appointment of Dr. David Butler-Jones, as the country's first Chief Public Health Officer. Since the coming into effect of the associated Orders in Council, the Public Health Agency of Canada has been working in collaboration with Health Canada, the Privy Council Office and Justice Canada to develop enabling legislation for the Agency. This activity has included consultations with key stakeholder groups to hear their perspectives. Work is continuing on Public Health Agency legislation.
Enhance Federal Capacities in Its Laboratories, Health Surveillance and Emergency Response	
12. The Canadian Public Health Laboratory Network will improve the communications among those researching infectious diseases, bioterrorism and other health emergencies.	MET The technological backbone of the Laboratory Network is a combination of Web-based applications and resources provided by the Canadian Network for Public Health Intelligence. It has been delivered, and over 95% of public health laboratories are on board. The system is in place, but 100% national surveillance has not yet been achieved due to funding pressures at both the federal and provincial levels of government. Work has begun to enhance cross-border collaboration with the Association of Public Health Laboratories, the American counterpart of the Canadian Public Health Laboratory Network. Priority areas for additional activities include workforce development training, communication and technical partnerships.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status	
RPP Commitments	**Status**
	National approaches to laboratory diagnoses are required in order to fully exploit the benefits of enhanced communication within the Canadian Public Health Laboratory Network. This is a long-term project. The greatest challenge remains the creation and distribution of proficiency panels for the 40 national notifiable diseases, along with the testing and reporting of data. Significant effort has been expended on external quality assurance for Agency laboratories to retain or obtain International Standardization Organization (ISO) accreditation. The Laboratory for Foodborne Zoonoses, in Guelph, and the National Laboratory for Enteric Pathogens have received or are close to receiving ISO 17025 certification, while Central Services of the National Microbiology Laboratory is seeking ISO 9001:2000 certification. Plans are underway to share documentation and/or lessons learned with the laboratory network on ISO accreditation for certain tests. Surveillance of E. coli and salmonella has continued, but the creation of groups to provide surveillance of CA-MRSA (community-associated methicillin-resistant Staphylococcus aureus) and of hospital-acquired infections such as C. difficile and of influenza, were still under development. Objectives, discussion support tools and terms of reference documents were prepared; however, the coordination of existing teams and ongoing surveillance through a national platform are still required.
13. The Agency will facilitate the integration of surveillance systems for both communicable and non-communicable diseases to enable timely access to critical, real-time clinical and laboratory data.	MET The Canadian Integrated Outbreak Surveillance Centre (CIOSC) was created in 2004. Providing integrated public health information to local, regional and national decision-makers, it is in use by 99% of health units in Canada, resulting in improved outbreak detection and response.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status	
RPP Commitments	**Status**
	Through a collaborative effort among the Agency, provinces and territories, laboratories and sentinel physicians, FluWatch provides weekly reports summarizing influenza prevalence in Canada. The Agency developed protocols for federal/provincial/territorial governments that provide general principles and operating procedures to coordinate investigations and to control severe respiratory outbreaks. An example is the Respiratory Illness Outbreak Response Protocol. The Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS) annual report for 2003 was released on February 28, 2005 (see http://www. phac-aspc.gc.ca/cipars-picra/ 2003_e. html). That annual report indicated high levels of resistance in salmonella strains from human and poultry sources, prompting a voluntary ban on a Class 1 antimicrobial used in the hatching egg industry. The Agency supports the work of the Advisory Committee on Population Health and Health Security's Task Group on Enhancing Capacity for Chronic Disease Risk Factor Surveillance. The report of the Task Group, which outlines a comprehensive approach to enhancing surveillance, has been approved by the Conference of Deputy Ministers of Health. The Auditor General has indicated satisfaction with progress made in filling identified gaps in the surveillance of chronic disease.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status	
RPP Commitments	**Status**
	The National Diabetes Surveillance System (NDSS) represents the first example of a coordinated, national use of administrative data for public health surveillance purposes. The NDSS can compare data on use of health services and health outcomes of people with and without diabetes. With these features, the NDSS is a prototype of enhanced capacity and infrastructure to support surveillance of other diseases that can be tracked through the health care system. The NDSS was evaluated in 2004–05, and the report will be finalized and the findings made available in 2005–06. Three workshops have been held with provincial and territorial partners, other federal departments, academia and non-governmental organizations to explore the inclusion of arthritis, mental illness and cardiovascular disease in an integrated surveillance system. Work is underway to study incorporating other chronic diseases into the National Diabetes System, and to include cancer staging and palliative care data in the National Cancer Registry. The Agency supported the active surveillance of enteric disease in humans and their exposure to pathogens through food, water and animals in sentinel communities across Canada. This activity requires collaboration and data sharing agreements between public health units and the Agency; it is supported by the Agriculture Policy Framework. The Surveillance Framework and negotiations with the first C-EnterNet sentinel site (Region of Waterloo Public Health Unit) have been completed.
• For West Nile virus and other animal-to-human transferable diseases, the Agency will continue to develop the surveillance and research capacities to address these new threats.	MET Ongoing surveillance information is now provided on-line.

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RPP Commitments	**Status**
	Research was designed to establish the most relevant mosquito species that act as transmitters of the disease. The establishment of mosquito species in a laboratory setting has been slower than anticipated, although some important species are slowly adapting. Memorandums of Agreement and research protocols have been developed with the Government of Cuba for studies on West Nile virus infection rates. Reference laboratory services for diagnostic testing of West Nile virus are provided to client laboratories in Canada and internationally.
14. In 2003, Health Canada received $45 million over five years to develop and strengthen immunization capacity and reduce the incidence of specific vaccine-preventable diseases. This new funding, now transferred to the Agency, will be invested in initiatives to: strengthen federal program activities; ensure equitable and timely access to recommended vaccines for all Canadians; fulfill federal responsibilities for vaccine preventable diseases and immunization; and provide a forum for inter-jurisdictional collaboration on immunization issues and programs.	MET The federal/provincial/territorial Canadian Immunization Committee was established to provide leadership in advancing the National Immunization Strategy (NIS) through analysis, development of national goals, and effective and efficient immunization programs, policies, practices, guidelines and standards. Funding in 2004–05 was used to develop various components and activities of the NIS, including the following: • A federal/provincial/territorial Vaccine Supply Working Group was established; • Supply shortfalls were managed in collaboration with provincial and territorial governments, as a result of a flu vaccine shortage in the United States; • A task group was established to study approaches to publicly funded influenza immunization; and • The Canadian Immunization Registry Network carried out activities.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status	
RPP Commitments	**Status**
15. Based on successful pilots of the Public Health Information System (PHIS), the Agency will work with provincial, territorial and local partners to further pilot, evaluate and develop additional PHIS modules.	MET In a final step to improve information sharing, the Agency successfully partnered with Ontario and British Columbia to develop new modules (Outbreak and Primary Assessment and Care modules), as PHIS moved into its operational phase This provides credible, timely, accessible and secure public health information and practices, enhancing the ability of health professionals to make better-informed decisions that benefit Canadians. Opportunities to collaborate with the Canada Health Infoway project are also being explored.
16. The Agency will continue to exchange information through the Global Public Health Network. Six regional emergency preparedness coordinators will focus their energies on planning, coordinating and implementing an effective regional emergency preparedness response system that supports the National Departmental Emergency Preparedness Policy and Plan.	MET The Agency, through the Global Health Security Action Group Laboratory Network, has sponsored workshops covering the laboratory detection of anthrax, smallpox and plague, with more to follow on hemorrhagic fevers and tularemia. At these gatherings, best practices for laboratory diagnostics are shared, especially on agents of bioterrorism. Enhanced communication protocols have been developed to share best practices on influenza virus H2N2, Marburg hemorrhagic fever and avian influenza. An international transportation workshop was also held; participants included representatives of the United Nations, the World Health Organization, the International Air Transport Association, the International Civil Aviation Organization, the International Airline Pilots Association and courier corporations. As an additional part of these international efforts, the National Microbiology Laboratory conducted research on vaccines for Ebola and Marburg hemorrhagic fever viruses, two highly contagious pathogens endemic to parts of Africa. Candidate vaccines for both viruses have been developed.

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status	
RPP Commitments	**Status**
17. The Agency will engage in activities that will coordinate our response to public health emergencies and improve the day-to-day management of broader public health issues within the federal jurisdiction.	MET A major goal underlying the creation of the Agency was to ensure that Canada would be able to deal effectively with public health emergencies. To this end, the Agency has re-established front-line quarantine services at Canada's eight major international airports, to control the entry of diseases such as severe acute respiratory syndrome (SARS). The Canadian Global Public Health Intelligence Network II was launched in New York in November 2004; it provides 24-hour global monitoring and surveillance of potential global health threats, including potential pandemic communicable disease outbreaks. New collaborative software acquisitions provide 24-hour operational readiness. The Agency is undertaking a strategic review of the National Emergency Stockpile System (NESS) to ensure readiness to respond to all types of emergency hazards. NESS was activated at the request of the Canadian International Development Agency to respond to the need for medicines, supplies and equipment in Southeast Asia after the devastating tsunami of December 2004. The Public Health Agency of Canada was concerned about the threats to public health caused by the disaster. Senior officials of the Public Health Agency participated in reconnaissance and evaluation efforts, leading to a more effective Canadian response. The Agency co-hosted with Public Safety and Emergency Preparedness Canada (PSEPC) the fourth National Forum on Emergency Preparedness and Response, during which significant progress was made toward the development of an integrated pan-Canadian emergency management system based on the principles and guidelines of the National Health

2004–05 Health Canada Report on Plans and Priorities (RPP) Commitments and Status	
RPP Commitments	**Status**
	Emergency Management Framework. A permanent liaison post has been established to ensure essential links with PSEPC in inter-sectoral public health safety and security policies and procedures. The *Quarantine Act* was updated, granting new powers to prevent the introduction and spread of communicable diseases, and was subsequently passed by Parliament in May 2005. The National Office of Health Emergency Response Teams has completed preparatory work leading to the creation, training and exercising of the first Health Emergency Response Teams. The teams will create a multi-level, rapidly deployable surge capacity using an all-hazards approach.
• The Agency regions will continue to refine, test and evaluate their regional all-hazards emergency response plans as they continue to participate, plan and execute emergency exercises and manage actual emergencies.	MET A technical working group on emerging infectious diseases has been established to develop standards, methods and processes for the rapid launch of research during an infectious outbreak. Roles and responsibilities have been defined in the event of a pandemic influenza outbreak. Regional Coordinator positions were established in all Agency regional offices. Five positions have been staffed, and the sixth staffing action is in progress. Regional offices are laying the foundations for Regional All-Hazards Emergency Plans and Policies, working in coordination with provincial and territorial partners.

Laboratory Security
http://www.phac-aspc.gc.ca/ols-bsl/index.html

Childhood and Adolescence
http://www.phac-aspc.gc.ca/dca-dea/

Aging and Seniors
http://www.phac-aspc.gc.ca/seniors-aines/index_pages/whatsnew_e.htm

Canadian Health Network
http://www.canadian-health-network.ca

Health Surveillance and Epidemiology
http://www.phac-aspc.gc.ca/hsed-dsse/index.html

Voluntary Sector
http://www.phac-aspc.gc.ca/vs-sb/voluntarysector/

Chronic Disease Surveillance
http://www.phac-aspc.gc.ca/ccdpc-cpcmc/surveil_e.html

Countrywide Integrated Noncommunicable Disease Intervention (CINDI)
http://www.phac-aspc.gc.ca/ccdpc-cpcmc/cindi/index_e.html

World Health Organization Collaborating Centre for Non-Communicable Disease Policy
http://www.phac-aspc.gc.ca/ccdpc-cpcmc/international_e.html

Hepatitis C
http://www.phac-aspc.gc.ca/hepc/hepatitis_c/index.html

Blood Safety Surveillance
http://www.phac-aspc.gc.ca/hcai-iamss/index.html

Immunization and Respiratory Infections
http://www.phac-aspc.gc.ca/dird-dimr/index.html

Network for Health Surveillance
http://www.phac-aspc.gc.ca/csc-ccs/network_e.html

Section III – Supplementary Information

Organizational Information

About the Public Health Agency of Canada

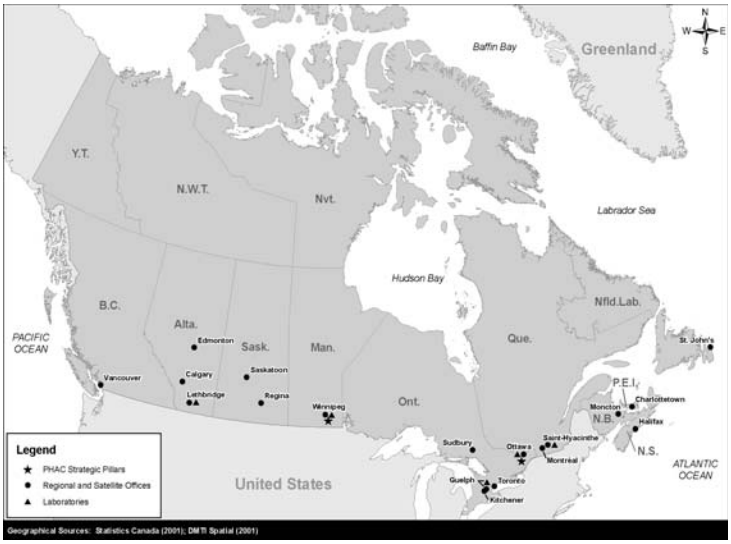
The creation of the Public Health Agency of Canada on September 24, 2004, marked the beginning of a new approach to federal leadership and collaboration with provinces and territories on efforts to renew the public health system in Canada and to support a sustainable health care system.

Under the leadership of the Chief Public Health Officer, the Agency continues to work closely with Health Canada to promote and protect the health of Canadians through leadership, partnership, innovation and action.

The Agency's focus remains on the capability to respond to public health emergencies and infectious disease outbreaks, the prevention of chronic diseases such as diabetes, cancer and cardiovascular disease, and the prevention of injuries.

Organizing for Effect

The structure of the Public Health Agency of Canada is based on creating an Agency presence in strategic locations across the country in order to effectively deliver services and programs which promote and protect national and international public health. Two strategic pillars, located in Ottawa and Winnipeg, support a national team working in satellite offices and laboratories in six designated regions.



This map indicates where the Agency has significant presence.

Each region is led by a Regional Director responsible for delivering Agency programs and services which respond to region-specific demands and national requirements. Regional staff play an essential role in anticipating, preparing for, responding to and recovering from public health emergencies.

The interim organizational structure of the Public Health Agency as of March 2005 is outlined below. The Infectious Disease Branch includes the Centre for Infectious Disease Prevention and Control (with the HIV/AIDs laboratory) located in Ottawa and Guelph, the National Microbiology Laboratory located in the Canadian Science

Centre for Human and Animal Health in Winnipeg, the Laboratory for Foodborne Zoonoses located in Guelph and the Centre for Emergency Preparedness and Response. The Health Promotion and Chronic Disease Prevention Branch includes the Centre for Health Promotion (formerly the Centre for Healthy Human Development), the Center for Chronic Disease Prevention and Control and the Transfer Payments Services and Accountability Division. The Office of Public Health Practice is the former Centre for Surveillance Coordination. Seven regional offices support program delivery and are located in Halifax, Montréal, Toronto, Winnipeg, Regina, Edmonton, and Vancouver. The Corporate Services Branch includes directorates for Strategic policy, Communications, Finance and Planning, Human Resources and Information Management and Information Technology.

Through extensive partnerships and collaboration, our centres, directorates, regional offices and laboratories use the best available evidence and tools to advise and support public health stakeholders nationally and internationally as they work to enhance the health of their communities. The Agency's goal is to provide accurate and timely public health information, advice and leadership to Canadians while building and sustaining an inclusive public health network with stakeholders.

Through surveillance, research, investigations and reports on diseases, injuries and other preventable health risks and their determinants, Agency employees are key in assessing the general state of public health in Canada and abroad.

This transitional organizational structure allowed the Public Health Agency of Canada to achieve its global mandate while maintaining its national focus on ensuring healthy Canadians and communities in a healthier world.

Interim Organization chart as of March 2005

Table 1: Comparison of Planned Spending and Full-Time Equivalents ($ millions)						
			2004–2005			
	2002–03 Actual	2003–04 Actual	Main Estimates	Planned Spending	Total Authorities	Actual
Population and Public Health					605.2	586.7
Total					605.2	586.7
Total					605.2	586.7
Plus: Cost of services received without charge*					0.0	11.4
Net cost of Department					605.2	598.1
Full-time equivalents					**1,671.0**	**1,666.0**

This table compares the Total Authorities with Actual Spending for the 2004–05 fiscal year for the Public Health Agency of Canada and its predecessor. Before the Agency was created on September 24, 2004, this business line included the Population and Public Health Branch as well as parts of other branches of Health Canada. Health Canada's Main Estimates and Planned Spending include the Population and Public Health Branch figures.

* Services received without charge include accommodation provided by Public Works and Government Services Canada, the employer's share of employees' insurance premiums, expenditures paid by the Treasury Board Secretariat (excluding revolving funds), and services received from the Department of Justice Canada (see Table 4).

Table 2: Use of Resources by Business Line ($ millions)				
	2004–05 Budgetary			
Business Line	Operating	Grants and Contributions	Total: Gross Budgetary Expenditures	Total: Net Budgetary Expenditures
Population and Public Health				
Main Estimates	N/A	N/A	N/A	N/A
Planned Spending	N/A	N/A	N/A	N/A
Total Authorities	282.1	323.2	605.2	605.2
Actual Spending	264.9	321.8	586.7	586.7

This table reflects how resources are used within the Public Health Agency of Canada and its predecessor by appropriation for the 2004–05 fiscal year. Before the Agency was created on September 24, 2004, this business line included the Population and Public Health Branch as well as parts of other branches of Health Canada. Health Canada's Main Estimates and Planned Spending include the Population and Public Health Branch figures.

Table 3: Voted and Statutory Items ($ millions)					
		2004–05			
Vote or Statutory Item	Truncated Vote or Statutory Wording	Main Estimates	Planned Spending	Total Authorities	Actual
30	Operating expenditures			262.1	245.0
35	Grants and Contributions			223.2	221.8
(S)	Contributions to employee benefit plans			19.9	19.9
(S)	Canada Health Infoway Inc.			100.0	100.0
	Total			**605.2**	**586.7**

This table compares the Total Authorities with Actual Spending by Vote for the 2004–05 fiscal year for the Public Health Agency of Canada and its predecessor. Before the Agency was created on September 24, 2004, this business line included the Population and Public Health Branch as well as parts of other branches of Health Canada. Health Canada's Main Estimates and Planned Spending include the Population and Public Health Branch figures.

Link to TBS Estimates site:

2004–2005 Part III – Departmental Performance Reports (DPR)
http://www.tbs-sct.gc.ca/rma/dpr1/04-05/index_e.asp (English)
http://www.tbs-sct.gc.ca/rma/dpr1/04-05/index_f.asp (French)

Table 4: Net Cost of Department ($ millions)	
	2004–05
Total Actual Spending	586.7
Plus: Services Received Without Charge	
Accommodation provided by Public Works and Government Services Canada (PWGSC)	2.3
Contributions covering employers' share of employees' insurance premiums and expenditures paid by TBS (excluding revolving funds)	9.0
Salary and associated expenditures of legal services provided by Justice Canada	0.1
2004–2005 Net cost of Department	598.1

Table 5: Contingent Liabilities

** The Agency is involved in individual and class action suits against the Government. In light of the fact that these cases are the subject of ongoing settlement negotiations, and given the complexity of the issues, it is not possible to provide a reasoned assessment of contingent liability at this time.

Table 6: Details on Transfer Payments Programs (TPPs) ($ millions)

GENERAL EXPLANATIONS:

- This is a summary of the Transfer Payment Programs for the Public Health Agency that are in excess of $5,000,000.
- All of the Transfer Payments shown in this Table are voted programs.
- Due to the long-standing history and evolution of some programs, the Total Funding is not meaningful and/or cannot be determined without extraordinary effort. In such cases the Total Funding is left blank.

Table 6: Details on Transfer Payments Programs (TPPs

1)	**Name of Transfer Payment Program: Contributions to persons and agencies to support health promotion projects in the areas of community health, resource development, training and skill development, and research**
2)	Start Date: 1999–2000 3) End Date: Ongoing 4) Total Funding:
5)	Description of Transfer Payment Program: Population Health
6)	Objective(s), Expected Result(s) and Outcomes: To expand the knowledge base for program and policy development, to build more partnerships and develop inter-sectoral collaboration. Evidence-based policies and programs that promote healthy activities and create a larger cadre of trained community members. Increased number of community-based initiatives that foster evidence-based healthy living practices, healthy environments, safe products and strong support systems. Greater number of organizations and networks acting collaboratively to help Canadians make physical activity a part of their daily lives. Also included in the Population Health program is the Canadian Health Network (CHN): To provide Canadian consumers with expert reviewed information/resources focussing on how to stay healthy and to prevent disease and injury so that Canadians can be better informed and empowered to have more control over their health and improve their health literacy.

7) Achieved Results or Progress Made: The Population Health Fund continued to be active with 35 national projects completed following the 2002 solicitation. The Fund also supported the establishment of the National Collaborating Centres and the development of the 2007 International Conference on Health Promotion in Vancouver. A new solicitation for national projects resulted in 27 projects being recommended to the Minister for approval. Funding of regional projects reflecting regional priorities has continued. The Dissemination and Evaluation component of various approved projects was also increased.						
	8) Actual Spending 2002–2003	9) Actual Spending 2003–2004	10) Planned Spending 2004–2005	11) Total Authorities 2004–2005	12) Actual Spending 2004–2005	13) Variance(s) between 10 and 12
14) Business Lines (BL) **Health Promotion and Protection**						
- Total Grants						
- Total Contributions	18.8	18.2	11.6	10.9	10.4	1.2
- Total Other Transfer Payments						
15) Total for BL (or PA)	18.8	18.2	11.6	10.9	10.4	1.2
16) Total TPP	18.8	18.2	11.6	10.9	10.4	1.2
17) Comments on Variances: The CHN provided $1.0 million to address departmental priorities; negotiations on three content areas were still being conducted ($900,000) to ensure appropriate fit and value for money before agreements were put into place.						
18) Significant Evaluation Findings and URL to Last Evaluation: The CHN is currently undergoing a comprehensive evaluation that is due to the Treasury Board Secretariat in December 2005. Initial findings from public opinion research (which feeds into the evaluation) indicate that the CHN has been steadily growing in usage since its 1999 launch, with an monthly average of 185,439 unique visitors in 2005 (an increase from 123,593 visitors in 2004).						

Table 6: Details on Transfer Payments Programs (TPPs) (continued)			
1)	**Name of Transfer Payment Program: Contributions to non-profit community organizations to support, on a long-term basis, the development and provision of preventive and early intervention services aimed at addressing the health and developmental problems experienced by young at-risk children in Canada**		
2)	Start Date: 1998–99	3) End Date: Ongoing	4) Total Funding:
5)	Description of Transfer Payment Program: Community Action Program for Children (CAPC)		
6)	Objective(s), Expected Result(s) and Outcomes: To enhance community capacity to respond to the health and development needs of young children and their families who are facing conditions of risk, through a population health approach. To contribute to improved health and social outcomes for young children and parents/caregivers facing conditions of risk.		
7)	Achieved Results or Progress Made: There are approximately 450 CAPC projects across Canada. Based on preliminary results from CAPC's national process of evaluation for the 2004–05 reporting period, it is estimated that CAPC projects serve over 69,000 children and parents/caregivers in a typical month in more than 3,000 communities across the country. CAPC's national process of evaluating the results consistently showed that CAPC projects have developed successful partnerships with many sectors and are supported by communities and other supporters. Early evaluation of the program (1997) found that CAPC was successfully reaching its intended population (i.e. children and families facing conditions of risk). Currently, work is underway to develop a strategy to better understand CAPC's current reach. CAPC completed a Results-Based Management and Accountability Framework (RMAF) in 2004, and is now working with the Canada Prenatal Nutrition Program (CPNP) to develop an integrated RMAF that will produce a coordinated approach to measuring outcomes for the two programs. The integrated CAPC-CPNP RMAF will guide future evaluation planning for CAPC.		

	8) Actual Spending 2002–2003	9) Actual Spending 2003–2004	10) Planned Spending 2004–2005	11) Total Authorities 2004–2005	12) Actual Spending 2004–2005	13) Variance(s) between 10 and 12
14) Business Lines (BL) **Health Promotion and Protection**						
- Total Grants						
- Total Contributions	53.3	53.5	54.7	55.6	55.6	-0.9
- Total Other Transfer Payments						
15) Total for BL (or PA)	53.3	53.5	54.7	55.6	55.6	-0.9
16) Total TPP	53.3	53.5	54.7	55.6	55.6	-0.9
17) Comments on Variances: .						
18) Significant Evaluation Findings and URL to Last Evaluation: Significant Evaluation Findings: Preliminary results from the CAPC national evaluation process for the 2004–05 reporting period show that CAPC projects continue to have successful partnerships with many sectors and are supported by communities and other supporters. (Please note that approximately 50 Aboriginal projects in Ontario do not participate in the national evaluation process, as they participate in a separate evaluation.) In 2004–05, over 6,000 partnerships were reported. Most CAPC projects reported partnering with a health organization, such as a health department, a regional health authority, a community health centre or a CLSC. Many CAPC projects reported in-kind contributions and donations of time. These projects estimated receiving more than $6 million in in-kind contributions of such things as facilities, program materials and project equipment, as well as over 70,000 hours donated by participant volunteers, partner staff and others in the community. A number of CAPC projects reported receiving funding from sources other than CAPC, CPNP and AHS. Over $22 million in funding from other sources was reported, including more than $11 million from provincial/territorial governments.						

Table 6: Details on Transfer Payments Programs (TPPs) (continued)			
1)	**Name of Transfer Payment Program: Contributions towards the Canadian Strategy on HIV/AIDS**		
2)	Start Date: 1998–99	3) End Date: Ongoing	4) Total Funding:
5)	Description of Transfer Payment Program: HIV/AIDS		
6)	Objective(s), Expected Result(s) and Outcomes: To support prevention of HIV/AIDS, to promote access to care, treatment and support for people affected by the disease. Projects funded at the national and regional levels that will result in improved knowledge and awareness of the epidemic and a strengthened community and public health capacity to respond to the epidemic. Increased knowledge and awareness; enhanced multi-sectoral engagement and alignment; increased individual and organizational capacity; and increased coherence of the federal response.		
7)	Achieved Results or Progress Made: 46 new projects funded – 26 projects under the Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund; 10 projects under the National HIV/AIDS Capacity Building Fund; 2 projects under the HIV/AIDS Information Service Initiative Fund; 2 projects under the National HIV/AIDS Community-Based Social Marketing Fund; 6 projects under the National HIV/AIDS Non-Governmental Organization Operational Fund. Regional Program (AIDS Community Action Program [ACAP]): 83 community-based organizations (CBOs) operationally funded; 68 CBOs funded to complete time-limited projects; 12 CBOs received ACAP funding for the first time; thousands of volunteers contributed time and effort to address HIV/AIDS through ACAP-funded organizations; thousands of partnerships maintained through ACAP-funded projects.		

	8) Actual Spending 2002–2003	9) Actual Spending 2003–2004	10) Planned Spending 2004–2005	11) Total Authorities 2004–2005	12) Actual Spending 2004–2005	13) Variance(s) between 10 and 12
14) Business Lines (BL) **Health Promotion and Protection**						
- Total Grants						
- Total Contributions	16.8	17.1	10.8	19.6	19.5	-8.7
- Total Other Transfer Payments						
15) Total for BL (or PA)	16.8	17.1	10.8	19.6	19.5	-8.7
16) Total TPP	16.8	17.1	10.8	19.6	19.5	-8.7

17) Comments on Variances: The variance of $8.7 million that was transferred from grants to contributions, and an under-estimation of the new contribution resources that were received in 2004–05 under the Treasury Board Submission for the Federal Initiative to Address HIV/AIDS in Canada.

18) Significant Evaluation Findings and URL to Last Evaluation: Getting Ahead of the Epidemic: The Federal Government Role in the Canadian Strategy on HIV/AIDS 1998–2008 – Key Findings: The federal response has expanded the federal reach to address the epidemic; developed community capacity; placed HIV/AIDS in a human rights context; supported national organizations in engaging in the full range of public policy, research, prevention, treatment and care activities; developed flexibility in supporting particularly vulnerable populations such as Aboriginal peoples, and in targeting specific regions, in a manner consistent with the epidemic being a national emergency; the epidemic continues to grow; Getting Ahead of the Epidemic identified a need to develop a new approach to federal leadership and collaboration with provinces and territories to support a sustainable coordinated approach to HIV/AIDS; to ensure that those who are at risk of acquiring HIV/AIDS or are living with the disease have equitable access to programs and services; and to strengthen HIV/AIDS-specific services and supports, with a focus on those populations most affected.

http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/publications/ahead.html

Table 6: Details on Transfer Payments Programs (TPPs) (continued)			
1)	**Name of Transfer Payment Program: Contributions to incorporated local or regional non-profit Aboriginal organizations and institutions for the purpose of developing early intervention programs for Aboriginal pre-school children and their families**		
2)	Start Date: 1995–96	3) End Date: Ongoing	4) Total Funding:
5)	Description of Transfer Payment Program: Aboriginal Head Start; Early Childhood Development		
6)	Objective(s), Expected Result(s) and Outcomes: To develop early intervention programs for Aboriginal pre-school children and their families. Enhanced programming for parental involvement and support for special needs children at 114 community sites. To expand existing facilities in under-served communities and to create new centres in unserved communities. To consult with the national advisory committee and regional offices to set priorities for program expansion. To address the need to improve access to information and training. To increase overall enrolment in the program by approximately 1000 children by 2004–05. To increase the number of parental involvement workers, the number of special needs workers and training offered to project staff in areas such as services to special-needs children and parental involvement.		
7)	Achieved Results or Progress Made: There are 131 community sites, with 1000 new Aboriginal Head Start spaces. In the process of increasing the number of parental involvement workers, the number of special needs workers, and training offered to project staff in areas such as services to special-needs children and parental involvement.		

	8) Actual Spending 2002–2003	9) Actual Spending 2003–2004	10) Planned Spending 2004–2005	11) Total Authorities 2004–2005	12) Actual Spending 2004–2005	13) Variance(s) between 10 and 12
14) Business Lines (BL) **Health Promotion and Protection**						
- Total Grants						
- Total Contributions	25.8	28.0	29.1	28.8	28.7	0.4
- Total Other Transfer Payments						
15) Total for BL (or PA)	25.8	28.0	29.1	28.8	28.7	0.4
16) Total TPP	25.8	28.0	29.1	28.8	28.7	0.4
17) Comments on Variances:						
18) Significant Evaluation Findings and URL to Last Evaluation: Aboriginal Head Start (AHS) conducts annual process evaluations and is in the final phase of a three-year impact evaluation. Initial findings from the impact evaluation are as follows: children demonstrate improved skills in school readiness and in other areas of early childhood development; parents participate in AHS management and operations, in parenting classes and in the classrooms; there is community mobilization around children; and Aboriginal cultures and languages are strengthened in participants.						

Table 6: Details on Transfer Payments Programs (TPPs) (continued)			
Other Transfer Payments			
1)	**Name of Transfer Payment Program: Payments to provinces and territories to improve access to health care and treatment services for persons infected with hepatitis C through the blood system**		
2)	Start Date: 2000–01	3) End Date: 2014–15	4) Total Funding: 200.6
5)	Description of Transfer Payment Program: Improved Resourcing for Hepatitis C Health Care Services		
6)	Objective(s), Expected Result(s) and Outcomes: To improve access to health care and treatment services for persons infected with hepatitis C through the blood system. Federal transfers will be used for health care services indicated for the treatment of hepatitis C infection, and medical conditions directly related to it, such as current and emerging antiviral drug therapies, other relevant drug therapies, immunization and nursing care. Regular reports to the public will be prepared on the nature of initiatives benefiting from federal funding.		
7)	Achieved Results or Progress Made: Funds have been distributed among the provinces and territories where access to health care and treatment service are being provided.		

	8) Actual Spending 2002–2003	9) Actual Spending 2003–2004	10) Planned Spending 2004–2005	11) Total Authorities 2004–2005	12) Actual Spending 2004–2005	13) Variance(s) between 10 and 12
14) Business Lines (BL) **Health Promotion and Protection**						
- Total Grants						
- Total Contributions						
- Total Other Transfer Payments	21.2	44.0	50.1	50.1	50.1	0.0
15) Total for BL (or PA)	21.2	44.0	50.1	50.1	50.1	0.0
16) Total TPP	21.2	44.0	50.1	50.1	50.1	0.0
17) Comments on Variances: No variances						
18) Significant Evaluation Findings and URL to Last Evaluation: The first federal five-year review of the Undertaking Agreement will occur in 2005–06.						

Table 6: Details on Transfer Payments Programs (TPPs) (continued)			
1)	**Name of Transfer Payment Program: Contributions to persons and agencies to support health promotion projects in the areas of community health, resource development, training and skill development, and research**		
2)	Start Date: 1999–2000	3) End Date: 2005–06	4) Total Funding:
5)	Description of Transfer Payment Program: Diabetes		
6)	Objective(s), Expected Result(s) and Outcomes: To expand the knowledge base for program and policy development, to build more partnerships and to develop inter-sectoral collaboration. Evidence-based policies and programs that promote healthy activities and create a larger cadre of trained community members. Increased number of community-based initiatives that foster evidence-based healthy living practices, healthy environments, safe products and strong support systems. Greater number of organizations and networks acting collaboratively to help Canadians make physical activity a part of their daily lives. To provide Canadian consumers with expert-reviewed information/resources focussing on how to stay healthy and to prevent disease and injury so that Canadians can be better informed and empowered to have more control over their health and improve their health literacy.		
7)	Achieved Results or Progress Made: With stronger linkages with our internal and external partners, we have made significant progress on integrated approaches to public health through the development and implementation of chronic disease policies and programs, as well as providing leadership and expertise in pan-Canadian chronic disease prevention and control.		

	8) Actual Spending 2002–2003	9) Actual Spending 2003–2004	10) Planned Spending 2004–2005	11) Total Authorities 2004–2005	12) Actual Spending 2004–2005	13) Variance(s) between 10 and 12
14) Business Lines (BL) **Health Promotion and Protection**						
- Total Grants						
- Total Contributions	6.7	7.1	6.0	6.0	5.9	0.1
- Total Other Transfer Payments						
15) Total for BL (or PA)	6.7	7.1	6.0	6.0	5.9	0.1
16) Total TPP	6.7	7.1	6.0	6.0	5.9	0.1
17) Comments on Variances: Deferral of staffing during the transition to the new Agency contributed to the impact of turnover. Unanticipated operational constraints and staff turnover prevented some planned activities/projects from being completed on time or as planned.						
18) Significant Evaluation Findings and URL to Last Evaluation:						

Table 6: Details on Transfer Payments Programs (TPPs) (continued)			
1.	**Name of Transfer Payment Program: Contributions to non-profit community organizations to support, on a long-term basis, the development and provision of preventive and early intervention services aimed at addressing the health and developmental problems experienced by young at-risk children in Canada**		
2.	Start Date: 1994–95	3. End Date: Ongoing	4. Total Funding:
5.	Description of Transfer Payment Program: Canadian Prenatal Nutrition Program (CPNP)		
6.	Objective(s), Expected Result(s) and Outcomes: To improve community capacity to respond to the needs of pregnant women who are living in circumstances that put their health and the health of their infants at risk. To increase access to health and social supports for pregnant women in approximately 330 projects in about 2000 communities in Canada. To reach the intended audience, e.g., women living in challenging circumstances such as poverty, poor nutrition, teenage pregnancy, social and geographic isolation, recent arrival in Canada, alcohol or substance use and/or family violence. The Fetal Alcohol Spectrum Disorder (FASD) portion aims to build community capacity by developing tools and resources for the use of community-based front-line workers.		
7.	Achieved Results or Progress Made: There are approximately 330 Canada Prenatal Nutrition Program projects in about 2000 communities across Canada. The Program serves about 50,000 prenatal and recently postnatal women annually. Each year, an estimated 28,000 pregnant women and 1,800 postnatal women enter CPNP. The FASD National Strategic Project Fund supported 8 projects that are now in the dissemination and evaluation phase: – one developed a curriculum for a certificate program at the college level which is being picked up by other colleges across Canada; – one developed tools and resources for families and caregivers coping with FASD-affected individuals; – one is raising awareness and knowledge among allied professionals to help them cope with those affected by FASD in their sectors; – one maintains a database of programs related to FASD; – and one was designed to adapt resources into French for French-speaking communities across the country.		

	8) Actual Spending 2002–2003	9) Actual Spending 2003–2004	10) Planned Spending 2004–2005	11) Total Authorities 2004–2005	12) Actual Spending 2004–2005	13) Variance(s) between 10 and 12
14) Business Lines (BL) **Health Promotion and Protection**						
- Total Grants						
- Total Contributions	27.1	26.4	27.4	27.9	27.9	-0.5
- Total Other Transfer Payments						
15) Total for BL (or PA)	27.1	26.4	27.4	27.9	27.9	-0.5
16) Total TPP	27.1	26.4	27.4	27.9	27.9	-0.5
17) Comments on Variances:						
18) Significant Evaluation Findings and URL to Last Evaluation: Significant Evaluation Findings and URL to Last Evaluation: The CPNP is undergoing a comprehensive evaluation, and information has been collected to measure reach and retention, relevance, implementation and impact. According to evaluation findings from 1998 to 2003, the CPNP is reaching the intended audience and is estimated to have served 60% of low income pregnant women in Canada, 40% of teenagers delivering live births in Canada and 37% of Aboriginal pregnant women living off-reserve. The FASD projects are in their last dissemination and evaluation year; as a result, there are no evaluation findings yet.						

Table 7: Conditional Grants (Foundations)

1) Name of Foundation: Canada Health Infoway Inc.

2) Start Date: start FY 04/05 3) End Date: end FY 08/09 4) Total Funding: $100 million

5) Purpose of Funding: One-time allocation to invest in the development and implementation of pan-Canadian Health Surveillance System

6) Objective(s), expected result(s) and outcomes:

Objectives: To develop an implementation strategy for a pan-Canadian Public Health Surveillance System based on a full assessment of the required tools for public health surveillance (client and provider registries, domain repositories, peer to peer standards repositories, surveillance applications, integration technologies) and to determine how best to build upon what already exists.

There is a major gap in the capacity to manage surveillance data. Infoway can align the required activities to address this gap with their work on the electronic health record. For more information on the Canada Health Infoway Inc. (Infoway), please see the Health Canada 2004-2005 Departmental Performance Report.

Link to TBS Estimates site:
2004–2005 Part III – Departmental Performance Reports (DPR)
http://www.tbs-sct.gc.ca/rma/dpr1/04-05/index_e.asp

Expected Results: The majority of jurisdictions have functional surveillance systems that are interoperable with other health care systems and between jurisdictions leading to:

- Improved reporting and analysis times from diagnosis to response for routine public health activities, and outbreaks;
- Secure sharing of health data or information across multi-disciplinary teams;
- An improved capacity to locate, notify and manage contacts and quarantined persons in major outbreak situations;
- Improved public health efficiency in making routine and surveillance information available to policy makers ad managers to support public heath program management;
- Public health business requirements incorporated into those initiatives around data definitions, risk factors, process models, technology and enterprise architecture;
- Improved knowledge of, and adoption of standards across jurisdictions to promote standardization in reporting of public health data;
- Improved operability between disparate health systems and public health applications;
- Improved security of personal health information; and
- Increased transparency and accountability in the health system.

Outcome: Better health protection and improved health outcomes for Canadians.

7) Achieved results or progress made (within overall departmental results achieved):

1. Development of an investment strategy and its approval by the Infoway Board of Directors in December, 2004.

   This was done through consultations with stakeholders and in collaboration with a Steering Committee comprised of F/P/T public health and information technology experts. The strategy will focus on building the core common components of the surveillance system solution, including infectious disease case management, immunization management, outbreak management, health alerts, surveillance and reporting, and integration to jurisdiction registries and laboratory repositories.

2. A high-level business requirements and software market study was completed. This study provided an analysis of potential applications and tools that may be available in the private and public sectors to build upon. It included both Public Health Agency of Canada (PHAC) applications: i-PHIS and CNPHI-CIOSC.

3. A Requirements Definition document was completed, outlining the high level requirements of the public health community for the solution to be built. It included an analysis of the components of the Public Health Agency's iPHIS product that could be reused or adapted for pan-Canadian health surveillance needs.

4. A Solution Specification that compares candidate solutions and makes recommendations for each required health surveillance component. The recommended solutions are a combination of content leveraged from existing public sector systems (reuse), off-the-shelf commercial products (buy), and custom-built software (build).

	8) Actual Spending 2002–2003	9) Actual Spending 2003–2004	10) Planned Spending 2004–2005	11) Total Authorities 2004–2005 $ million	12) Actual Spending 2004–2005 $ million	13) Variance(s) between 10 and 12 $ million
14) Conditional Grant(s)	N/A	N/A	0	100	100	100

15) Comments on Variances:

16) Significant Evaluation Findings and URL to last evaluation: An evaluation to measure Infoway's overall performance in achieving the outcomes identified in the Funding Agreement is due March 31, 2006.

17) URL to Foundation site: http://www.infoway.ca

18) URL to Foundation's Annual Report http://www.infoway.ca/pdf/CHI-fullAR-en.pdf

Table 8: Response to Parliamentary Committees, Audits and Evaluations for FY2004–2005

Response to Parliamentary Committees
No committee responses were tabled during the time period indicated.
Response to the Auditor General
No Auditor General audits were tabled in 2004–05 with recommendations directed at the former Population and Public Health Branch of Health Canada or the Public Health Agency of Canada.
External Audits or Evaluations
Internal Audits or Evaluations
Internal Audits: As a former branch of Health Canada, the Public Health Agency of Canada participated in internal audits completed by Health Canada in fiscal year 2004–05. For information regarding these audits, please refer to Table 17 of Health Canada's Departmental Performance Report. A risk assessment that is being conducted in fiscal year 2005–06 will form the basis of the Agency's first multi-year risk-based audit plan. Evaluations: There were no evaluations of programs of the Public Health Agency of Canada released in 2004–05. A list of the evaluations conducted since 1982 by Health Canada, including its former Population and Public Health Branch, can be found at http://www.hc-sc.gc.ca/iacb-dgiac/arad-draa/english/programeval/report/reportindex.html. The Evaluation of the Canada Prenatal Nutrition Program and the Synthesis of Canadian HIV/AIDS Related Evaluations, 1998–2003, released during 2004–05, pertained to the former Population and Public Health Branch of Health Canada. The Agency initiated the creation of a centre that will focus on program design and excellence in evaluation during 2004–05. An assessment of evaluation resources and the preparation of risk-based evaluation plans were undertaken to support the design of the planned centre.

Table 9: Sustainable Development Strategies (SDS)	
Sustainable Development Strategies **Department/Agency: Public Health Agency of Canada**	
Points to address	**Departmental Input**
1. What are the key goals, objectives, and/or long-term targets of the SDS?	Prior to the creation of the Public Health Agency of Canada (PHAC) in September 24, 2004, the former Population and Public Health Branch (PPHB) was an integral part of the Health Canada Sustainable Development Portfolio and contributed to the development of Health Canada's third Sustainable Development Strategy (SDS) 2004–07, entitled *Becoming the Change We Wish to See*. The three-year strategy was developed with three thematic areas for action which Health Canada (HC) is reporting on in the 2004–2005 DPR: Theme 1: Helping to create healthy social and physical environments Theme 2: Integrating sustainable development into departmental decision-making and management processes Theme 3: Minimizing the environmental health effects of the Department's physical operations and activities Under Theme 1, PHAC or the former PPHB had one commitment, the Active Transportation initiative, which was cited in the HC 2004–05 RPP and in the PHAC 2005–2006 RPP. The goals of the Active Transportation initiative are the following: a) To build and to increase awareness among Canadians of the implications of their current transportation practices and costs of their personal, community and environmental health, safety and transportation choices, and to increase the number of Canadians choosing walking and cycling over automobile use, especially for short trips; and b) To increase awareness across sectors regarding the significance of links between land use planning, transportation, environment and health, to increase awareness among decision makers at the municipal, provincial and national level of the supportive social and physical infrastructure required for active transportation, and to improve public policies in this area.

Department/Agency: Public Health Agency of Canada Points to address	Departmental Input
	The objectives of this specific SDS are: a) To increase knowledge on the barriers to active transportation participation; b) To enhance multi-sectoral collaboration; and c) To create community active transportation plans.
2. How do your key goals, objectives and/or long-term targets help achieve your department's/ agency's strategic outcomes?	By creating more liveable communities and improving the physical environment to be more supportive of active transportation, the objectives are improving Canadian's health by increasing physical activity levels, contributing to reversing the growing trend towards obesity in Canada, reducing greenhouse gas emissions and hospital admissions for respiratory illnesses and creating stronger community interaction.
3. What were your targets for the reporting period?	Our targets for the reporting period were: 1) To support a National Active Transportation Survey and to conduct focus groups across the country to assess changes in active transportation knowledge, attitudes and behaviours; and 2) To support active transportation workshops and community charettes.
4. What is your progress (this includes outcomes achieved in relation to objectives and progress on targets) to date?	The National Active Transportation Survey was completed in January 2005 by Go for Green (a national not-for profit organization) and the Canadian Fitness and Lifestyle Research Institute. This survey examined new and longitudinal data that assessed changes in active transportation knowledge, attitudes and behaviours (specifically participation levels, types of trips, frequency and length of trips, barriers and opportunities of increasing participation and magnitude of potential shifts. A final report of results is available, and a comparative analysis will begin within the next few months. Fact sheets and a PowerPoint presentation as well as a media release will be developed by the fall of 2005 to coincide with International Walk to School Week, an event organized nationally by Go for Green. Eight focus groups (including a total of 72 participants) with a mix of adults and youth were conducted by Go for Green and Allium Consulting, in Vancouver, Winnipeg, Ottawa and Halifax. These focus groups provided useful insight into a variety of issues related to Canadians' use of active transportation and advice for future strategic planning, communication, partnership

Department/Agency: Public Health Agency of Canada	
Points to address	**Departmental Input**
	development and project planning for all levels of government and non-governmental organizations (NGOs) working in the area of active transportation. Active Transportation workshops and community charettes were held in several communities across Canada to assess the active transportation quotient (an audit tool for communities to determine the quality of the local active transportation environment) and to create an active transportation vision within their community. Health Canada/Public Health Agency of Canada, Transport Canada and Environment Canada regional offices were invited to participate in the workshops. Go for Green has continued communications with these communities and continues to forward additional resources. There will also be follow-up assessments to document implementation of active transportation community plans and adoption policies supportive of active transportation. Go for Green has received an overwhelming number of requests from communities near the communities that implemented these projects and from communities throughout Canada to conduct these workshops and has not been able to keep up with demand. Every attempt will be made to follow up with these communities within this fiscal year or the next. Go for Green also made a presentation to the Canadian Institute of Transportation Engineers, at its Vancouver Conference, and to three committees of the Transportation Association of Canada: the Sustainable Transportation Standing Committee, the Traffic Operations and Management Standing Committee and the Geometric Design Standing Committee. The Canadian Institute of Professional Engineers expressed some interest in working with Go for Green to conduct a joint session on Active Transportation at their spring meeting in April 2006. **Interdepartmental Collaboration:** The Agency's Physical Activity Unit is now a member of the Interdepartmental Working Group on Sustainable Urban Transportation to help guide and influence various federal policy frameworks to be more supportive of sustainable transportation (including active transportation).

Department/Agency: Public Health Agency of Canada	
Points to address	**Departmental Input**
	The Physical Activity Unit has worked with various federal departments including Transport Canada and Environment Canada for a number of years in promoting active transportation (e.g., by sponsoring Active and Safe Routes to School, the Federation of Canadian Municipalities Moving without Motors – A Guide to the Active Transportation Community and various workshops and regional forums. Transport Canada will be undertaking an analysis of active transportation in Canada and the role of the federal government, and will work closely with the Agency, along with other federal departments, provinces and municipalities, on this initiative. As part of its Collaborative Plan of Action to increase physical activity by 10 percentage points in every province and territory by the year 2010, The Federal/Provincial/Territorial (F/T/P) Physical Activity and Recreation Committee has plans to build on Go for Green workshops and conduct cross-Canada workshops on active transportation, with a focus on family and school-aged children and an emphasis on active and safe routes to school. Partnerships would include F/P/T Sport Committee, the F/P/T School Health Consortium, Go for Green, the Canadian Parks and Recreation Council, the Federation of Canadian Municipalities, Environment Canada, Transport Canada, Infrastructure Canada and Industry Canada. Approval is pending a decision at the August 2005 meeting of the Federal/Provincial/Territorial Ministers responsible for Sport. Active transportation is increasingly recognized as a practical alternative to the single-occupant vehicle (SOV) for shorter trips which offers many benefits for personal health and the environment, and cost efficiencies for both government and individuals. The following are some exciting examples of advancements in the field: – The Canadian Institute of Transportation Engineers is undertaking a project to develop and disseminate a guide that will recommend site design practices that can be applied through the land development process to promote the use of more sustainable modes of transportation such as walking, cycling and transit. This guide will also identify a range of supporting policies and actions that can be introduced to foster sustainable transportation initiatives. – The Centre for Sustainable Transportation is working on Child-Friendly Active Transportation Guidelines for individual provinces.

Department/Agency: Public Health Agency of Canada	
Points to address	**Departmental Input**
5. What adjustments have you made, if any? (To better set the context for this information, discuss how lessons learned have influenced your adjustments.)	Transport Canada and the Agency provided guidance on the content of workshops, the National Active Transportation Survey and focus testing. One adjustment made was the decision to conduct the professional development workshops within existing forums of the Canadian Institute of Transportation Engineers and the Transportation Association of Canada, for greater cost efficiency and efficacy in reaching this group. Since the active transportation workshops were conducted in the later part of the fiscal year, lessons learned will be applied to future sessions. As mentioned earlier, the Active Transportation Survey and focus groups provided useful insight into a variety of issues related to Canadians' use of active transportation and advice for future strategic planning, communication, partnership development and project planning for all levels of government and NGOs working in the area of active transportation.

Table 10: Procurement and Contracting

The Public Health Agency of Canada obtains procurement and contracting services from Health Canada. Please refer to Table 19 of the Health Canada 2004–2005 Departmental Performance Report, as it also applies to the Agency.

Link to TBS Estimates site

2004–2005 Part III – Departmental Performance Reports (DPR)
http://www.tbs-sct.gc.ca/rma/dpr1/04-05/index_e.asp (English)

Table 11: Service Improvement Initiative (SII)

1. Programs and services covered by a service improvement plan

The Canadian Health Network (CHN) has participated in the SII and has reported many of its findings through the Government On-Line initiative.

The CHN is a health promotion tool that provides consumers with expert-reviewed, quality-assured health promotion and disease- and injury-prevention information, which includes primary, secondary and tertiary prevention. It works to educate and influence behavioural changes at the individual and community levels.

The CHN is an integrated public health information collection, management and distribution program. Its content of almost 20,000 resources is entirely consumer-focussed. The sources of the information are a vast Canadian network of expert organizations, including federal, provincial and territorial governments, hospitals, libraries, universities, non-government and community-based organizations. The information is catalogued and quality-assured by 23 affiliate organizations whose mandates include disseminating information to Canadians (and/or providing community-level support for disseminating information) about a specific area of health. Topic areas include diabetes, cancer, respiratory disease, cardiovascular disease (including stroke) as well as those that touch on multiple risk factors, including environmental health, active living, healthy eating, tobacco cessation, and stress.

2. Development of baseline client satisfaction levels and progress toward achieving satisfaction targets

The CHN conducted client satisfaction surveys in 2002 and 2004. A third survey will be conducted in the summer of 2005. The 2002 survey provided two key baseline statistics on whether clients were able to find what they were looking for on the site, and overall client satisfaction.

In 2002, 50 percent of users were satisfied or very satisfied with the CHN site. In 2004, 95 percent of users indicated they were satisfied or very satisfied with the site. This is an increase of 45 percent, which is well over the SII goal of 10 percent.

The CHN has made significant progress in enhancing its service in response to the comments received through the survey. Many of these enhancements deal with the content of the CHN Web site; they are outlined in the Question 4 tables below.

3. Service standards for all key public services: setting of standards and performance against those standards

On its Web site, the CHN provides a Health Information Requests (HIR) function that allows clients to ask health-related questions by e-mail. The CHN Division receives the questions and then, depending on the subject matter, directs them to the most appropriate funded recipient for a response. In some cases, the CHN has coordinated and sent to the client a response from several funded recipients.

Due to privacy and confidentiality concerns, in 2004, the CHN and its funded recipients worked together to improve this service. HIRs are now directed specifically to the funded recipients instead of being sorted by the CHN Division. In addition, other improvements were made by developing and implementing the following:

- Making it easier to find the link to the HIR function on the Web site;
- More direct links to specific funded organizations that have the expertise to respond to a broader range of health-related questions (i.e. not only focussed on prevention and health promotion) while ensuring the privacy of the client asking the question;
- A standard five-day response commitment for all HIRs that is consistently applied by all funded recipients; and
- A mechanism within the quarterly reports process whereby recipients provide statistics on the number of HIRs received and responded to and on adherence to the five-day response service delivery standard.

4. Main achievements in improving service from a citizen-centred perspective

A number of key achievements have been accomplished by the CHN in order to improve its service. The following statistics, based on the 2002 on-line survey and public opinion research conducted during 2004–05, indicate that the CHN has improved its service from a citizen-centred perspective by more than 10 percent (the SII goal).

Area of improvement/ Specific Question	Findings From 2002	Findings From 2004	Notes/Comments
Overall level of satisfaction with the CHN Web site (satisfied or very satisfied)	50%	95%	This represents an increase of 45%, which is well over the SII goal of 10%.
Average monthly number of unique visitors to the CHN Web site	71,085	123,593	This represents a 74% increase. The number of unique visitors has continued to increase dramatically year over year.
Number of Healthlink subscribers (electronic newsletter)	118 (June 2002)	12,781 (Dec. 2004)	The number of subscribers to the CHN's electronic newsletter continues to rise regularly each month. Comments from users indicate that the information provided in the newsletter is highly useful. No users have unsubscribed. In fact, users who have changed job or location regularly inform the CHN of their new e-mail address.

Area of improvement/ Specific Question	Findings From 2002	Findings From 2004	Notes/Comments
			The figures gathered from June 2002 to December 2004 indicate an increase of 10,175% in subscriptions, well over the SII target of 10%. From June 2002 to June 2005, the increase is 18,976%.
Visiting the Web site for the first time	72%	25%	Through better marketing and leveraging of partnerships, the CHN has recorded a much lower proportion of visits from first-time users. This indicates that there is a higher percentage of repeat users. The statistics show a much higher increase of repeat users than the SII goal of 10%

Other service improvements were also made. Though there were no quantitative statistics captured on this matter, many qualitative comments gathered suggest that the concerns raised in 2002 were addressed.

Area identified in 2002 for possible improvement	Improvements made by the CHN to date
Need to explain the purpose of the CHN clearly on the Web site	In 2004, a new description was added on the CHN home page (“What can you expect to find at the Canadian Health Network?”).
Adding more content generally to the Web site	In response to the changing needs of Canadians, the CHN added new content areas to its roster of topics and groups. It now provides health information on the four chronic diseases that cause two-thirds of deaths in Canada. The number of resources available on the site has increased to nearly 20,000 in 2005.
Improve the search engine capabilities	In 2003, the CHN launched a new Web platform that included a content management system and a new search engine that significantly improved a client’s ability to retrieve relevant results. Clients could then sort information in various ways, pagination was added and the indexing was expanded to include additional metatags.
Improved access to feedback/answers to questions	The CHN, as described in item 3, enhanced its Health Information Requests function to improve client privacy and confidentiality, while at the same time ensuring that the link to the HIR function became more visible and was directed to the health organization that could respond to the question.

Table 12: Horizontal Initiatives
Table 12 on The Canadian Strategy on HIV/AIDS (CSHA) and the Federal Initiative to Address HIV/AIDS in Canada (FI) is available electronically at: http://www.tbs-sct.gc.ca/rma/eppi-ibdrp/hrdb-rhbd/profil_e.asp

Table 13: Travel Policies
Comparison to the TBS Special Travel Authorities
Travel Policy of Public Health Agency of Canada: The Public Health Agency of Canada follows the TBS Special Travel Authorities

Comparison to the TBS Travel Directive, Rates and Allowances
Travel Policy of Public Health Agency of Canada: The Public Health Agency of Canada follows the TBS Travel Directive, Rates and Allowances