Public Health Agency of Canada

2005 – 2006
Report on Plans and Priorities

Ujjal Dosanjh
Minister of Health

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Section I:

Overview

Minister's Message

Addressing the fundamental issues of health is one of my key areas of focus as Minister of Health. Perhaps more than ever, effective strategies for health promotion, health protection, and disease and injury prevention are instrumental in helping Canadians maintain and improve their health.

The Government of Canada is putting renewed emphasis on public health through the newly created Public Health Agency of Canada and the identification of a new health leadership position – the Chief Public Health Officer. This reflects our understanding of, and commitment to, an integrated and comprehensive view of health. The Agency will be exploring innovative ways to promote and protect the health of Canadians and to engage citizens and stakeholders in shaping the Agency's policies, programs and priorities.

The creation of the Agency also marks the beginning of a new approach in federal leadership and partnership with the provinces and territories on public health. Governments, public health experts and citizens all agree that Canada needs to enhance its commitment to public health and strengthen its capacity to respond to increasingly complex public health issues.

Further, Canadians have said that we need to improve our ability to anticipate, track and respond to new and emerging infectious diseases as well as the growing number of risk factors common to many chronic diseases.

The Agency is committed to action on these two fronts.

This first *Report on Plans and Priorities* of the Public Health Agency of Canada outlines the Government of Canada's public health priorities. These priorities are intended to best reflect how the Government of Canada can continue to contribute to Canada's public health requirements, and how Canadians can benefit from a world-class public health system.

The Agency will look to capitalize on investments in public health networks of experts. It will demonstrate leadership, innovation and a commitment to action in public health in Canada. The Agency will also foster domestic and international partnerships with stakeholders to further enhance our government's commitment to ensure healthy Canadians and communities in a healthier world.

I am confident that the Agency will provide a meaningful contribution to Canada's public health system and the overall health of Canadians.

Ujjal Dosanjh
Minister of Health

Message from the Minister of State (Public Health)

The arrival of Severe Acute Respiratory Syndrome (SARS) in Canada was an event that none of us wants to see repeated. But it was also a wake-up call for Canadians, an early warning that, in today's world of rapid, transcontinental travel and mobile populations, delivering health care without a robust and active public health component is fighting only half the battle.

The creation in September 2004 of the Public Health Agency of Canada and the appointment of the country's first Chief Public Health Officer are two concrete signs that not only has the government learned the lesson of SARS but it has also launched a new era in health, one that stresses prevention alongside treatment.

As a physician, I know that one of the critical components of healthy public policy is a strong and effective public health system. That is why I am pleased that the Agency is up and running. It is also personally gratifying for me to be working with a Minister and dedicated Agency staff for whom the health of Canadians is of the utmost concern.

This *Report on Plans and Priorities* again confirms the Government of Canada's commitment to public health as a tool for improving the health outcomes of Canadians.

In the first six months of operation, the Agency has made great strides in carrying out its overarching goal of leading federal efforts to prevent and control disease and injuries and to promote health. As we move forward, the Agency will undertake action to increase our preparedness against unexpected infectious outbreaks, whether naturally occurring or human-initiated, build our public health knowledge base through science, and advance policies and choices to prevent chronic diseases and injuries.

The Agency is fully aware that it cannot achieve its broader goals without the engagement and collaboration of the provinces, the territories and non-governmental partners or without bringing the Canadian people into the process. During 2005–2006, the Public Health Agency of Canada will continue to enlist Canadians as partners in establishing public health goals and targets, a process that will be carried into the future so as to build accountability, transparency, evidence-based decision-making and public dialogue into the DNA of the new Agency.

I fully expect that the renewed emphasis on public health through the leadership of the Agency and the Chief Public Health Officer will provide major long-term benefits in the lives and health of Canadians.

Dr. Carolyn Bennett MD
Minister of State (Public Health)

Message from the Chief Public Health Officer

The new Public Health Agency of Canada was established last September to lead federal efforts to promote and advance public health nationally and internationally.

Although the Agency is young, I am proud of the success that has already been achieved. We articulated our vision, mission and mandate, and are making the structural and organizational changes that will serve the Agency in the future. We managed the repercussions of a flu vaccine shortage in the U.S. We launched the second phase of the Global Public Health Intelligence Network and opened a second Emergency Operations Centre in Winnipeg. We played a significant role in Canada's humanitarian response to the tsunami disaster in Southeast Asia, including airlifting significant quantities of materials, equipment and medicines to the stricken region. We are taking a leadership role in establishing a pan-Canadian Public Health Network. And, we created a national antiviral stockpile, in partnership with the provinces and territories, enhancing Canada's status as a world leader in preparedness against an influenza pandemic.

Looking ahead, the Agency will work with the provinces and territories to engage experts and Canadians in the development of public health goals and targets through broad citizen participation and consultation. We will make health promotion and the prevention and control of both chronic diseases and communicable diseases key objectives of the Agency, alongside emergency preparedness.

To accomplish this, the Agency will build on the experiences of the past and, in collaboration with the provinces, the territories and partners, develop the science-based strategies and policies needed to give Canadians the best possible protection against unexpected communicable diseases and preventable chronic illness. In 2005–2006, the Agency will ensure that it has a modern and efficient infrastructure in place to enable it to deliver on its mandate.

This *Report on Plans and Priorities* focusses on three critical priorities for the Agency over the next three years: developing and leading Canada's long-term strategic public health approach; establishing and implementing integrated and disease-specific strategies; and developing and enhancing the capacity of the new Agency to meet its important mandate at both its Winnipeg and Ottawa pillars, as well as in Canada's regions.

I, and the many dedicated staff in the Agency, look forward to making real progress toward our vision of healthy Canadians and communities in a healthier world.

Dr. David Butler-Jones MD
Chief Public Health Officer

Summary Information

Our Vision – Healthy Canadians and communities in a healthier world

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
432.4	448.4	451.9

The February 2005 Budget proposed additional funding of $345 million over five years related to Public Health Agency of Canada priorities (e.g. Integrated Strategy on Healthy Living and Chronic Disease; Pandemic influenza preparedness; Hepatitis C Prevention, Support and Research Program). The Budget also outlines Departments' contributions to the government-wide expenditure review.

Human Resources (FTEs)		
2005–2006	**2006–2007**	**2007–2008**
1,836	1,877	1,886

Departmental Priorities (in millions of dollars)				
	Type	Planned Spending		
		2005–2006	**2006–2007**	**2007–2008**
Priority #1 Develop and lead Canada's long-term strategic public health initiatives	Ongoing	76.8	81.7	81.9
Priority #2 Develop, enhance and implement integrated and disease-specific strategies	Ongoing	92.7	110.8	115.3
Priority #3 Develop and enhance the capacity of the new Agency to meet its mandate	New	52.5	41.7	40.5

Departmental Plans and Priorities

Setting the Context

Public health consists of a range of efforts to keep people healthy and out of hospital. It includes activities such as immunization, promoting healthy eating and physical activity, and use of infection control guidelines in hospitals. It also includes emergency preparedness and response, detection, surveillance, laboratory testing and regulation to support these and other activities. By helping keep Canadians healthy, public health can relieve some of the pressure on the health care system.

Public health targets the entire population by working to identify threats and risks to the health of Canadians at large, as opposed to health care, which focusses on the individual. While they are both part of the continuum of health, the emphasis in public health is the preventable, whereas health care may be thought of as largely curative.

In today's rapidly changing environment, Canadians are at risk from a number of different public health threats and we – governments, public health professionals and experts, non-health sectors of society, individual citizens in Canada and abroad – all have a role to play in facing these challenges.

Globally, population growth has exerted increased pressure on the natural environment, increasing the likelihood of a disease crossing from animals to humans (zoonosis), while urbanization, population mobility and an increasingly global food supply have created environments in which infections can incubate and be transferred. By responding to these risks, public health helps not only to prevent and control the spread of infectious disease but also to protect the health of Canadians from potential bioterrorism threats and major communicable disease outbreaks.

Trends in the risk factors that lead to chronic diseases show that such factors are also increasing, as are disparities in the health status of some specific population groups. Changing demographics in Canada's population, threats in the physical environment, a more sedentary lifestyle and an increase in the number of Canadians with unhealthy eating habits leave us more vulnerable to chronic disease.

In addition to these worrisome trends and risks to public health, the National Advisory Committee on SARS and Public Health (the Naylor Committee, http://www.hc-sc.gc.ca/english/protection/warnings/sars/learning.html), the Government of Ontario's Campbell Commission (http://www.sarscommission.ca/report/Interim_Report.pdf) and Walker Panel (http://www.health.gov.on.ca/english/public/pub/ministry_reports/walker_panel_2003/introduction.pdf), and the Standing Senate Committee on Social Affairs, Science and Technology (http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/soci-e/rep-e/repfinnov03-e.htm) highlighted the importance of establishing a federal focal point for public health. They identified the following challenges:

- lack of clarity in leadership, legislative authorities, roles and responsibilities;
- uneven capacity and coordination within and between jurisdictions, particularly related to surveillance;
- shortage of public health human resources, including surge capacity;
- gaps in laboratory capacity and emergency response;

- uncoordinated research efforts; and
- unclear risk communications.

The experts agreed that action is needed.

On September 24, 2004, the Government of Canada announced the creation of the Public Health Agency of Canada (http://www.phac-aspc.gc.ca/new_e.html). Our vision is healthy Canadians and communities in a healthier world. It is our mission to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health. The Agency has a significant regional service presence that enables key programs and services to be delivered directly to target populations in their communities in collaboration with the provinces and territories, federal and international partners, and stakeholders. The Agency will work with other federal departments to advance public health.

Building on Success

As part of the broader Government of Canada health portfolio, the Public Health Agency of Canada's corporate priorities for 2005–2006 reflect newly emerged public health needs as well as those identified by ongoing activities transferred from Health Canada (http://www.hc-sc.gc.ca/english/index.html) to form the core of the Agency:

1. Develop and lead (in collaboration with partners) Canada's long-term strategic public health initiatives;
2. Develop, enhance and implement integrated and disease-specific strategies; and
3. Develop and enhance the capacity of the new Agency to meet its mandate.

Priority One: Develop and lead Canada's long-term strategic public health initiatives

In collaboration with the provinces, the territories, stakeholders, and health portfolio and other partners, the Agency will be:

- Identifying goals for improving the health status of Canadians;
- Developing the Pan-Canadian Public Health Strategy;
- Establishing the Pan-Canadian Public Health Network;
- Facilitating the establishment of, and providing ongoing support to, the National Collaborating Centres for Public Health; and
- Continuing to enhance public health emergency preparedness and response.

Priority Two: Develop, enhance and implement integrated and disease-specific strategies

In 2005–2006, the Agency will continue to develop integrated and disease-specific strategies for chronic disease and healthy living as well as to examine opportunities to integrate strategies for infectious diseases.

An integrated approach means that we identify common risk factors (e.g., physical inactivity) and focus our efforts on preventing and thereafter mitigating the effects of these factors. Disease-specific strategies are those that work to identify, prevent and mitigate risk factors that relate to particular diseases.

As the federal government's lead for health promotion and healthy living, the Agency will continue, in collaboration with Health Canada and other government departments, to encourage Canadians to engage in healthy activities to improve and maintain their quality of life and reduce their chances of getting sick. We will continue to strive to assist Canadians in their efforts to maintain their health for as long as possible by leading healthy lifestyles, and to promote healthy public policies at all levels of government.

Priority Three: Develop and enhance the capacity of the new Agency to meet its mandate

In 2005–2006, the Agency will prepare its enabling legislation, which will set out the mandate of the Agency, the role and responsibilities of the Chief Public Health Officer, and the powers of the Minister.

In our first full year of operation, we will finalize our new organizational structure, focussing our efforts on achieving results, embracing program and policy innovation, showing leadership, partnering effectively and demonstrating commitment. Our approach to human resources and organizational development will ensure that our structure and program activities support our priorities and achieve the results that Canadians expect of their federal public health agency.

We will forge relationships with the provinces and territories, our colleagues, partners, stakeholders and other parties to demonstrate leadership, develop and deploy the necessary levers and tools, and coordinate strategies and responses. The Agency's leadership role in public health carries with it a responsibility to make evidence-based decisions in the most effective strategic areas. By strengthening public health linkages, we will be better able to contribute to Canada's international obligations, share public health expertise with global partners, and enhance the credibility of our public health system.

The Agency will actively promote excellence in science and continue to enhance and support evidence-based decision-making. We are strengthening our support of science and research activities, starting with a Public Health Framework for Science and Research, which will reflect the overall health portfolio approach.

The Agency has an ambitious agenda, and we will ensure that our staff has the necessary knowledge and skills required to develop and deliver the right public health advice and tools to Canadians. The Agency will adopt policies and practices to retain and recruit a workforce that is well suited to fulfilling its mandate and objectives.

An important part of the Agency's forward planning will be the development of its Winnipeg pillar. The Agency will also build upon its regional presence in health promotion and explore the establishment of stronger regional public health capacities that will allow it to connect to public health partners across the country. In order to ensure a high degree of collaboration and accountability, we are adopting a formal citizen engagement strategy that will better involve Canadians in decision making.

In all aspects of our efforts and activities, we expect to be held accountable: by Parliament, by partners and by stakeholders – indeed by all Canadians.

Section II:

Analysis of the Agency's Strategic Outcome and Program Activity

Departmental Strategic Outcome: Healthier Population by Promoting Health and Preventing Disease and Injury

Program Activity: Population and Public Health

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
432.4	448.4	451.9

Refer to Section III for an explanation of year-over-year fluctuations

Human Resources (FTEs)[1]		
2005–2006	**2006–2007**	**2007–2008**
1,836	1,877	1,886

1 The number of Full-Time Equivalents (FTEs) corresponds to the salary allocation identified in the Agency's Main Estimates. As the Agency moves forward, these numbers will be updated in future Reports on Plans and Priorities and subsequent Departmental Performance Reports.

In the transition from being part of Health Canada to being established as a separate Government of Canada department in September 2004, the Public Health Agency of Canada is currently organized under one Strategic Outcome and one Program Activity.

In collaboration with the provinces, the territories, and health portfolio and other partners, the Agency leads federal efforts and mobilizes pan-Canadian actions in promoting and protecting national and international public health. These actions include anticipating, preparing for, responding to and recovering from threats to public health; and monitoring, investigating and reporting on diseases, injuries, other preventable health risks and their determinants. The Agency is also responsible for monitoring the general state of public health in Canada, in light of international health trends, to support effective actions in prevention and health promotion, and for building and sustaining a public health network with stakeholders. The Agency uses the best available evidence and tools to support national and international public health stakeholders as they work to enhance the health of their communities, and to provide public health information, surveillance, advice and leadership.

The Agency's programming falls into four broad categories:

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

In the rest of the section, some of the key programs and services related to these categories are described as well as their contribution to the Agency delivering on its mandate.

Emergency Preparedness and Response (http://www.phac-aspc.gc.ca/cepr-cmiu/index.html)

Preparing for and responding to emergencies is a key component of public health.

The Agency works closely with partners in Health Canada, other federal departments, and the provinces and territories to identify, develop and implement preparedness planning priorities and to develop public health emergency response plans.

Guidance for the Agency's emergency preparedness and response work comes from the Federal/ Provincial/Territorial Network on Emergency Preparedness and Response, based on the Ministers of Health's Special Task Force on Emergency Preparedness and Response that was created after the September 11, 2001 terrorist attacks in the U.S.

The Agency's activities in emergency preparedness and response fit within the recently completed National Framework for Health Emergency Management, which provides a consistent, inter-operational approach to health emergencies that respects jurisdictional specificities and priorities. It is consistent with, and supportive of, the Government of Canada's overall National Readiness and Response System.

While the programs and services described below are some of the more prominent emergency preparedness and response activities undertaken by the Agency's lead in this area, the Centre for Emergency Preparedness and Response, other elements – notably the Centre for Infectious Disease Prevention and Control and the National Microbiology Laboratory – also receive a portion of these financial resources and contribute in a substantive manner to how the Agency fulfils its mandate. As well, the Agency collaborates with other federal government departments and agencies within the health portfolio and Public Safety and Emergency Preparedness Canada, which have the lead in other aspects of emergency preparedness and response.

The Agency's work on emergency preparedness and response capacities supports our priority to develop and lead Canada's long-term strategic public health initiatives.

Emergency Preparedness Capacity (http://www.phac-aspc.gc.ca/ep-mu/index.html)

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
27.3	27.3	27.3

Emergency operational preparedness, planning and exercising (http://www.phac-aspc.gc.ca/cepr-cmiu/oeppt-dmupf/index.html) contribute directly to the Public Health Agency of Canada's emergency preparedness capacity. By focussing the Agency's efforts on these elements, we expect to see increased confidence among Canadians that the Government of Canada is better prepared to respond to national health-related emergencies. Of primary benefit to Canadians is the recognition that Canada is always working to improve its state of readiness to respond to all emergencies involving hazards that threaten the health of the public. The Agency prepares, plans and trains effectively with its partners to maintain an appropriate level of emergency preparedness for all Canadians.

The Agency is responsible for activating the National Emergency Response Assistance Plan, pursuant to the *Transportation of Dangerous Goods Act*, to respond to inadvertent spills of dangerous pathogens during their transportation. It equips and coordinates 15 national response teams and regularly conducts national training sessions for federal, provincial and territorial participants to maintain response readiness. This approach will continue for the next three years.

In the past year, the Agency has created Emergency Preparedness and Response Regional Coordinators across the country to interface with provincial and territorial government emergency preparedness authorities to refine region-specific planning and act as liaisons with other federal government departments through the federal government regional councils. This will also continue over the next three years.

The Agency will continue to provide accurate and timely national and global public health events information to Canadian and World Health Organization (WHO) officials through the Global Public Health Intelligence Network (http://www.phac-aspc.gc.ca/media/nr-rp/2004/2004_gphin-rmispbk_e.html), and will help to coordinate public health security by providing essential resources to front-line health workers across the country.

The Agency provides training for emergency preparedness to ensure that available professionals are skilled in course design, adult education and course delivery and helps partners to develop their own emergency training capacity. As well, the Agency plans, coordinates and implements various exercise designs to test existing operational plans to enhance preparedness before the lessons learned are incorporated.

The Agency will continue to support its nationwide quarantine service, strengthened after the SARS outbreak, in order to ensure that a robust capacity exists to act under the *Quarantine Act* to deal with the possible importation of dangerous infectious diseases.

By enhancing emergency preparedness capacity through planning, operational preparedness, training and exercising, the Agency expects that Canadians will benefit from a more efficient and effective response that reduces the effects of health-related emergencies.

Emergency Response Capacity

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
11.9	14.9	14.9

The increase in financial resources from 2005–2006 to 2006–2007 is due to incremental funding received to move towards a Pan-Canadian Public Health System.

The Agency mobilizes federal resources and coordinates pan-Canadian capabilities for emergency health and social services within Canada and internationally. The Agency has targeted the enhancement of this capacity as a key program over the next few fiscal years. Canadians should expect to see improved response in the event of a public health-related emergency.

The Agency inspects and certifies high risk (Level 3 and 4) bio-containment facilities, and issues permits for the importation of human pathogens (Human Pathogens Importation Regulations). It ensures that Agency and Health Canada laboratories respect the requirements for handling radioactive materials and for transportation of dangerous goods and hazardous materials, including toxic waste and chemical and toxic substances. Through the development and application of national biosafety policies and guidelines, the Agency provides national expertise on biosafety-related issues.

The Agency, the RCMP and DND are members of the National Capital Region's Joint Chemical, Biological Radiological and Nuclear (CBRN – http://www.phac-aspc.gc.ca/cepr-cmiu/ophs-bssp/links_index_e.html) Response Team, which provides expertise, specialized equipment, facilities and scientific support in response to threatened, perceived or actual incidents involving biological weapons or agents. The Agency provides on-site mobile detection and response capability, as it did at the 2002 G8 Summit in Kananaskis, and it will continue to enhance its laboratory response operations in both its first response laboratory and its mobile response isolator.

The Agency also contributes directly to Canada's role and participation in the Global Health Security Initiative, the international partnership to improve global public health security against the threat of chemical, biological, radiological and nuclear terrorism, and pandemic influenza.

The Agency's two main Emergency Operations Centres (EOC) in Ottawa and Winnipeg, and a secondary backup EOC, make up a seamless Agency EOC system. All Agency EOCs are fully integrated with each other and with existing domestic and international links to other federal, provincial, territorial and external EOCs, such as the U.S. Department of Health and Human Services Command Center, the U.S. Centers for Disease Control and Prevention, and the World Health Organization.

The Agency has a direct operational linkage with Public Safety and Emergency Preparedness Canada to integrate the health sector's emergency preparedness and response capacity with the overall Government of Canada's National Emergency Management Framework. This important liaison function will be enhanced to include operational linkages with the Agency's Emergency Operations Centres.

The Agency's National Emergency Stockpile System (NESS – http://www.phac-aspc.gc.ca/ep-mu/ness_e.html) maintains supplies in a robust and versatile system that includes items ranging from small backpack trauma kits to complete 200-bed emergency hospitals. At eight federal warehouses located strategically across the country and approximately 1,600 storage sites under federal/provincial/territorial care, the NESS will continue to have a 24/7 response capability as well as the ability to deliver these supplies anywhere in Canada within 24 hours of receiving a request for assistance.

The Agency further participates directly in health emergencies by helping to coordinate provincial and territorial emergency health and social services through the Council of Health Emergency Management Directors and the Council of Emergency Social Services Directors (http://www.phac-aspc.gc.ca/emergency-urgence/index_e.html).

In December 2001, the National Office of Health Emergency Response Teams (NOHERT – http://www.phac-aspc.gc.ca/cepr-cmiu/ophs-bssp/nohert_e.html) was established to develop Health Emergency Response Teams (HERT) that will assist the provinces and territories to create surge capacity in emergency situations.

In 2005–2006, two HERTs will be staffed, trained and supplied. In each of 2006–2007 and 2007–2008, an additional team will be staffed, trained and supplied in addition to maintaining ongoing activities. In the event of a public health emergency, the federal government would activate HERTs at the request of a province or territory, or in response to an event falling under federal jurisdiction.

Canadians will benefit directly from better coordination and planning, and a more rapid and targeted response to public health emergencies.

Health Emergency Response Teams

- Disaster medical response teams – four teams to be in major centres across Canada
- Specialized issue-specific teams – infection control, epidemiology teams
- Rapid response team – medical, nursing and other personnel to liase with provincial/territorial counter-parts to assess HERT response and to coordinate HERT resources

Health Promotion and Chronic Disease Prevention and Control

Individual health is much more than the just the absence of disease. The Agency recognizes that it is important to keep Canadians as healthy as possible for as long as possible. The Agency supports health promotion as a foundation for healthy living and the prevention and control of chronic and infectious diseases.

Broad systemic issues, including the environments in which we live and work, our culture, and other interrelated factors, affect individual health status. This is reflected in the population health/determinants of health approach the Agency uses for all its health promotion and disease prevention activities. It is the basis of several investments in community programming[1] related to children as well as in critical partnerships with other federal government departments such as Health Canada and Canadian Heritage.

The Agency works closely with health portfolio departments and agencies, provincial/territorial governments and voluntary organizations to identify emerging areas of concern, develop pan-Canadian action plans for health promotion, disseminate information to the public and to health professionals, integrate multiple and diverse interests and perspectives, and furnish a critical link between citizens and government policy- and decision-makers.

Social and economic inclusion analysis has evolved from the Agency's work on the social determinants of health. This analysis examines the complex interplay between disease and inequity. The Agency is working with community organizations and with other government departments to create effective tools and policies to address inequity. Led by its Atlantic Regional Office, the Agency has created resources such as *An Inclusion Lens*, a tool for analyzing the conditions of exclusion and solutions that promote inclusion, and *The Tides of Change: Addressing Inequity and Chronic Disease in Atlantic Canada*, to promote an understanding of the links between inequity and chronic disease and help identify effective chronic disease strategies.

The Agency's key programs and services in this area range from those that promote health and healthy living for all Canadians, and prevent chronic disease and injury among the many Canadians who are at elevated risk for these problems, to those that detect diseases early and manage them well so that people can live disability-free and productive lives.

To develop policy, research and programs related to specific identifiable target populations – such as children and adolescents, and seniors – the Agency maintains partnerships, collaborative relationships and networks with important domestic and international organizations, other federal departments and provincial/ territorial governments specific to target populations.

The Agency is also engaged in integrated and disease-specific prevention and control activities, in particular, programs and services related to cardiovascular disease, cancer, diabetes and respiratory diseases – the leading causes of death and disability in Canada.

The economic burden of chronic disease in Canada is estimated to be $70 billion per year.

The Agency collaborates with the provinces and territories on the development of both pan-Canadian and international integrated and disease-specific strategies, policies and programs for chronic disease prevention and control, and oversees their implementation in collaboration with other governments and stakeholders. This includes the development of chronic disease surveillance programs, the dissemination of evidence in support of these programs and the development of prevention, screening, and management strategies for chronic diseases.

1 See Table 6 in Section III for more details on the Agency's community investments.

The Agency works through the World Health Organization Collaborating Centre for Non-communicable Disease (NCD) Policy. As the only WHO-designated Collaborating Centre on NCD policy in the Americas or Europe, it directly contributes to the strengthening of the global response to chronic diseases and the support of the development and implementation of chronic disease prevention policy in Canada, the Americas and Europe. In addition, the Agency is working closely with the U.S. Centers for Disease Control and Prevention on issues relating to cardiovascular and other chronic diseases.

The Agency's commitment to health promotion and chronic disease prevention and control is concrete recognition that an integrated view of health is the best way to support its priorities of developing and leading Canada's long-term strategic public health initiatives, and developing, enhancing and implementing its integrated and disease-specific strategies.

Integrated Healthy Living Strategy
http://www.hc-sc.gc.ca/english/lifestyles/healthyliving/index.html

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
17.3	17.0	16.9

The Agency actively promotes healthy living through the Pan-Canadian Healthy Living Strategy, a federal/provincial/territorial collaborative effort for health promotion and disease prevention based on the population health approach. Endorsed by Ministers of Health in September 2002, the Strategy's initial goals are to reduce health disparities and improve health outcomes, emphasizing physical activity, healthy eating and their relation to healthy weight.

By establishing links between existing strategies within the health portfolio and other federal government departments and agencies (such as on tobacco use and control, alcohol, diabetes and chronic disease prevention) and new collaborative efforts on emerging issues (such as school health), this integrated approach will mobilize action and engage partners across jurisdictions, the health system and other sectors. It will also work through the determinants of health; target common risk factors for multiple diseases and injury, and consolidate promotion and prevention efforts where people work, live, learn and play. These goals will be achieved through the work of the Intersectoral Healthy Living Network, and the development of a research and surveillance agenda and a communications/health information strategy.

The Agency actively encourages and supports collaborative action with health portfolio partners and other government departments and non-governmental agencies to promote the importance of being physically active in daily life. It increases awareness and understanding of the benefits of physical activity. It supports healthy eating, and the relation of both physical activity and healthy eating to healthy weight. The healthy living initiative also supports programs, such as active transportation (http://www.phac-aspc.gc.ca/pau-uap/fitness/active_trans2.html), which contribute to sustainable development.

The Agency aims to reduce the burden of mental health disorders, and to maintain and improve the mental health and well-being of Canadians by addressing mental health issues from a population health perspective. Mental health promotion activities include the development, synthesis, dissemination and application of knowledge; and the development, implementation and evaluation of policies, programs and activities designed to promote mental health and address the needs of people with mental health disorders. In the coming year, the Agency will emphasize this important area of public health.

The Agency operates the National Clearinghouse on Family Violence (http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/webli-international_e.html), Canada's resource centre for information on violence within relationships of kinship, intimacy, dependency or trust. With its twelve federal Family Violence Initiative partner departments (including Indian and Northern Affairs Canada and Status of Women Canada), the Agency will continue to collect, develop and disseminate information on family violence across the country and abroad.

The Agency expects that, through its activities, there will be increased awareness of issues related to physical activity, mental health and family violence; increased community capacity to develop and implement policy and programs relating to physical activity, mental health and family violence; strengthened capacity at an intersectoral level to deal with these issues; and increased collaboration and partnerships in these three areas.

Integrated Strategies for Chronic Disease

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
6.5	7.3	7.3

Chronic diseases should no longer be considered in isolation. Strategies to enhance the health of Canadians are strengthened when they work together with the efforts of health partners. The Agency advocates a comprehensive and integrated approach across a range of public health activities including the promotion of health, and the prevention, management and control of chronic health problems and injury.

The Agency collaborates with the provinces, the territories, stakeholders and international partners on chronic disease prevention and control through surveillance and risk assessment, and in the development of integrated policies and programs. The Agency anticipates that this will result in enhanced chronic disease science capacity and surveillance to inform public health policies and legislation.

Actions that target more than one risk factor or more than one chronic disease enhance the overall awareness of chronic diseases, their risk factors and complications among health professionals and the general public, and improve public health practices for the prevention and early detection of chronic diseases.

Evidence has also shown that comprehensive, integrated and sustained efforts to prevent and reduce a few key risk factors common to the major chronic diseases are successful in preventing and reducing the impact of chronic disease. In 2005–2006, the Agency will continue to develop integrated strategies for chronic disease and healthy living in collaboration with health portfolio partners, the provinces and territories, and with other Canadian and international public health partners. This comprehensive approach will address the common risk factors for major chronic diseases, such as the relation between unhealthy eating and physical inactivity and unhealthy weight.

Chronic Disease-Specific Strategies

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
10.7	10.7	10.7

In addition to its integrated approach to common chronic disease risk factors, the Agency continues to target certain specific chronic diseases with significant social, medical and economic burdens for Canadians.

Cardiovascular diseases (http://www.phac-aspc.gc.ca/ccdpc-cpcmc/cvd-mcv/index_e.html) are the number one killers in Canada. Diseases such as stroke and heart disease put the greatest burden on the health care system. The Agency has the lead federal role for cardiovascular disease, including overall coordination of the prevention and control of cardiovascular diseases, as well as surveillance and data interpretation. The Agency will continue to work closely and collaboratively with a number of key partners and several actions will be advanced, building on the Canadian Heart Health Initiative, the Cardiovascular Action Plan, and targeted hypertension strategies.

The goals of the Canadian Strategy for Cancer Control, jointly developed by governments and stakeholders, are to prevent cancer, cure cancer and increase survival rates and quality of life for those with cancer by converting knowledge gained through research, surveillance and outcome evaluation into strategies and actions. Consultations have produced a plan for collaborative action in priority areas, and implementation has begun in several strategic areas: research; supportive, psychosocial and palliative care; primary prevention; standards; guidelines; human resource planning; and surveillance.

Through the Canadian Breast Cancer Initiative (CBCI – http://www.phac-aspc.gc.ca/ccdpc-cpcmc/bc-cds/index_e.html), the Agency continues to work collaboratively with cancer control stakeholders to address breast cancer issues ranging from prevention to palliative care. One of the most successful outcomes of this collaboration has been the development of systematic breast cancer screening. In 2005–2006, the Agency will continue to evaluate the results of its contributions to the CBCI to reduce breast cancer incidence and mortality and improve the quality of life of those affected by breast cancer.

Diabetes is a growing epidemic in Canada. About two million Canadians, or more than 5% of Canadian adults, have this chronic disease, and 60,000 new cases are diagnosed each year. Recognizing the social and economic burden of this disease, the Government of Canada launched a five-year Canadian Diabetes Strategy (http://www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/strategy/index.html), which was extended with funding of $30 million in the 2004 Budget. Actions undertaken include enhanced diabetes surveillance and support for community organizations to increase awareness of the disease and its prevention. In 2005–2006, the Agency will focus its efforts on the control and management of the disease for populations at risk and for those living with diabetes.

Through our efforts, we expect that health professionals and the public will have a higher awareness of chronic diseases, their risk factors and complications, and how best to respond to control and mitigate their effects.

Infectious Disease Prevention and Control (http://www.phac-aspc.gc.ca/id-mi/index.html)

The increase in the speed and volume of global travel places Canadians within 24 hours of almost any other place in the world – less than the incubation period for most communicable diseases, which can be transported by individuals or products such as food. This fact, combined with the realization that several previously unknown or rare diseases have appeared or re-appeared around the world in recent years, highlights the need for the Agency to be involved in activities aimed at reducing and preventing the spread of infectious diseases.

The Agency provides an enhanced pan-Canadian capacity to conduct policy development, surveillance, investigation, research and program response to food- and water-borne diseases, zoonoses, health care-acquired infections, community-acquired diseases, including sexually transmitted infections, hepatitis C and HIV/AIDS, respiratory infections such as tuberculosis, and vaccine-preventable diseases.

The Agency assists and/or coordinates investigations of disease outbreaks in provincial/territorial jurisdictions and internationally when requested. It facilitates, carries out and coordinates risk analysis and risk management activities with international, federal, provincial/local partner organizations and identifies emerging threats to the health and safety of Canadians.

More specifically, the Agency provides pan-Canadian guidance in efforts to reduce the risk of bloodborne infections, including transfusion-transmitted infections and infections resulting from transplantation.

Enhanced infection control and prevention programs in health care facilities and other community settings are helped by the Agency's collection, analysis, interpretation and dissemination of epidemiological information on occupational and nosocomial infections in the Canadian population.

The Agency also promotes access to services and programs, including sexual health education, that help Canadians improve and maintain their sexual and personal health. This work involves the joint efforts of the provinces and the territories, non-governmental organizations and health care providers in preventing and controlling sexually transmitted diseases and their complications, including infertility and cancer.

In collaboration with the provinces, the territories and partners, the Agency designs, develops and implements programs that will prevent hepatitis C infection, support people who have or are affected by the disease, and increases public awareness about it. In cooperation with several stakeholders, the Agency also supports research to further hepatitis C related knowledge, to transfer and disseminate it, and to apply research findings to other program activities. The Agency also provides leadership and coordination in the prevention and control of tuberculosis in collaboration with governments and partners at the regional, provincial/territorial, national and international levels.

Agency laboratories provide expert microbiological reference testing and carry out innovative research to improve our capacity to identify viruses and bacteria and support surveillance and outbreak investigation. These laboratories also provide policy-makers and other stakeholders with scientific information and advice on minimizing the risks of human illnesses arising from the interface between humans, animals and the environment. Their expertise in laboratory biosafety is in part based on the high-level containment capacity of the Canadian Science Centre for Human and Animal Health in Winnipeg, which houses both the Agency's National Microbiology Laboratory (http://www.nml.ca/english/index.htm) and the Canadian Food Inspection Agency's National Centre for Foreign Animal Disease.

The Agency's focus on infectious disease prevention and control supports its priority to develop and lead Canada's long-term strategic public health initiatives and to develop, enhance and implement integrated and disease-specific strategies.

HIV/AIDS (http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/monitoring/index.html)

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
34.8	49.5	54.1

The increase in the financial resources from 2005–2006 to 2007–2008 reflects additional funding received for the Federal Initiative to Address HIV/AIDS and the conclusion of a five-year agreement with the Canadian Institutes of Health Research (CIHR) in March 2006. CIHR will receive funds by permanent transfer in 2006–2007.

According to HIV/AIDS estimates from the Joint United Nations Programme on HIV/AIDS, almost five million people became newly infected with HIV in 2003, more than in any other year since the beginning of the epidemic. Around the world, the number of people living with HIV was estimated at 38 million. The total number of AIDS-attributed deaths since the disease was identified in 1981 is more than 20 million. At the end of 2002, an estimated 56,000 people in Canada were living with HIV infection, 12% more than at the end of 1999. About 30% of these individuals were unaware of their infection. This "hidden" aspect of the epidemic means that about 17,000 infected individuals are not able to access treatment, support or prevention services. HIV/AIDS is still a fatal disease, and there is no vaccine to prevent new infections.

While homosexual men remain the group most affected by HIV/AIDS in Canada, the epidemic has also gained a foothold in other populations, including Aboriginal people, inmates, injection drug users, youth, women and people from countries where HIV is endemic.

The Government of Canada has been actively addressing HIV/AIDS since 1983. The Canadian Strategy on HIV/AIDS (http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/monitoring/can_strat2.html) set out to create an ongoing, nationally shared approach to HIV/AIDS, with increased collaboration across all sectors of society. It brought legal, ethical and human rights issues to the fore while continuing to support the work of local and national non-governmental organizations, HIV/AIDS researchers and epidemiologists.

Building on recommendations from the House of Commons Standing Committee on Health report, *Strengthening the Canadian Strategy on HIV/AIDS* (2003) (http://www.parl.gc.ca/InfocomDoc/37/2/HEAL/Studies/Reports/healrp03-e.htm), on lessons learned from previous federal HIV/AIDS strategies, and on stakeholder and provincial/territorial consultations, the Government of Canada announced in May 2004 that the federal funding for HIV/AIDS would increase from $42.2 million to $84.4 million annually by 2008–2009.

The launch of the Federal Initiative to Address HIV/AIDS in Canada in January 2005 signalled a renewed and strengthened federal role in the Canadian response to HIV/AIDS. The Federal Initiative is a partnership among the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research, and Correctional Service Canada.

The goals of the Initiative are to prevent new infections, slow the progression of the disease and improve quality of life, reduce the social and economic impact of HIV/AIDS and contribute to the global efforts against HIV. Key activities involving the Agency include strengthening our knowledge of HIV/AIDS to better inform HIV prevention, care, treatment and support programs and developing discrete approaches for those populations most vulnerable to HIV/AIDS; increasing public awareness of HIV/AIDS and factors such as stigma and discrimination, which fuel the epidemic; integrating HIV/AIDS programs and services with those for other diseases such as hepatitis C and sexually-transmitted infections as appropriate; broadly engaging other federal departments to address factors that influence health, such as housing and poverty; increasing Canadian engagement in the global response to HIV/AIDS; and improving the communication of outcomes achieved from federal investments in HIV/AIDS.

Pandemic Influenza Preparedness

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
7.0	7.0	7.0

An influenza pandemic will likely be the largest public health infectious disease emergency we will face in Canada and globally. In light of this, the Agency has worked with the provinces, the territories and other stakeholders to develop the Canadian Pandemic Influenza Plan (CPIP). The goal of the CPIP is to minimize serious illness and death and societal disruption during an influenza pandemic. The CPIP is updated on an ongoing basis as new knowledge and planning guidance is incorporated but remains a basis for provincial and territorial pandemic plans and outlines the various responsibilities for all levels of government.

Even though the timing of the next pandemic cannot be predicted, it is important to work with our global partners on disease surveillance and threats that could signal the onset of a pandemic, and to ensure that the necessary global cooperation is already in place prior to a pandemic. The Agency, along with the provinces and territories through the Federal/Provincial/Territorial Pandemic Influenza Committee, collaborates with the World Health Organization and members of the Global Health Security Action Group to increase pandemic influenza preparedness in Canada and worldwide. The Agency will also continue to take a leadership role in updating the CPIP, in collaboration with the provinces and the territories, and in promoting implementation by all levels of government of any update to the Plan. By leading and participating in the implementation of surveillance activities, the Agency can help ensure better preparation and response to a pandemic.

Part of the preparation for an influenza pandemic is ensuring that there is an adequate domestic supply of vaccines. A 10-year contract (2001–2011) for developing and maintaining the capacity for domestic production of pandemic vaccine with ID Biomedical helps strengthen our state of readiness in advance of an influenza pandemic. The Agency and the provinces and territories have contributed to the creation of a stockpile of antiviral medication for use against a pandemic.

Since its emergence in 2003, a deadly strain (H5N1) of avian influenza has killed millions of domestic fowl in Asia. As of February 2, 2005, the WHO has confirmed 55 human cases of avian influenza, with deaths in over 75% of the cases. In late 2004, WHO confirmed the first death from human-to-human transmission of the H5N1 avian flu virus, and it concluded that the risk of a new influenza pandemic, tied to this virus, has never been so great.

Making the right decisions on surveillance and preparedness requires research and knowledge translation. Some of the ongoing research activities related to pandemic influenza planning include the Evaluation of Influenza Immunization Programs in Canada, in collaboration with the Canadian Institutes of Health Research and other partners inside and out of the health portfolio, and a modelling workshop on the potential impact of the pandemic vaccine and antivirals. This research helps to inform public health responses and contributes to professional and public education.

Health Care/Hospital Acquired (Nosocomial) Infections

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
3.9	3.9	3.9

Estimates have shown that about 5 – 10% of all patients who enter a health facility will develop a nosocomial (health care/hospital acquired) infection. While the provision of direct health care is almost all under provincial and territorial jurisdiction, the Nosocomial Infections Program works with the provinces and the territories to focus on the public health impact of infectious agent transmission during the provision of health care. One particular nosocomial infection, *Clostridium difficile (C. difficile)*, has received greater public attention in recent months (http://www.phac-aspc.gc.ca/c-difficile/index.html). *C. difficile* is the most common cause of infectious diarrhea in the industrialized world, with approximately 20% of the cases occurring in people who are taking antibiotics.

The Agency has established Infection Control Guidelines (ICG), a widely used set of recommendations that give health care providers, governments and other institutions best-practice information for the prevention and control of infections that occur during the provision of health care. The Agency will focus on expanding the scope of its recommendations to include the entire spectrum of health care provision, such as acute care, long-term care, office and outpatient care, and home care.

The Agency is also attempting to minimize the impact of nosocomial infections through the Canadian Nosocomial Infection Surveillance Program (CNISP). CNISP is a national surveillance program that provides statistics and data on nosocomial infections in Canada for use in the development and evaluation of guidelines. CNISP is currently conducting an incidence project with major teaching hospitals and some of their affiliates in nine provinces to determine the rates of *C. difficile* associated diarrhea and the incidence of adverse outcomes in various regions of Canada. The study began on November 1, 2004, and runs until April 30, 2005. As part of this study, the Agency will determine whether there is a way of differentiating severe cases from mild cases and whether there is a "new" strain of *C. difficile* that increases the severity of illness.

In January 2005 the Agency began to survey all of the hospitals in Canada to get a better understanding of their infection prevention and control practices for *C. difficile*. The Agency will use this information to refine the infection prevention and control recommendations for *C. difficile* in its Infection Control Guidelines.

Over the next three years, CNISP will expand the number of active surveillance projects and policy activities related to critical health care-acquired infections. CNISP will also establish ongoing surveillance in intensive care units in the 30 CNISP-affiliated hospitals across Canada and begin work to expand the CNISP network to key community hospitals and long-term care agencies.

The Antimicrobial Resistance and Nosocomial Infections Unit at the National Microbiology Laboratory in Winnipeg works closely with the Nosocomial Program to help design surveillance studies and provide laboratory information about the bacteria collected during the studies. As well, the Laboratory identifies and "fingerprints" antimicrobial resistance genes in common nosocomial pathogens to track the spread of these organisms within and between hospitals. The Unit also works closely with hospital laboratories to detect and understand emerging forms of antibiotic resistance. This information is used to develop rapid tests that identify new resistance patterns and increase the Agency's understanding of how to prevent the resistant strains from spreading.

National surveillance efforts have been complemented with program support to the provinces and territories and health care organizations in investigating nosocomial infection outbreaks such as SARS and avian influenza. The Agency is also conducting an in-depth analysis of infectious disease outbreaks in Canadian health care facilities and developing contingency plans for emerging infectious agents in health care environments.

Animal to Human (Zoonotic) Diseases

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
19.5	22.4	22.4

The increase in financial resources from 2005–2006 to 2006–2007 is due to incremental funding received to move towards a Pan-Canadian Public Health System.

Zoonotic diseases (those transmissible between animals and humans) include a very diverse group of pathogens that arise from animals and the agro-environment. This situation is expected to continue. In addition to direct health effects and associated health care costs, the ongoing economic and social effects of zoonoses are tremendous, ranging from lost productivity to international trade and travel restrictions. The Centre for Infectious Disease Prevention and Control (CIDPC), the National Microbiology Laboratory (NML) and the Laboratory for Foodborne Zoonoses (LFZ) all conduct activities to intervene in the threat of zoonotic diseases.

CIDPC intervenes by conducting surveillance of specific zoonotic diseases and takes part in outbreak response and management. It provides expertise on the public health risks linked to zoonotic and emerging diseases, and provides targeted information and advice to the public and to health communities. The Agency continues its research and surveillance work related to the West Nile virus (WNV), collaborating with Canada's blood agencies to minimize risks to Canada's blood supply. The initial effort by the Agency on WNV is being adapted to the development of provincial and territorial WNV response plans and will be the model for other zoonotic infections. Over the next three years, CIDPC will continue to provide the necessary infrastructure and scientific expertise to support basic surveillance, science, research, coordination and leadership in specific zoonoses.

Over the next three years, the National Laboratory for Zoonotic Diseases and Special Pathogens (ZDSP), a specialized part of the NML in Winnipeg, will continue to provide research and development, diagnostic and reference services, and national and international surveillance for zoonotic diseases and related biocontainment agents. The ZDSP program is unique in Canada, offering laboratory support for a wide variety of zoonotic disease pathogens, most of which are not dealt with at any other level within Canada. ZDSP will provide the appropriate level of laboratory monitoring for zoonotic diseases to help the Agency develop and enact appropriate prevention, response and control strategies.

National surveillance programs to monitor trends in antimicrobial resistance in selected enteric pathogens and indicator bacteria isolated from humans, animals and food sources is a necessary and important element in public health. The Laboratory for Foodborne Zoonoses (http://www.phac-aspc.gc.ca/lfz-llczoa/index_e.html) currently generates, synthesizes and communicates science-based information for the prevention and control of public health risks associated with enteric infectious diseases. The Agency will continue to enhance and develop this capacity to respond to issues such as antimicrobial resistance at the human, animal and environmental interface through integrative programs involving surveillance, research, risk assessment and policy effectiveness advice.

Over the next three years, the LFZ is planning specific research on major enteric pathogens with respect to virulence and host adaptation, and novel interventions at human/animal interface. The LFZ will coordinate, along with CIDPC and the NML, the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS), working with Health Canada and other federal and provincial/territorial counterparts, academia, industry partners and stakeholders to develop a pan-Canadian surveillance program for monitoring trends in antimicrobial resistance in selected enteric pathogens and indicator bacteria isolated from humans, animals and food sources.

Public Health Tools and Practice

Infrastructure is another key element of a strong public health system.

In Budget 2004, the Government of Canada committed resources to enhance public health on the front lines, including an investment of $500 million to assist in the development and implementation of a public health surveillance system, to help support a national immunization strategy and to help enhance public health capacity at the provincial and territorial levels.

The Agency contributes to this infrastructure enhancement through the development and provision of tools and applications that support front-line health care professionals and of practices and programs to build the long-term capabilities of public health professionals. For example, the Agency provides data management tools and access to the data and information necessary for evidence-based decision-making while ensuring that privacy risks are effectively managed.

The Agency also contributes major elements to enhance public health human resources capacity by delivering online programs and sponsoring training programs in epidemiology. Health professionals in local public health departments and regional health authorities across Canada access the Agency's programs to increase their skills in the areas of epidemiology, surveillance and information management.

In particular, the Agency is a leader in field epidemiology, which is the application of epidemiological methods to unexpected health problems when rapid on-site investigation is necessary. Field epidemiologists are disease detectives, invited to study diseases in order to better understand and control them. This involves helping investigation teams define, find and interview cases, coordinate the collection and analysis of specimens, apply statistical methods to assess factors responsible for illness and recommend control measures.

These efforts to develop, promote and enhance public health tools and practices support the Agency's priority to develop and lead Canada's long-term strategic public health initiatives as well as to develop, enhance and implement integrated and disease-specific strategies.

Public Health Tools and Applications Development

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
5.3	5.4	5.6

To respond to the major information challenges that face public health care professionals in Canada, the Agency has developed, among others, two valuable public health applications: the Canadian Integrated Public Health Surveillance (CIPHS) program and the Geographic Information Systems (GIS) Infrastructure program.

CIPHS (http://www.ciphs.ca) is the Agency program that develops suites of integrated computer and database applications to enable the systematic collection, integration, analysis, interpretation and dissemination of public health surveillance data. The CIPHS program works with provincial/territorial public health professionals in the CIPHS collaborative strategic alliance to build the capacity for public health surveillance at local, provincial, territorial and national levels.

CIPHS's main product to date is the integrated Public Health Information System (i-PHIS – http://www.phac-aspc.gc.ca/csc-ccs/ciphs_e.html), a unique web-based software suite consisting of customized health information management modules used by front-line public health providers, health managers, epidemiologists and health researchers. The i-PHIS modules provide tools for both client assessment and case management. i-PHIS enables the recording, storage, access and management of patient-specific health information, treatments and outcomes.

The i-PHIS application, through an integrated jurisdiction client registry and other key data sources, supports all aspects of public health service, including timely information sharing, response coordination and effective action. It enhances the ability of public health professionals to anticipate, control and prevent public health threats. It integrates client health records, referrals, scheduling and reporting to support effective case management, surveillance, screening, tracking and follow-up. In this evolving suite of tools, improvements to i-PHIS (such as comprehensive Outbreak and Quarantine Management capabilities) are under way. Work has also begun on the potential uses of i-PHIS in the Electronic Health Record.

As a collaboratively developed tool, CIPHS engages partners and other stakeholders in the development of i-PHIS at all levels, including the requirements definition level. This ensures that partners and stakeholders receive the public health information tool they need.

The GIS Infrastructure program (http://www.phac-aspc.gc.ca/csc-ccs/gis_e.html) promotes a user-friendly online tool for public health professionals called the Public Health Map Generator. The Public Health Map Generator will address current public health GIS needs for a cost-effective solution by providing a bilingual web site for public health professionals to create their own maps in a simple and timely manner. Public health professionals can now map their tabular health data using spatial data from an integrated spatial data warehouse, with little or no previous GIS skills or knowledge.

The GIS Infrastructure program enables public health professionals to visualize and analyze health data in a spatial context and to support their evidence-based decision making in program planning and evaluation, disease outbreak investigation, disease and injury surveillance, emergency preparedness, resource allocation, intervention program implementation and evaluation, public awareness and policy. The GIS Infrastructure is recognized as a critically important and evolving tool.

By employing these tools, we expect that health care professionals will be able to make better decisions based upon empirical evidence derived from tested methodologies and technologies.

Building Public Health Human Resource Capacity

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
5.8	6.0	6.0

The Canadian Field Epidemiology Program (CFEP - http://www.phac-aspc.gc.ca/cfep-pcet/index.html) was established in 1975 and provides specialized training for health professionals in the practice of applied epidemiology. The program was the first field epidemiology training program to successfully follow the model program in the U.S., and more than 100 graduates are now working domestically and internationally, and contributing to increased public health capacity.

Since the Program's inception, its field epidemiologists have investigated close to 250 outbreaks and other public health issues, and provided epidemiological assistance to every jurisdiction in Canada and abroad.

The Program develops skills and competencies not easily taught in academic or workplace settings. Field epidemiologists complete eight professional experience guidelines in the two-year program. Upon graduation, they receive an internationally recognized certification in field epidemiology.

The Program plans to expand its operations in the next two years, doubling the places available for incoming students, thus increasing the long-term capacity and responding to existing and future demands.

The Skills Enhancement Program (http://www.phac-aspc.gc.ca/csc-ccs/skills_e.html) complements the Canadian Field Epidemiology Program by providing high-quality and relevant distance learning opportunities to the public health workforce across Canada. The Program addresses significant knowledge gaps in the areas of epidemiology, surveillance and health information management. It is delivered through the collaborative efforts of the Agency, the provinces, the territories, professional associations and academic institutions, and it provides pathways for recognition of the enhanced knowledge by universities, professional associations and public health authorities.

The enhancement of public health human resource skills, knowledge and capacity will allow us to better undertake effective surveillance and respond to health threats and emergencies at the local, provincial, territorial, federal and global level.

Other Programs and Services

Financial Resources (in millions of dollars)		
2005–2006	**2006–2007**	**2007–2008**
282.4	277.0	275.8

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

Management Representation Statement

I submit, for tabling in Parliament, the 2005–2006 Report on Plans and Priorities (RPP) for the Public Health Agency of Canada.

This document has been prepared based on the reporting principles contained in the *Guide to the Preparation of Part III of the Estimates: Reports on Plans and Priorities*.

- It adheres to the specific reporting requirements outlined in the TBS guidance;
- It is based on the department's approved accountability structure as reflected in its Management Resources and Results Structure (MRRS);
- It presents consistent, comprehensive, balanced and accurate information;
- It provides a basis of accountability for the results achieved with the resources and authorities entrusted to it; and
- It reports finances based on approved planned spending numbers from the Treasury Board Secretariat in the RPP.

David Butler-Jones MD
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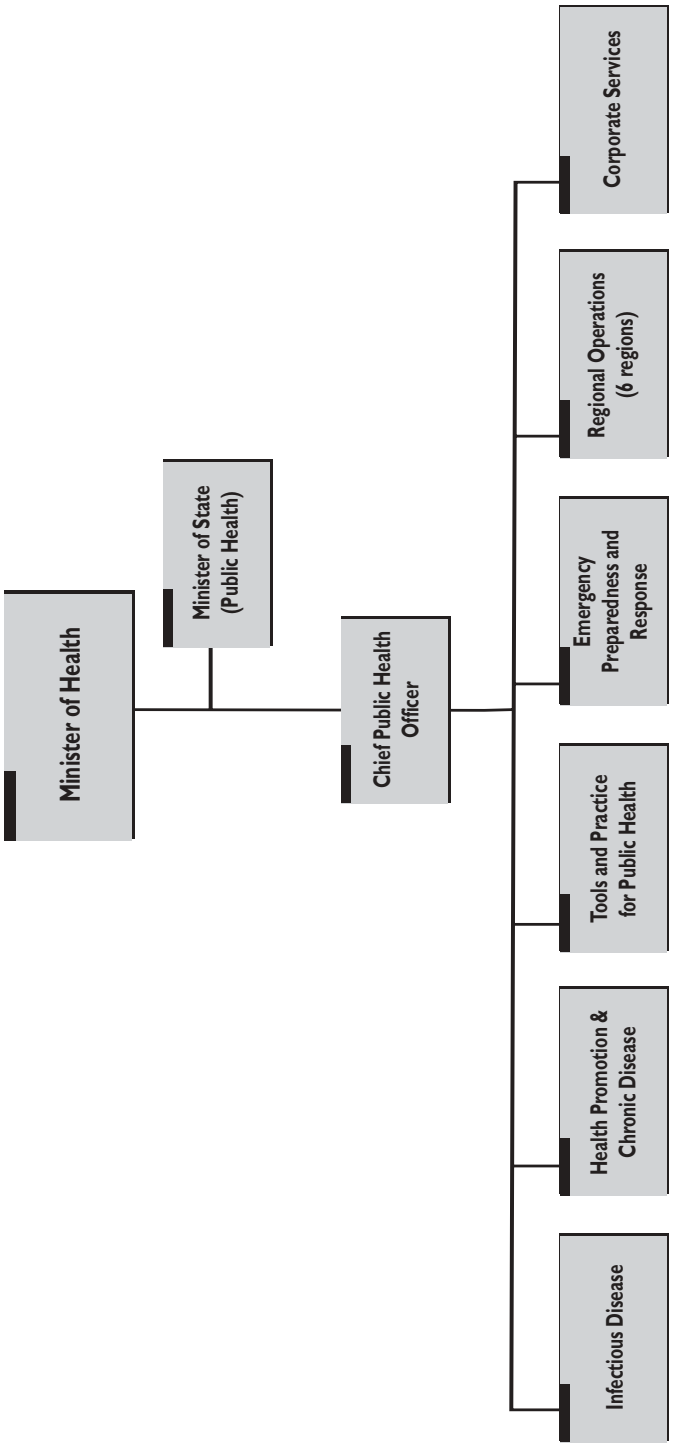
Chief Public Health Officer

Organizational Information



Proposed organizational information as of February 2005

Table 1: Departmental Planned Spending and Full-Time Equivalents

(in millions of dollars)	Forecast Spending 2004–2005[1]	Planned Spending 2005–2006	Planned Spending 2006–2007	Planned Spending 2007–2008
Budgetary Main Estimates		423.2	433.1	431.9
Less: Respendable Revenue		(0.1)	(0.1)	(0.1)
Total Main Estimates		**423.1**	**433.0**	**431.8**
Adjustments:				
Transfer from Health Canada[2]	410.3			
Supplementary Estimates:				
Additional funding to move towards a Pan-Canadian Public Health System	73.4			
One-year extension to existing health promotion programs (Canadian Diabetes Strategy and Hepatitis C Prevention, Support and Research Program)	21.5			
Operating budget carry-forward for smallpox & Agricultural Policy Framework	6.8			
Incremental funding for HIV/AIDS	3.0	**6.8**	11.2	15.9
Transfer from Canadian Heritage of funding related to the development of official Language Minority Communities (Interdepartmental Partnership with the Official Language Communities)	0.1			
Funding related to government advertising programs (Healthy Pregnancy)	0.1			
Less: Transfer to the Canadian Institutes of Health Research (CIHR) for HIV/AIDS	(1.8)			
Less: Reduction related to government advertising programs	(2.0)			
Funding for the creation of Fellowships/Bursaries/ Scholarships contribution program		**1.7**	4.2	4.2
Funding for Bovine Spongiform Encephalopathy (BSE)		**0.8**		
Other Adjustments:				
Collective Agreements	2.3			
Total Adjustments:	513.7	**9.3**	15.4	20.1
Net Planned Spending	513.7	**432.4**	448.4	451.9
Budget Announcements[3]				
Budget 2005 initiatives		**52.2**	70.3	66.9
Expenditure Review Committee reductions				
Departmental initiatives		**(3.5)**	(16.4)	(17.9)
Government-wide efficiencies – procurement		**(0.4)**		
Total Net Planned Spending	513.7	**480.7**	502.3	500.9
Plus: Cost of services received without charge[4]	16.0	**16.8**	17.1	17.1
Net Cost of Program	529.7	**497.5**	519.4	518.0
Full-Time Equivalents[5]	1,778	**1,836**	1,877	1,886

1 Reflects the best forecast of total net planned spending to the end of the fiscal year. For fiscal year 2004–2005, a special purpose allotment has been created within Health Canada to segregate the resources associated with the Public Health Agency of Canada.

2 The transfer from Health Canada reflects the Public Health Agency of Canada's share of the Health Canada Main Estimates restated to include the direct and indirect corporate support cost of the Agency.

3 This reflects changes in planned program spending for the upcoming planning period as a result of 2005 Budget announcements.

4 Refer to Table 4 of this section of the RPP for additional details.

5 Full-time equivalents reflect the human resources that the Department uses to deliver its programs and services. This number is based on a calculation that considers full-time, term and casual employment, and other factors such as job sharing. Full-time equivalent totals do not reflect the Budget 2005 announcement as program decisions regarding resource allocations have not yet been taken.

The decrease in the net planned spending of $81.3M from 2004–2005 to 2005–2006 is due to incremental funding of $3.8M for HIV/AIDS, an increase of $2.9M in the transfer from Health Canada for corporate support, incremental funding of $2.8M for the Pan-Canadian Public Health System, new funding of $1.7M for the creation of a contribution program for Fellowships/ Bursaries/Scholarships and of $0.8M for Bovine Spongiform Encephalopathy (BSE), reduced funding for Sectoral Involvement in Departmental Policy Development ($1.1M), a reduction caused by an adjustment to Employee Benefit Plans ($1.5M), a decrease due to the sunsetting of the Biotechnology Strategy for Genomics ($1.8M), reduced funding for the Centre of Excellence for Children's Well-Being ($1.8M), a decrease due to recently approved collective agreements not reflected in 2005–2006 ($2.0M), a reduction related to the $1B governmental reallocation exercise ($6.5M), a reduction for adjustments reflected in the 2004–2005 Supplementary Estimates for 2005–2006[1] ($28.5M) and reduced funding for Hepatitis C – Health Care Services[2] ($50.1M).

The increase in the net planned spending of $16.0M from 2005–2006 to 2006–2007 is due to additional funds of $10.2M caused by the end of the five-year agreement with the Canadian Institutes of Health Research (CIHR) for HIV/AIDS, incremental funding of $7.4M for the Pan-Canadian Public Health System, incremental funding of $4.4M for HIV/AIDS, incremental funding of $2.5M for the contribution program for Fellowships/Bursaries/Scholarships, sunset of Bovine Spongiform Encephalopathy (BSE) ($0.8M), reduced funding for Canada's Drug Strategy ($1.0M), a funding reduction due to the sunsetting of the Centre of Excellence for Children's Well-Being ($1.7M) and a reduction caused by an increase in PHAC's share of the $1B governmental reallocation exercise ($5.0M).

The increase of $3.5M in the net planned spending from 2006–2007 to 2007–2008 is due to $4.7M in incremental funding for HIV/AIDS and a reduction caused by an increase in PHAC's share of the $1B governmental reallocation exercise ($1.2M).

Table 2: Program Activity for 2005–2006 (in millions of dollars)

Program Activity	Operating	Grants and Contributions	Gross	Revenue	Total Main Estimates	Adjustments (planned spending not in Main Estimates)	Net Planned Spending
Population and Public Health	259.2	164.0	423.2	0.1	423.1	9.3	432.4

1 Includes Canadian Diabetes Strategy, Hepatitis C Disease Prevention Support and Research Program, an operating budget carry-forward, the Interdepartmental Partnership with the Official Language Communities (IPOLC) and government advertising programs (Healthy Pregnancy). Budget 2005 provides for new funding for the Canadian Diabetes Strategy of $18M per year (replacing the $15M per year that was due to sunset in March 2005) and a one-time funding of $10.7M in 2005–2006 for the Hepatitis C program.

2 This reduction is due a cyclical advance in 2004–2005 that will not occur in 2005–2006. This advance is budgeted every five years. This item will appear again in 2009–2010.

Table 3: Voted and Statutory Items listed in Main Estimates (in millions of dollars)

Vote or Statutory Item	Truncated Vote or Statutory Wording	2005–2006	2004–2005[1]
30	Operating expenditures	**234.7**	0
35	Grants and contributions	**164.0**	0
(S)	Contributions to employee benefit plans	**24.4**	0
	Total Department	**423.1**	**0**

(S) Statutory items are shown for information purposes only as they are expenditures incurred as a result of legislation and are not voted by Parliament.

1 PHAC's was part of Health Canada last year and amounts were included in the Health Canada Main Estimates. $410.3M was transferred from Health Canada for the 2004–2005 fiscal year as shown in Table 1 of this section.

Table 4: Net Cost of Department for 2005–2006 (in millions of dollars)

Net Planned Spending (Gross Budgetary Main Estimates plus Adjustments)	**432.4**
Budget Announcements	
Budget 2005 initiatives	**52.2**
Expenditure Review Committee Reductions	
Departmental initiatives	**(3.5)**
Government-wide efficiencies – procurement	**(0.4)**
Total Net Planned Spending:	**480.7**
Plus: Services Received without Charge	
Accommodation provided by Public Works and Government Services Canada (PWGSC)[1]	**7.0**
Contributions covering employers' share of employees' insurance premiums and expenditures paid by Treasury Board Secretariat (TBS)	**9.8**
Total Services Received without Charge:	**16.8**
Net Cost of the Department	**497.5**

1 PHAC's share of the cost of Health Canada's accommodation that is provided by PWGSC. The pro-ratio is based on FTEs.

Table 5: Sources of Revenue - Respendable Revenue (in millions of dollars)

Program Activity	Forecast Revenue 2004–2005	Planned Revenue 2005–2006	Planned Revenue 2006–2007	Planned Revenue 2007–2008
Population and Public Health				
Sale to federal and provincial/territorial departments and agencies, airports and other federally regulated organizations of first aid kits to be used in disaster and emergency situations.	0.1	**0.1**	0.1	0.1
Total Respendable Revenue	0.1	**0.1**	0.1	0.1

Table 6: Details on Transfer Payments Programs for the Public Health Agency of Canada

Over the next three years, the Public Health Agency of Canada will manage the following transfer payment programs in excess of $5 million:

2005–2006 through to 2007–2008

Grants to persons and agencies to support health promotion projects in the areas of community health, resource development, training and skill development and research

Grant to the Federal Initiative to Address HIV/AIDS in Canada

Contributions to persons and agencies to support health promotion projects in the area of community health, resource development, training and skill development, and research

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 children at risk in Canada

Contributions to the Federal Initiative to Address HIV/AIDS in Canada

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

Further information on the above-mentioned transfer payment programs is accessible at: http://www.tbs-sct.gc.ca/est-pre/estime.asp.

Table 7: Horizontal Initiatives

Over the next three years, the Public Health Agency of Canada will lead the following horizontal initiative:

- Federal Initiative to Address HIV/AIDS in Canada

Further information on all of the government's horizontal initiatives is accessible through http://www.tbs-sct.gc.ca/est-pre/estime.asp.