Public Health Agency of Canada

2006-2007
Report on Plans and Priorities

Tony Clement
Minister of Health

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Section I – Overview

Message from the Minister

Improving health and access to health care remains one of the highest priorities of Canada's new government. As Minister of Health, I recognize the important role played by the Public Health Agency of Canada and the Chief Public Health Officer in helping to promote and protect the health of all Canadians.

Within this government's first 100 days in office it tabled in the House of Commons Bill C-5, *An Act respecting the establishment of the Public Health Agency of Canada*. Now before the Senate, Bill C-5 is expected to come into force this fall. This legislation not only confirms the Public Health Agency of Canada as a federal focal point for addressing public health issues, but it also allows the Agency to continue in supporting a strengthened public health system in Canada.

Our government has made it a priority to guarantee patient wait times. One of the best ways to do so is to reduce pressure on our health care system and increase its sustainability by enhancing the overall public health. Chronic diseases such as cancer, cardiovascular disease and diabetes are leading causes of death and disability in Canada. By placing greater emphasis on disease prevention and promotion of healthy living, the Public Health Agency of Canada fulfils its mission and furthers its vision of helping Canadians become the world's healthiest people.

With respect to the Canadian Strategy for Cancer Control, the Budget confirmed this government's commitment to do its part to implement the Strategy. An investment of $260 million over the next five years will allow the Public Health Agency of Canada and Health Canada to work with partners on implementation. This funding will help improve cancer screening, research and prevention activities and to help coordinate efforts with the provinces and with cancer care advocacy groups.

Since its inception in the fall of 2004, the Public Health Agency of Canada has firmly established itself as a world leader in pandemic preparedness. Canada's Pandemic Influenza Plan developed in collaboration with provinces and territories is recognized by the World Health Organization as one of the most comprehensive in the world.

To further enhance Canada's pandemic preparedness, this Government announced $1 billion over 5 years in the 2006 federal Budget to further improve Canada's pandemic preparedness – $600 million to be allocated to departments and agencies and $400 million to be set aside as a contingency. This investment will build on the Canadian Pandemic Influenza Plan and enhance initiatives already underway in relation to both avian and pandemic influenza preparedness. The Public Health Agency of Canada leads portfolio collaboration with the Canadian Food Inspection Agency and Public Safety and Emergency Preparedness Canada on a variety of pandemic preparedness activities. This includes the purchase of additional antivirals, animal health guidelines and surveillance for wild birds and commercial poultry, laboratory enhancements and research, and improvements in vaccine readiness and emergency management preparedness.

The Public Health Agency of Canada also supports this government's direction on accountability through its ongoing review of grants and contributions to community groups and non-governmental organizations. The Agency has been recognized for its steps to ensure reporting on performance and value for money.

I am confident that the plans, priorities and programs outlined in this report will provide concrete advancements toward the Public Health Agency of Canada's goal of creating healthier Canadians and communities in a healthier world.

Tony Clement
Minister of Health

Message from the Chief Public Health Officer

The Public Health Agency of Canada has become a key component of Canada's health system. As the organization responsible for leading federal efforts to promote and advance public health in Canada, the Agency has had a significant impact on the way that health professionals approach their work, and how Canadians view public health issues.

As the Chief Public Health Officer of Canada, and Deputy Head of the Public Health Agency, I report to and advise the Minister of Health on the daily operations of the Agency and advise the Minister on public health matters. It is also my job to communicate directly to Canadians on key issues of public health. This dual role will be confirmed once Bill C-5, the enabling legislation for the Agency is in force.

In terms of the 2006-07 planning period, the Public Health Agency looks to support the Minister's key priorities in a number of ways.

To become a healthier nation we must address the root causes of chronic diseases such as cancer, cardiovascular disease and diabetes that are the leading cause of death and serious illness in Canada. The Agency is moving forward on the healthy living initiative, which focuses on helping Canadians improve nutrition and physical activity - the underlying factors for many different diseases. This will support the government's commitment to reduce wait times, by helping to alleviate pressures on the Canadian health system.

Cancer is clearly a priority for government – evidenced by the commitment at the recent First Ministers' meeting to reduce cancer waiting times, and the commitment and planning support given to building the Canadian Strategy for Cancer Control. The Public Health Agency of Canada has been working with provinces and territories and other partners to help achieve this goal. Cancer will be one of the major chronic diseases addressed in the Pan-Canadian Public Health Strategy to be developed by the Agency in consultation with many partners.

With the latest $1 billion investment in pandemic preparedness announced in the Budget, the Public Health Agency will be able to work closely with provinces, territories and other government departments to build on our collective successes. The Agency continues to demonstrate its commitment to working collaboratively with our provincial, territorial and international partners to improve public health outcomes for Canadians and those in need beyond our borders.

Over the next three years, the Agency will build on its early successes and move forward on the priorities outlined in this report. It will do so by working in concert with the provinces and territories to further build public health human resources capacity and to respond to major information challenges facing the public health system.

With the help of a dedicated staff, I look forward to continuing the progress toward making the Public Health Agency of Canada an agent of positive change in the health of Canadians.

Dr. David Butler-Jones
Chief Public Health Officer

Management Representation Statement

I submit for tabling in Parliament, the 2006-2007 *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 *Guide for the Preparation of 2006-2007 Part III of the Estimates: Reports on Plans and Priorities and Departmental Performance Reports*:

- It adheres to the specific reporting requirements outlined in the TBS guidance;
- It is based on the Agency's approved Program Activity Architecture structure as reflected in its Management Results and Reporting 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.

Dr. David Butler-Jones
Chief Public Health Officer

Summary Information

Our Vision – Healthy Canadians and communities in a healthier world

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

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
629.7	677.1	624.5

Human Resources (FTEs)		
2006-2007	**2007-2008**	**2008-2009**
2,119	2,118	2,153

Departmental Priorities by Strategic Outcome (in millions of dollars)				
		Planned Spending		
Priority	**Type**	**2006-2007**	**2007-2008**	**2008-2009**
Strategic Outcome: Healthier Population by Promoting Health and Preventing Disease and Injury				
Priority #1: Develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease	Ongoing	169.6	172.9	167.0
Priority #2: Develop, enhance and implement integrated and disease- or condition-specific strategies and programs within the health portfolio to promote health and prevent and control chronic disease and injury	Ongoing	179.9	188.3	196.1
Priority #3: Increase Canada's preparedness for and ability to respond to public health emergencies, including pandemic influenza	Ongoing	55.9	77.1	26.5
Priority #4: Strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity	Ongoing	83.8	107.6	98.2
Priority #5: Lead several government-wide efforts to advance action on the determinants of health	New	70.6	73.3	76.3
Priority #6: Develop and enhance the Agency's internal capacity to meet its mandate	Previously Committed	56.0	54.7	56.4

Operating Environment

Public Health Context

Canadians continue to put health at the top of any list of their key issues and concerns. Health remains a high-profile issue, both as a reflection of Canadian values and as a contribution to Canadians' sense of national identity. Individual citizens can relate to health and health care through their own experiences and those of their families and friends. In this context, Canadians have become increasingly aware of the importance of *public health* as a key component of our health system.

Public health focuses on the entire population rather than the individual. It encompasses a range of activities delivered by all three levels of government in collaboration with stakeholders and communities. Public health comes to the forefront in times of crisis, such as during outbreaks of SARS (Severe Acute Respiratory Syndrome), BSE (commonly referred to as "mad cow disease"), West Nile virus or avian influenza. However, it also includes day-to-day activities (such as immunization campaigns, nutrition counselling and restaurant inspections) that require scientific and analytical support (e.g. laboratory research and analysis, epidemiology, surveillance). Along with provincial, territorial and local governments, the federal government has a key role to play in public health. This role is based on its responsibility for issues of national concern and its direct mandate for infectious disease control at international borders (i.e. quarantine).

The Public Health Agency of Canada

The Public Health Agency of Canada was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians and to increase its focus on public health. The Agency's role is to help build an effective public health system in Canada – one that allows Canadians to achieve better health and well-being in their daily lives, while protecting them from threats to their health security. Bill C-5, *An Act respecting the establishment of PHAC* is before the Senate and expected to come into force this fall. Bill C-5 continues the

The Government of Canada's Health Portfolio consists of the following organizations:

- Health Canada;
- the Public Health Agency of Canada;
- the Canadian Institutes of Health Research;
- the Hazardous Materials Information Review Commission;
- the Patented Medicine Prices Review Board; and
- the Assisted Human Reproduction Agency of Canada.

For more information see: http://www.hc-sc.gc.ca/ahc-asc/minist/health-sante/portfolio/index_e.html.

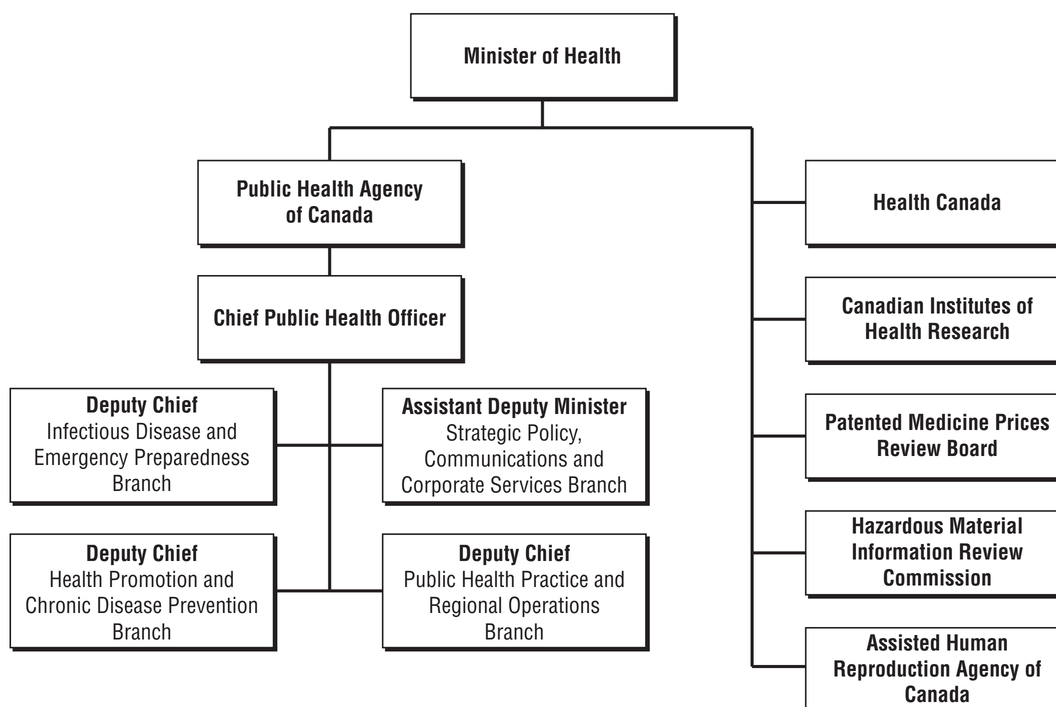
strong tradition of cooperation and collaboration that has been a part of Canada's approach to public health for decades. It formally establishes the position of the Chief Public Health Officer and recognizes his unique dual role.

Dual Role of Chief Public Health Officer

As Deputy Head of the Agency, the Chief Public Health Officer (CPHO) is accountable to the Minister of Health for the daily operations of the Agency, and advises the Minister on public health matters. The CPHO can engage other federal departments to mobilize the resources of the Agency to meet threats to the health of Canadians. In addition to his role as deputy head, the legislation also recognizes that the CPHO will be Canada's lead public health professional, with demonstrated expertise and leadership in the field. As such, the CPHO will have the legislated authority to communicate directly with Canadians and to prepare and publish reports on any public health issue. He will also be required to submit to the Minister of Health, for tabling in Parliament, an annual report on the state of public health in Canada. Stakeholders have made it clear that they want the CPHO to be a credible and trusted voice. Providing the CPHO with authority to speak out on public health matters and ensuring that the CPHO has qualifications in the field of public health will confirm this credibility with stakeholders and with Canadians.

Organization Structure

The following outlines the various components that make up the Public Health Agency of Canada (PHAC).



The Agency's Mandate

In collaboration with our partners, 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.

Key Areas of Focus

The Agency's activities contribute to four key elements of Canada's Performance, as explained below.

Canada's Performance 2005 – Public Health Agency of Canada's Contribution

The Public Health Agency of Canada contributes *primarily* to the following Government of Canada *outcome* noted in Canada's Performance 2005:

Theme	Government of Canada Outcome	Department Strategic Outcome	Program Activity
Canada's Social Foundations	Healthy Canadians with access to quality health care	Healthier Population by Promoting Health and Preventing Disease and Injury	Population and Public Health
As health is a state of complete physical, mental and social well-being and not merely the absence of disease, the Agency focuses on promoting health and minimizing the extent and impact of infectious and chronic diseases, injuries and emergencies. The Agency also seeks to better understand and address the underlying factors leading to health disparities among Canadians. A healthy population and the prevention of disease are requirements for a strong and productive labour force and for reduced pressures on the health care system.			

The Agency also has an influence on other Government of Canada outcomes as follows:

- *Safe and secure communities* – The Agency plays an important role in reducing the threat of infectious diseases and chemical and biological agents, and accordingly contributes to the safety of Canadian communities.
- *A fair and secure marketplace* – Events such as a SARS outbreak can impair economic activity by affecting production, trade and travel. The Agency's leadership in reducing the likelihood and potential impact of public health emergencies helps protect and sustain Canada's economy.
- *A safe and secure world through international cooperation* – The Agency is committed to strengthening global health security in collaboration with its international partners. To support Canada's participation in the Global Health Security Initiative, the Agency advances pandemic influenza preparedness, moves forward to prepare against chemical and biological threats, and leads the Global Health Security Action Group Laboratory Network.

Although the Public Health Agency of Canada has only existed since September 2004, it is quickly becoming a leader in global health efforts and a centre for expertise and research in public health. The World Health Organization (WHO) has commended the Agency for its collaborative approach to strengthening public health in Canada and has welcomed its continued support in helping to contain infectious diseases worldwide.

For its part, the Agency has made significant progress on the Canadian Pandemic Influenza Plan, the National Immunization Strategy and comprehensive, disease-specific approaches to address chronic disease. The Agency has also established the Pan-Canadian Public Health Network and provided financial support for the successful start-up of six National Collaborating Centres for Public Health.

The Agency's laboratories reinforce Canada's reputation for world-class research, particularly in microbiology and the control of infectious diseases. The Agency has earned praise for the excellent work of its researchers in developing a vaccine against Ebola, Marburg and Lassa fever.

Factors Affecting the Health of Canadians

Although Canadians are among the healthiest people in the world, there is still much work to do. Given the latest estimate of the economic burden of illness and injury in Canada – $217 billion in 2004 dollars – Canadians are facing significant public health challenges.

International Influences

Increasing globalization has profound and multiple implications for Canada:

- The increase in the speed and volume of global transportation places Canadians within 24 hours of almost any other place in the world. This is a shorter time frame than the incubation period of most communicable diseases, whose micro-organisms can be transported by individuals or in products such as food.
- Globally, HIV/AIDS and sexually transmitted infections continue to spread at an alarming rate, leaving a trail of suffering and premature death. In Canada, HIV rates have increased substantially over the past five years. Since many of the affected individuals are unaware of their condition, HIV/AIDS remains a hidden epidemic.
- Human cases of avian influenza A (H5N1 subtype), commonly known as "bird flu", have been reported in many parts of the world. This raises concerns about a possible human influenza pandemic.
- In addition, several previously unknown or rare diseases have appeared or reappeared in the world in recent years.

These factors highlight the need for the Agency to be involved in activities aimed at detecting and identifying potential sources of infectious disease outbreaks and at reducing and preventing the spread of infectious diseases.

Other factors such as climate change and international terrorism are challenging the health security of Canadians and increasing the risk of national disasters. Recent events such as the SARS outbreak and Hurricane Katrina have raised concerns about the ability of Canada's public health system to anticipate emergencies and to respond effectively when needed. To address the health impacts of such events, public health strategies require an all-hazards approach using robust and coordinated measures with provinces, territories and Chief Medical Officers of Health. The Agency will continue to make progress towards collaborative surveillance and emergency response.

Chronic Disease Burden

Globally, of the 58 million deaths in 2005, approximately 35 million are the result of chronic diseases. Chronic diseases are currently the major cause of death among adults in almost all countries and the toll is projected to increase by a further 17% in the next 10 years. At the same time, obesity along with type 2 diabetes is growing worldwide, leading to significant increases in heart disease and other major causes of death. The Agency, and its WHO Collaborating Centre on Chronic Disease Policy, support an integrated approach to the prevention and control of chronic diseases, their risk factors and associated health determinants through the development of evidence-based interventions and public policies.

Changes in Canadian society have resulted in shifts in consumption patterns and in living and working conditions. These changes have the potential to intensify key risk factors for leading chronic diseases in Canada and to impose significant costs on the country's economy and society. The WHO estimates that in the last few years, 1.1 million Canadians have become obese – a significant risk factor for chronic disease.

Chronic diseases such as cardiovascular disease, cancer and diabetes account for two-thirds of all deaths in Canada. In 2005, their toll was approximately 160,000 lives. The WHO estimates that over the next 10 years, over 2 million people will die in Canada from a chronic disease, and it evaluates the economic cost of these premature deaths at more than $10 billion. In addition, an estimated 3% of Canadians suffer from severe and chronic mental disorders that can cause serious functional limitations and social and economic impairment. However, a significant portion of this disease burden can be prevented through public health interventions. For example, the Health Ministers have set a target to reduce obesity rates by 20% and an objective of increasing physical activity by monitoring health issues and leading effective action.

Determinants of Health and Risk Factors

Decades of research show that for gains to be achieved in addressing all of these threats to public health, interventions must go beyond merely treating and providing care for the ill. At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behaviours. The determinants of health include economic and social status, social support networks, education and literacy, employment and working conditions, the social environment, the physical environment, personal health practices and coping skills, healthy child development, biology and genetics, health services, gender and culture. Addressing these determinants is essential, and public health has a key role to play in mobilizing efforts across sectors to this effect.

One of the research findings is that inequity is closely linked to health. Although Canadians are among the healthiest people in the world, some groups are not as healthy as others. There is agreement that disparities constitute a major health problem and that opportunities for future health gains lie in reducing these disparities through action on the determinants of health. Key health disparities in Canada are related to socio-economic status, Aboriginal heritage, gender and geographic location. In Northern Canada, climate change, contaminants, remoteness, the health system's capacity and the training and retention of health care professionals also impact on health outcomes.

Recent reports show that the country's performance is slipping in some areas that are critical to future health outcomes. Demonstrated changes to key indicators include infant mortality, childhood obesity, poverty and child poverty, road accidents, and the health and standard of living of Aboriginal people and visible minority immigrants. All First Ministers' accords in the past several years have expressed the need to reduce health disparities. Therefore, work to address health disparities and action on the determinants of health, in collaboration with other sectors and partners, is central to public health.

The Agency within the Public Health System

As a key federal organization responsible for public health issues, the Public Health Agency of Canada has a clear leadership role to play in developing and coordinating efforts to meet these challenges. A strong public health system requires a deep, cross-jurisdictional human resources capacity, effective dissemination of knowledge and information systems, and a public health law and policy system that evolves in response to changes in public needs and expectations.

Canadians expect engagement, discussion, and quick and effective problem solving. They also expect transparency and accountability, so that they can evaluate the effectiveness of public organizations in meeting their mandates.

The nature of the non-governmental elements of public health is evolving. While the Agency has forged stronger linkages and partnerships, it faces very high expectations. The dynamics of working with provincial and territorial governments pose both challenges and opportunities. The Agency has made significant strides in the establishment of the Pan-Canadian Public Health Network as a key mechanism for collaboration between federal, provincial and territorial governments. The Agency's efforts in 2006-2007 must ensure that this mechanism is optimized and ensure its ongoing capacity to be an effective vehicle for advancing a Canadian public health agenda.

The Auditor General of Canada recently called for better leadership and management in relation to horizontal issues. In that context, the Agency participates in a number of initiatives, notably Climate Change, the International Polar Year, the National Food Policy Framework, the Canadian Biotechnology Strategy, the National Health Security Policy and the Security and Prosperity Partnership. The federal government's sustainable development initiative furthers the concept of horizontality; it takes into account the economy, society and the environment in an integrated way. A broad, determinants-of-health approach to public health interventions fully supports this government-wide initiative as it works toward longer-term solutions. However, the Agency needs to further demonstrate the links between public health and sustainable development, as well as its commitment to the "greening" of its operations.

Looking to the future, the Agency is committed to ensuring that its programs are as efficient as possible; that overhead costs are minimized; and that its management and planning processes meet current standards and priorities as identified by the Clerk of the Privy Council.

Building on Success

The Public Health Agency of Canada will continue to meet its responsibilities in providing federal leadership in public health, building domestic and international partnerships to improve health outcomes and rising to meet new challenges that threaten the health of Canadians.

Recognizing that the public health system is a jigsaw puzzle where all of the pieces need to fit together, the Agency's focus for the next three years will be on developing and delivering integrated approaches that cross sectors and jurisdictions to promote health, to prevent and control infectious and chronic diseases and injuries, to prepare for and respond to public health emergencies, and to develop public health capacity in a manner consistent with a shared understanding of the determinants of health and of the common factors that maintain health or lead to disease and injury.

The Agency's Priorities

1. To develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease

   The Agency will develop proposals to achieve a more integrated and co-ordinated approach to managing infectious disease and to improving the health status of those who become infected. This will be done by assessing national capacity to prevent, reduce and control infectious disease; greater integration of policy, research, surveillance and program interventions; and more effective and efficient use of resources expended to improve health outcomes.

2. To develop, enhance and implement integrated and disease or condition-specific strategies and programs within the health portfolio to promote health and prevent and control chronic disease and injury

   Promoting health and addressing the risk factors leading to chronic disease will significantly change the health and well-being of Canadians over the long term. Planned initiatives aim at improved overall health for Canadians, reduction of medical wait times, a lower number of Canadians who develop chronic diseases, and a better quality of life and fewer complications for Canadians living with chronic diseases using an appropriate mix of interventions.

3. To increase Canada's preparedness for, and ability to respond to, public health emergencies, including pandemic influenza

   The Agency's activities continue to take an all-hazards approach that encompasses emergency medical response to infectious disease outbreaks, natural disasters, explosions or chemical, biological or radiological/nuclear incidents. As a member of the Global Health Security Initiative, the Agency is committed to a resilient and effective national emergency management system and to advancing work, globally and within Canada, on infectious disease outbreaks and pandemic influenza preparedness. Initiatives being put in place with provincial and territorial governments will facilitate mutual assistance and information exchanges during public health emergencies.

4. To strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity

   Building on initial successes such as the establishment of the Pan-Canadian Public Health Network, the Agency will continue to work closely and co-operatively with all of its partners toward a seamless and comprehensive pan-Canadian public health system. Through partnerships and initiatives at the local, regional, national and international levels, and with the help of the

National Collaborating Centres for Public Health, the Agency will support public health professionals and stakeholders in their efforts to keep pace with rapidly evolving conditions, knowledge and practices. The Agency will also assist in strengthening the public health workforce.

5. To lead several government-wide efforts to advance action on the determinants of health

   While recognizing the many influences that lie within the purview of other departments, jurisdictions and sectors, the Agency, as a credible voice for public health, will continue to advocate for healthy public policy, using its knowledge and understanding of the factors that affect the health of communities and individuals. The Agency continues to strengthen its partnerships to help address the factors that lead to disparities in health status. The Agency will continue to take a broad, determinants-of-health approach in making tangible progress on the Health Goals for Canada.

6. To develop and enhance the Agency's internal capacity to meet its mandate

   Over the next three years, the Agency will create a framework for results, with a view to providing Canadians with the best guidance and information on what it is trying to achieve, as well as supporting the federal government's sustainable development initiative. In 2006-2007, the Agency plans to review its Program Activity Architecture. The Agency will also complete its corporate risk profile, including risk mitigation and risk management strategies, and will respond to increasing requirements for transparency by undertaking a comprehensive strategic and integrated business and human resource planning process. Within its first business plan, during 2006-2007, the Agency will address capacity issues related to delivering on and supporting day-to-day business, clarifying its roles, further developing its Winnipeg headquarters and its vitally important network of regional offices, and expanding its world-class laboratory capacity.

In summary, these initiatives will further the ability of the Government of Canada to address Canadians' concerns that their health system be adaptable, responsive to emerging threats and able to meet their needs. The Public Health Agency of Canada will work toward meeting the demand for an integrated health system that places an emphasis on promotion and prevention over the full range of the determinants of health, while providing treatment and care. To this end, it will work strategically with key partners – such as provinces, territories, international institutions and stakeholders within and beyond the health sector – whose cooperation is fundamental to the achievement of its mandate.

Section II – Analysis of Program Activities by Strategic Outcome

Analysis by Program Activity

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

Program Activity Name: Population and Public Health

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
629.7	677.1	624.5

Human Resources (FTEs)[1]		
2006-2007	**2007-2008**	**2008-2009**
2,119	2,118	2,153

1. The number of Full Time Equivalents (FTEs) corresponds to the salary allocation identified in the Agency's Main Estimates.

The Public Health Agency of Canada is currently organized under one Strategic Outcome and one Program Activity.

Program Activity Description

In collaboration with its partners, the Agency leads federal efforts and mobilizes pan-Canadian actions to promote and protect national and international public health. These actions include:

- anticipating, preparing for, responding to and recovering from threats to public health;
- monitoring, researching and reporting on diseases, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally to support effective actions in prevention and health promotion; and
- building and sustaining a public health network with stakeholders.

The Agency uses the best available knowledge and evidence to inform, advise and engage Canadian and international public health stakeholders on goals, policies, strategies for action, tools, practices and community-based capacity; and to provide public health information, advice and leadership to Canadians and stakeholders.

Key Programs and Services

The Agency's key programs and services fall into five broad categories:

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

These programs and services are delivered at the headquarters offices located in the National Capital Region and Winnipeg, and at its regional offices. The remainder of this section describes the key programs and services related to these categories, and their contribution to delivering on the Agency's priorities.

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

The Public Health Agency of Canada partners with Health Canada, other federal departments, the provinces and territories, international organizations and the voluntary sector to identify, develop and implement preparedness planning priorities and to develop public health emergency response plans.

The Agency's emergency preparedness and response activities are guided by the federal, provincial and territorial Expert Group on Emergency Preparedness and Response (formerly known as the Network on Emergency Preparedness and Response), which is based on the Minister of Health's Special Task Force on Emergency Preparedness and Response.

These activities are consistent with the recently completed National Framework for Health Emergency Management. This framework sets out a consistent, inter-operational approach to health emergencies that respects each jurisdiction's specific characteristics and priorities, and supports the Government of Canada's national readiness and response system.

The Agency's work on emergency preparedness and response capacity supports RPP Priority 3, "to increase Canada's preparedness for and ability to respond to public health emergencies, including pandemic influenza".

Emergency Preparedness Capacity

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

Financial Resources (in millions of dollars)		
2006-2007	2007-2008	2008-2009
13.9	13.8	13.8

The Agency provides training on emergency preparedness and helps its partners to develop their own emergency training capacity. As well, the Agency plans, coordinates and carries out various exercises to test existing operational plans and enhance preparedness (http://www.phac-aspc.gc.ca/cepr-cmiu/oeppt-dmupf/index.html). These activities contribute directly to Canada's readiness to respond to all emergencies involving hazards that threaten the public's health.

The Agency is responsible for activating the National Emergency Response Assistance Plan when necessary, and for compliance with the Transportation of Dangerous Goods Act in the matter of responses to inadvertent spills of dangerous pathogens during transport. To maintain response readiness, it also equips and coordinates 15 national response teams and regularly conducts national training sessions for federal, provincial and territorial participants.

The Agency administers a hazardous waste management program in the National Capital Region, and monitors the Health Portfolio's progress on laboratory safety.

The Agency has created Emergency Preparedness and Response Regional Coordinator positions across the country. These coordinators collaborate with provincial and territorial emergency preparedness authorities to refine region-specific planning and act as liaisons with federal departments.

Over the planning period, the Agency will continue to provide accurate and timely information on national and global public health events to Canadian and World Health Organization (WHO) officials through the Global Public Health Intelligence Network (GPHIN – http://www.phac-aspc.gc.ca/media/nr-rp/2004/2004_gphin-rmispbk_e.html). GPHIN is a secure, Internet-based "early warning" system that tracks events such as disease outbreaks in humans and animals; plant diseases; contamination of food and water; chemical, radiological and nuclear incidents; natural disasters; and issues related to unsafe products, including drugs and medical devices. This system gathers relevant information by monitoring media sources throughout the world and makes this information available to governments and non-governmental organizations, which can then quickly react to public health emergencies.

The updated *Quarantine Act* received Royal Assent in May 2005 and is expected to come into force in the spring of 2006 during the planning period. This new quarantine legislation will further protect public health and will foster better emergency preparedness and response capacity at Canada's ports of entry and departure. In 2006-2007, the Agency will develop supporting regulations, policies, procedures and training.

In addition, the Agency will support and strengthen its nationwide quarantine service over the two fiscal years starting in 2006-2007, using well-trained, knowledgeable quarantine officers at six international airports accounting for 94% of international travel into Canada. This will allow the Agency to act quickly to protect the health of Canadians in the event of a global communicable disease outbreak. The Agency will respond to all reports of passengers whose presence aboard vessels constitutes a risk factor, and will assist all ports of entry in developing their respective emergency response protocols.

The Agency's enhancement of emergency preparedness capacity ensures 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)		
2006-2007	**2007-2008**	**2008-2009**
9.1	9.0	9.0

In order to link the health sector's emergency preparedness and response activities within the Government of Canada's National Emergency Management Framework, the Agency is directly linked to Public Safety and Emergency Preparedness Canada. This important liaison function will be enhanced to include operational links with the Agency's Emergency Operations Centre system. In 2006-2007, the Agency will create a permanent executive liaison function to strengthen the policy, program and emergency response linkage between the National Health Emergency Management System and the Government's National Emergency Response System.

The Agency also contributes directly to Canada's participation in the Global Health Security Initiative, an international partnership established to address the threats of chemical, biological, radiological and nuclear terrorism as well as pandemic influenza.

The Agency issues permits for the importation of human pathogens, and inspects high risk (Level 3 and 4) biocontainment facilities that import human pathogens, in accordance with the *Human Pathogens Importation Regulations*. Agency and Health Canada laboratories meet all requirements set out in the *Transportation of Dangerous Goods Act* and Regulations with respect to the handling of radioactive materials and the transportation of dangerous goods and hazardous materials (including toxic waste and other chemical and toxic substances). Through the development and application of national biosafety policies and guidelines, the Agency provides national and international expertise and leadership in biosafety and biosecurity.

The Agency, the Royal Canadian Mounted Police and the Department of National Defence are members of the National Capital Region's Joint Chemical, Biological, Radiological and Nuclear Response Team (CBRN – http://www.phac-aspc.gc.ca/cepr-cmiu/ophs-bssp/links_index_e.html). The CBRN Team 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; during 2006-2007, it will continue to improve its laboratory response operations in both its first response laboratory and its mobile response units.

The Agency monitors the accidental release of biological materials from certified and non-certified facilities and instances of laboratory-acquired infections. It also participates in the administration of the *Biological and Toxin Weapons Convention* in Canada. When required, the Agency will activate the Emergency Response Assistance Plan for national transportation emergencies involving Risk Group 4 human pathogens, or the National Capital Region plan for on-scene response to reports of suspicious packages and other bioterrorism events. In addition, it will conduct scientific research in support of CBRN response decision-making, provide support to the Convention verification program, and offer guidance and assistance on biosafety and biosecurity to other government departments.

The Agency maintains three mobile laboratories that can be deployed anywhere in the world. Their technically advanced equipment allows for rapid diagnoses, yet is rugged enough to work in field conditions. During 2006-2007, the Agency will develop enhanced field-usable techniques for the identification of potential bacterial bioterrorism agents. Testing capacity at the Agency's Canadian laboratories will also be enhanced.

The Emergency Operations Centre (EOC) system is the Agency's and Health Canada's central emergency response unit. Equipped with state-of-the-art emergency management software and a geospatial information system for advanced video/telecommunications, data sharing and event management, it enables central direction, control and coordination during emergencies.

The EOC consists of a national hub in Ottawa, a public health laboratory operations centre in Winnipeg, and a back-up facility. These three EOC units are well connected to their federal, provincial, territorial and external counterparts, such as the US Department of Health and Human Services Command Center, the Centers for Disease Control and Prevention (CDC) in the United States, and the WHO. During the planning period the Agency will further connect them to provincial, territorial, and international networks.

The Agency's National Emergency Stockpile System (NESS) maintains emergency supplies in a robust and versatile system. Items stored range from small backpack trauma kits to complete 200-bed emergency hospitals. They are kept at a central depot in Ottawa, eight federal warehouses located strategically across the country, and approximately 1,300 storage sites under federal, provincial and territorial care. During the planning period, the Agency will increase the storage capacity as well as the stock of supplies. NESS will continue to have the capability to respond 24 hours a day, 7 days a week, and to deliver needed supplies anywhere in Canada within 24 hours of receiving a request for assistance. By modernizing NESS, and by supporting and facilitating the national dialogue on emergency measures under an all-hazards approach, the Agency will continue to improve its influenza pandemic preparedness in 2006-2007.

The National Office of Health Emergency Response Teams (NOHERT – http://www.phac-aspc.gc.ca/cepr-cmiu/ophs-bssp/nohert_e.html) was established in December 2001. It is mandated with developing Health Emergency Response Teams (HERTs) to assist the provinces and territories in creating surge capacity for emergency situations. Located in major centres across Canada, these teams will include medical, nursing and other personnel that will collaborate with provincial and territorial counterparts to assess and coordinate needed interventions. In 2006-2007, one HERT will be staffed, trained and provided with supplies. Three additional teams will be established by 2008.

The Agency helps to coordinate 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).

Over the three-year planning period, the Agency will continue to coordinate the activities of key emergency preparedness stakeholders; promote evidence-based emergency preparedness practices across the country; and develop policies and strategies to establish a more integrated and comprehensive approach to managing health emergencies (including pandemic influenza). This will strengthen federal, provincial and territorial capacity to prepare for, respond to, and recover from public health emergencies.

In 2006-2007, the Agency will also:

- work in collaboration with the Pan-Canadian Public Health Network toward the establishment of a federal, provincial and territorial Public Health Mutual Aid Agreement;
- continue working with Canada's Pandemic Influenza Committee to operationalize the Pandemic Influenza Plan;
- further develop a national health incident management system; and
- define the federal, provincial and territorial components of the National Health Emergency Management System.

In 2006-2007, the Agency's Travel Medicine Program will take steps to ensure that yellow fever vaccine is dispensed in Canada in accordance with national standards.

Infectious Disease Prevention and Control

The Agency plays a leadership role in identifying and addressing emerging threats to the health and safety of Canadians through activities related to surveillance, risk analysis and risk management. It also participates in provincial, territorial and international investigations of disease outbreaks, as requested.

Specifically in 2006-2007 the Agency will look to provide an enhanced national capacity to conduct policy development, program response, surveillance, investigation and research on: tuberculosis and other respiratory infections; HIV/AIDS and other sexually transmitted infections; hepatitis B and hepatitis C; foodborne and waterborne infections; pandemic influenza; health-care acquired infections; and animal-borne diseases that pose a risk to humans.

Through the development of knowledge; inter-sectoral and international collaborations and capacity building; and public and professional education, the Agency will support changes in attitudes, behaviours and public health practices to prevent or slow down the spread of infectious diseases.

Additionally, the Agency has identified some specific priorities for 2006-2007:

The Agency will collaborate with its partners on the development of disease-specific and comprehensive strategies to combat the threat of infectious diseases within and beyond Canada's borders. Links will be established to other nationally-led public health initiatives and a focus on inter-sectoral collaboration, coordination and partnerships in infectious disease management.

The Agency will focus on health promotion, prevention, early detection and preparedness, and response and recovery while building on existing partnerships with other levels of government and with industry, academia and civil society to better protect the health of Canadians at home and abroad.

The Agency will continue its collaboration with regional health authorities across Canada in the implementation of the Canadian Network of Public Health Intelligence (CNPHI) which will be expanded to provide additional Web-based resources, including outbreak summaries of foodborne and waterborne disease, syndromic surveillance, infectious disease modelling tools and West Nile virus surveillance. A special data-extraction method will be used to integrate CNPHI information with existing federal, provincial, and regional public health databases while maintaining the confidentiality of personal data and respecting jurisdictional responsibilities. CNPHI will also be made available to other government departments with public health links, creating broader intergovernmental integration. To facilitate the necessary collection and processing of surveillance data, dissemination of strategic information, and coordination of responses necessary to meaningfully address these public health threats.

Agency laboratories will continue to perform expert microbiological reference testing and carry out innovative research to improve Canada's capacity for identifying viruses and bacteria, often used to support surveillance and outbreak investigation. This relies on Agency expertise in laboratory biosafety, which is recognized worldwide and 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.

Through the Agency's Laboratory for Foodborne Zoonoses in Guelph and units in St. Hyacinthe and Lethbridge (http://www.phac-aspc.gc.ca/lfz-llczoa/index_e.html), the Agency will continue to generate, synthesize and communicate science-based information related to the prevention and control of public health risks associated with gastrointestinal infectious diseases at the human, animal and environmental interface. Over the next three years, the Agency plans to work with federal, provincial and territorial counterparts, academia, industry partners and stakeholders to coordinate a Canadian Integrated Program for Antimicrobial Resistance Surveillance.

The Agency will, through the National Enteric Surveillance Program (NESP), continue to collect, and disseminate weekly, laboratory-based data on human gastrointestinal pathogens (bacterial, viral and parasitic) to facilitate timely outbreak detection, response and emergency preparedness. In 2006-2007, NESP will be further improved through the development and implementation of real-time, Web-based tools. Collaboration with partners such as the World Health Organization, the Pan American Health Organization and the Centers for Disease Control and Prevention strengthens international epidemiological and laboratory capacity.

Throughout 2006/2007, the Agency's National Studies on Acute Gastrointestinal Illness initiative will continue to study the incidence, burden, cost and risk factors, and the phenomenon of under-reporting, of infectious gastrointestinal illness in Canada.

The Agency will also take steps to enhance programs in biotechnology, genomics and population health. Through expanding capacity, base knowledge and technical expertise, aimed at increasing response and action related to national public health threats.

These planned activities will enable the Agency to meet RPP Priority 1, "to develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease".

Pandemic Influenza

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
92.6	137.6	70.6

Pandemic influenza is a serious health threat faced by Canada and the global community. While inevitable, influenza pandemics are unpredictable; preparedness is critical to minimizing their human and societal disruption. The Agency plays a leading role in Canada's pandemic preparedness, as it links provincial, territorial and local efforts with the activities of international organizations.

The 2006 Budget provides significant new funding to protect and promote the health of Canadians including $1 billion over five years to improve pandemic preparedness. This investment will enhance initiatives already underway in relation to both avian and pandemic influenza preparedness.

The Agency and members of Canada's Pandemic Influenza Committee have held extensive consultations to develop the Canadian Pandemic Influenza Plan. An updated version of this framework to guide public health actions will be published in 2006; it will reflect advances in scientific information since the first edition was released in 2004.

Immunization is an important element of an effective response to pandemic influenza. Canada is now better prepared to develop and deliver a pandemic influenza vaccine. The Agency administers a 10-year contract between GlaxoSmithKline and the Government of Canada to develop and maintain domestic pandemic vaccine production capacity. The Agency will also continue to administer a 2005 contract to produce and test a prototype pandemic vaccine and conduct clinical trials. Future

plans for expanded operations could result in faster production of necessary doses as a result of increased capacity and/or technological advancement. These activities will contribute to the improvement of Canada's preparedness.

Part of the preparation for an influenza pandemic is establishing an adequate reserve of antiviral medication. The Agency and the provinces and territories have contributed to the creation of a national stockpile of 16 million doses of antivirals for use during a pandemic which is to be increased to 55 million doses over the planning period. Some provinces and territories have purchased additional stock, which would result in an even greater total Canadian supply. The Agency is committed to optimizing the amount and composition of the national stockpile, and in 2006-2007, has made it a priority to appropriately increase and diversify the stock of antivirals for treatment.

Monitoring, detecting and reporting unusual respiratory illnesses are important. Canada has improved its surveillance activities and collaborates regularly with international partners to ensure optimal results. The Agency will continue surveillance, research and knowledge translation related to preparedness. Over the three-year planning period, the Agency's ongoing pandemic research activities will include the evaluation of influenza immunization programs in Canada. As well, the Agency will develop public involvement activities to respond to immediate needs for increased information.

Canada provides technical support and expertise on avian influenza to affected countries. The Agency will partner with the Canadian International Development Agency (CIDA) in implementing the Canada-Asia Regional Emerging Infectious Diseases (CAREID) project over a five-year period. The Agency's contribution will account for up to $5 million of the $15 million initiative. CAREID strengthens surveillance, laboratory capacity, emergency preparedness and communications in Southeast Asia and China, and increases the capacity of countries in this area to respond to emerging infectious diseases, including pandemic influenza. Canada collaborates on avian influenza with international partners, including the WHO, in various forums such as the Global Health Security Action Group, the Security and Prosperity Partnership and APEC (the Asia-Pacific Economic Cooperation).

Immunization

Financial Resources (in millions of dollars)		
2006-2007	2007-2008	2008-2009
10.0	10.0	10.1

Immunization has proven to be one of the most effective types of public health intervention.

The National Immunization Strategy accepted by the Conference of Federal, Provincial and Territorial Deputy Ministers of Health in 2003 sets out a joint approach to strengthen Canada's immunization capacity to reduce the incidence of vaccine-preventable diseases.

Under the Strategy, the Agency facilitates ongoing discussions with the key stakeholders and provides scientific, program, policy, information dissemination, coordination and administrative support to the federal, provincial and territorial Canadian Immunization Committee, and the National Advisory Committee on Immunization under the auspices of the Pan-Canadian Public Health Network. The Agency also collaborates internationally on issues related to immunization and vaccine-preventable infectious diseases.

Bloodborne Diseases and Sexually Transmitted Infections

Financial Resources (in millions of dollars)		
2006-2007	2007-2008	2008-2009
52.8	57.7	65.5

The Agency undertakes activities, and provides pan-Canadian coordination related to: the reduction of the spread of bloodborne diseases and sexually transmitted infections (STIs), including the Federal Initiative to Address HIV/AIDS in Canada, core surveillance and initiatives to address sexually transmitted infections, as well as initiatives to reduce infections through injection drug use, transfusion and transplantation.

The number of Canadian HIV-positive test reports has increased by 20% over the past five years. About 30% of the individuals concerned are unaware of their infection. This "hidden" aspect of the epidemic means that in total, an estimated 17,000 infected individuals cannot access treatment, support or prevention services.

In January 2005, the launch of the Federal Initiative to Address HIV/AIDS in Canada signalled a renewed and strengthened federal role in the Canadian response to the disease, building on on-going Government of Canada action since 1983. 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. Through this initiative, the Agency will continually aim to prevent new infections, slow the progression of HIV/AIDS, improve the quality of life for affected people, reduce the social and economic impact of the disease, and contribute to the global efforts against the epidemic. In 2006-2007, an approach with efforts aimed at discrete population groups will be put in place to address the shared needs of e.g. gay men, women and people from countries where HIV/AIDS is endemic. This work will subsequently be extended to include the other priority population groups, with a target date for completion in 2008-2009.

In 2006-2007 the Agency will also continue its efforts to: strengthen the knowledge of HIV/AIDS to provide better information on prevention, care, treatment and support programs; increase public awareness of HIV/AIDS and factors that fuel the epidemic, such as stigma and discrimination; integrate, when appropriate, HIV/AIDS programs and services with those addressing other related diseases, such as STIs; engage federal departments in addressing factors that influence health, such as housing and poverty; increase Canadian participation in the global response to HIV/AIDS; and support partners to implement effective interventions to address HIV/AIDS.

During this period the Agency will follow-up and expand on its efforts to support services and programs that help Canadians improve and maintain their sexual health. This will include an examination of the Agency's national guidelines on sexual health education, in collaboration with provinces and territories, non-governmental organizations and academia, to identify "best practice" models of school-based curricula and research on sexual health promotion. The Agency will also continue current projects including behavioural research and plans to distribute a new series of national STI guidelines in 2006 to health care practitioners and clinics across Canada.

Plans for 2006-2007 also include monitoring the infection rates of a wide range of sexually transmitted and bloodborne infections, and using the Enhanced Surveillance of Canadian Street Youth to provide a comprehensive picture of the health of Canadian street youth including undertaking, surveillance related to risk factors. This will help in developing appropriate, innovative services and prevention programs

Health Care Acquired Infections

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
3.7	3.7	3.7

It is estimated that about 5% to 10% of all patients who enter a Canadian health facility will develop a health care acquired (nosocomial) infection. The Agency's Nosocomial Infections Program works in collaboration with the provinces and territories and their health care institutions develop and evaluate guidelines, using statistics from the Canadian Nosocomial Infection Surveillance Program (CNISP), a collaboration between the Agency and 30 major teaching hospitals.

In 2006-2007 the Agency will expand the scope of its Infection Control Guidelines Series. These guidelines are widely used by health care providers, governments and other institutions best-practice information on the prevention and control of infections and encompass acute care, long-term care, office and outpatient care, and home care.

In 2006-2007, the Agency also plans to use survey information related to infection prevention and control practices to revise the existing Infection Control Guideline on "Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care."

As well, the Agency plans to update the Infection Control and Occupational Health Guidelines for pandemic influenza in traditional and non-traditional health care settings, as part of the Canadian Pandemic Influenza Plan.

One particular nosocomial bacterium, Clostridium difficile (see http://www.phac-aspc.gc.ca/c-difficile/index.html), is the most common cause of infectious diarrhoea in hospitals in the industrialized world. During 2006-2007, the Agency plans to complete its analysis of a previously conducted C. difficile survey and to publish a report.

Over the next three years, CNISP will increase its number of active surveillance projects and policy activities related to critical health care acquired infections. It will also establish ongoing surveillance in intensive care units in the 30 CNISP-affiliated hospitals across Canada. The Agency will begin the expansion of the CNISP network to community hospitals and long-term care agencies. In addition, it will establish a surveillance system for bloodstream infections within the CNISP-network hospitals. Ongoing surveillance activities will focus on C. difficile-associated diarrhoea, antibiotic-resistant organisms, cardiac surgery site infections and severe respiratory conditions.

A specialized unit at the National Microbiology Laboratory (NML) in Winnipeg works closely with the CNISP and other surveillance programs to fingerprint antimicrobial-resistant strains of common nosocomial pathogens to track the spread of these organisms. The unit acts as a resource for hospital or provincial public health laboratories.

The above national surveillance efforts are complemented by program support to the provinces, territories and health care organizations for investigating outbreaks of nosocomial infections (such as SARS and avian influenza) and infections resulting from the emerging resistance of infectious organisms to antibiotics. The Agency assists the provinces, territories and health care institutions in analyzing infectious disease outbreaks and in developing contingency plans for emerging infectious agents in health care environments.

Animal-to-Human (Zoonotic) Diseases

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
20.7	18.8	15.9

The economic effects of diseases that can be transmitted between animals and humans (zoonotic diseases) range from lost productivity to restrictions on international trade and travel. With its specialized laboratories, the Agency is taking national leadership in addressing such diseases.

Agency Centres and Laboratories conduct surveillance of specific zoonotic diseases and participates in related outbreak response and management. It provides technical expertise, information and advice on the public health risks linked to zoonotic and emerging diseases.

The Agency leads the federal government's response to West Nile virus through the National West Nile Virus Surveillance Program. It coordinates overall federal, provincial and territorial West Nile virus-related activities, including surveillance, public education and awareness, and research into the ecology, spread and risk factors of the disease. During the three-year planning period, the Agency will continue to collaborate with Canada's blood agencies in an effort to minimize the risks posed by West Nile virus to Canada's blood supply.

Lyme disease has become increasingly recognized as an ongoing public health issue. There is a need to better understand the risk factors associated with Lyme disease and other tick-borne diseases, including the impact of future climate variability and climate change. The Agency will continue to be active in research and knowledge transfer on this issue, and in 2006-2007 will update existing guidelines and host a national conference to assess the impact of Lyme disease.

As an important step towards the establishment of a pan-Canadian rabies program, the Agency plans to lead the development of a national contingency plan for raccoon rabies.

At the NML, the Agency provides routine and reference diagnostics for a wide range of zoonotic disease agents, many of which are not tested for at the provincial level. Laboratory-based surveillance documents the circulation within Canada of diseases such as Lyme disease, Q fever and hantavirus pulmonary syndrome.

Over the planning period, the Agency activities for infectious disease prevention and control will include:

- carrying out selected field studies to define the activity of disease agents such as leptospirosis and tularemia;
- providing a mobile laboratory emergency response to zoonotic disease outbreaks (e.g. Ebola and Marburg viruses);
- training technicians, students and visiting scientists;
- undertaking prevention-related activities as official spokespersons on different zoonotic diseases, by participating in committees and by giving presentations to special interest groups who face potential risks, for example, hydro workers, and members of wildlife associations; and
- conducting a strong research program on topics ranging from the mechanisms of pathogenesis to studies on antiviral drugs and vaccines.

Health Promotion and Chronic Disease Prevention and Control

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
284.7	291.8	304.1

The Agency's ongoing work in promoting health and preventing and controlling chronic diseases has recently been extended through a new integrated initiative that is profiled below.

Approaches to Health Promotion and Chronic Disease Prevention and Control

Health is determined by a number of factors including conditions in society, personal health practices and behaviours. Each person has factors that determine their risk of chronic disease. Some of these, such as genetics, age and gender, cannot

be changed. More and more Canadians, however, have one or more risk factors like smoking, unhealthy eating and physical inactivity that often lead to the major chronic diseases: heart disease and stroke, cancer, diabetes and respiratory disease.

Fortunately, two-thirds of death and disability could be avoided. Most Canadians, up to 80%, have at least one health behaviour they could change to improve their health.

Still, chronic disease remains the leading cause of death and disability in Canada. One in every two Canadians has a chronic disease. Chronic disease and injury account for more than 75% of deaths and 87% of disability each year and the related economic burden is estimated at $70B per year or about 62% of direct health care costs and 79% of the indirect costs of illness (e.g. loss of productivity).

Regrettably, the burden of preventable death and disease has been growing, reducing quality of life and increasing wait times for care and challenging the sustainability of the health system. Health promotion and efforts to reduce the risks of chronic diseases, can prevent diseases such as cancer, heart disease and stroke, and diabetes, and in so doing reduce the numbers of Canadians waiting for care and treatment to manage these diseases.

> The economic burden of chronic disease in Canada is estimated to be $70.0 billion per year.

As identified by major national reviews like the Kirby and Naylor reports, there is a need for balancing investments in health promotion and chronic disease prevention in order to make a difference in reducing the burden on the health care system. Lessons learned indicate that upstream investments in health promotion and prevention are needed to reverse current trends and address unhealthy lifestyles.

When chronic disease can't be avoided, it can be caught early and managed so that people can live better with disease and avoid complications.

Healthy Living and Chronic Disease Strategy

To address the growing burden of chronic disease in Canada, the Agency will work across the Health Portfolio, with other federal departments and agencies and in collaboration with a range of stakeholders to promote the health of Canadians, reduce the impact of chronic disease in Canada and address the key determinants of health.

The collaborative strategy, that includes disease specific initiatives, will focus on three pillars, including:

1) promoting health by addressing the conditions that lead to unhealthy eating, physical inactivity and unhealthy weight;

2) preventing chronic diseases; and

3) supporting early detection and management of chronic diseases

The vision of the Integrated Strategy on Healthy Living and Chronic Disease is to promote a comprehensive approach across a range of public health activities including the promotion of health, and the prevention, management and control of chronic health problems, with a view to building a healthier nation, decreasing health disparities, and contributing to the sustainability of the health system in Canada.

This government sees integration as an ultimate result that will be achieved through disease-specific strategies. Integration involves working with and networking the expertise of diverse partners and stakeholders involved in health promotion, chronic disease prevention and risk factors.

Cardiovascular Disease

Cardiovascular disease is the most common cause of hospitalization and the leading cause of death in Canada for both men and women. It is the country's most costly disease and places the greatest burden on the Canadian healthcare system.

The Agency will continue to work across the Health Portfolio, in collaboration with provinces, territories and key stakeholders to establish a Pan-Canadian Cardiovascular Disease Strategy and action in Canada.

Canadian Diabetes Strategy

More than 5% of Canadian adults and children suffer from diabetes, and 60,000 new cases are diagnosed each year. These rates are expected to increase in the future.

The Agency provides leadership on the non-Aboriginal elements of the Canadian Diabetes Strategy, which has been in effect since 1999, and will be working with the Canadian Diabetes Association, provinces, territories and other partners on the future direction of the Canadian Diabetes Strategy.

The Agency will also undertake the following activities during the three-year planning period:

- The Healthy Living Fund will promote integrated approaches to healthy living by supporting knowledge development and exchange, and will strengthen capacity to achieve an impact at the regional, national and international levels. In 2006-2007, funding will be provided through contribution agreements to support and engage the voluntary sector, and to build partnerships and collaborative action among governments, non-governmental organizations and other agencies.

- The Intersectoral Healthy Living Network will continue to foster collaboration and improve information exchange among sectors and across jurisdictions.
- In 2006-2007, the Agency will participate in the Joint Consortium for School Health, a partnership between the federal government and provincial and territorial ministries of Health and Education to promote the health of children and youth in school settings.
- An assessment of risk factors for chronic disease, including behavioural, social and environmental factors, will continue to support the ongoing development of promotion, prevention and management interventions.
- Enhanced Surveillance of Chronic Disease is a key knowledge and management tool for decision-makers to understand the health of the population and to measure progress in affecting health outcomes. Funding for Enhanced Surveillance will provide on-going and timely information and indicators on the health of the population, the nature and scope of health problems, and the factors that need to be addressed in the population to improve health. Information on these factors will assist to inform evidence-based health-related decisions on policies, programs and services as a tool to evaluate progress in chronic disease prevention and control. The Agency will be working with stakeholders, the provinces and territories to implement shared priorities in chronic disease surveillance.
- The Agency will continue to work with a national consortium of governments and stakeholders to inventory health promotion and disease prevention interventions in order to identify and develop best practices; disseminate this information to researchers, policy makers and practitioners; and monitor adoption. The proposed Observatory of Best Practices would include a broad range of interventions from clinical preventative health care to community programs and to policies.
- The Agency's expertise in chronic disease policy development and analysis will be extended through the work of the Collaborating Centre on Non-Communicable Disease Policy, which it operates in conjunction with the World Health Organization.

In summary, this Strategy's approach to health promotion and chronic disease prevention and control supports the Agency's priorities by facilitating collaboration and capacity building. It also supports Agency leadership in government-wide efforts to advance action on the determinants of health. On another level, it also helps facilitate and is directly linked to one of the government's top priorities – reducing wait times.

Cancer

Cancer prevention and control is a priority for the Government of Canada. An estimated 149,000 new cases of cancer and 69,500 deaths from cancer will occur in Canada in 2005. Every year thousands of Canadians are diagnosed with or die of cancer. It affects not only those living with the disease, but also their families, friends and colleagues. As well, this disease affects all Canadians in terms of the economy and increased health care costs.

Cancer is expected to be the leading cause of death within the next several years, and population aging is expected to contribute to doubling the number of new cases of cancer in Canada by 2020.

Budget 2006 committed $260 million over five years towards the implementation of the Canadian Strategy for Cancer Control (CSCC) to help improve cancer screening, prevention and research activities, and to help coordinate efforts with the provinces, territories and cancer care advocacy groups.

The CSCC represents seven years of collaborative work by a 30-member Council who consulted with more than 700 stakeholders to develop a framework on how best to control cancer in Canada. The CSCC's main objectives are to reduce the number of new cases of cancer, to enhance the quality of life of those living with the disease and to reduce the number of premature deaths attributable to cancer.

The essence of the CSCC vision is knowledge translation, based on the notion that decision-makers at all levels no longer have the capacity to stay current with the exponential growth of new knowledge and breakthroughs in cancer prevention, diagnosis and treatment. The CSCC plan therefore proposes to develop and provide useful decision support mechanisms and tools to both policy makers and those on the front lines of cancer care.

In addition, through the Canadian Breast Cancer Initiative the Agency will continue to collaborate with stakeholders to address breast cancer issues ranging from prevention to palliative care. The Agency will also continue to participate in the Canadian Childhood Cancer Surveillance and Control Program, a partnership involving health care providers, researchers, consumers, provincial, territorial and federal governments, voluntary agencies, universities and organizations. This program will examine the implications of childhood cancer on Canada's health care system, and will address knowledge gaps affecting its control.

Other Health Promotion and Chronic Disease Prevention and Control Initiatives

Children and Adolescents

Over the planning period, the Agency will continue to deliver a wide range of community-based programs for women, children and families, including the Canada Prenatal Nutrition Program, the Community Action Program for Children and the Aboriginal Head Start in Urban and Northern Communities. These programs help to reduce the health disparities experienced by vulnerable children and families living in conditions of risk.

On behalf of the Minister of Health, the Agency co-leads, with the Department of Justice, federal government efforts on matters concerning the United Nations Convention on the Rights of the Child (the Convention). Through its collaboration with the Inter-American Children's Institute – a special institute of the Organization of American States – the Agency will continue to contribute to the implementation of the Convention throughout the Americas.

Other programs administered by the Agency will continue to contribute to the development and exchange of knowledge concerning the health of children and adolescents, including the Survey on the Health Behaviours of School-Aged Children and the Fetal Alcohol Spectrum Disorder Initiative. In addition, the Agency will continue to conduct national surveillance and epidemiologic analysis on elements of maternal and child health.

The Centres of Excellence for Children's Well-Being Program generates and disseminates the latest knowledge on children's well-being to a broad network of target audiences, including policy-makers, service providers and community groups and families. The program consists of four Centres – Early Childhood Development, Special Needs, Youth Engagement and Child Welfare. The Centres will continue to provide advice to all levels of government and international organizations to strengthen child-related policies and programs in Canada and abroad.

In addition to activities related to children and adolescents, during the three-year planning period, the Agency will continue its work on the following:

- **Aging and Seniors** – The Agency is the federal government's centre of expertise and focal point on seniors' health, and will continue to provide leadership on healthy aging through policy development, health promotion, research and education, partnerships and dissemination of information. The Agency also provides operational support to the National Advisory Council on Aging.

- **Mental Health and Mental Illness** – Approximately 20% of Canadians will experience a mental illness during their lifetime, and the remaining 80% will be affected by mental illness in family members, friends or colleagues. The Agency will continue to work to advance mental health issues across government.
- **Family Violence** – The Agency leads the Family Violence Initiative, a partnership of 13 federal departments, agencies and Crown corporations. Over the three-year planning period, the Agency will continue to play a central role in increasing awareness and developing knowledge in this area.

As a key information service, the Canadian Health Network (CHN) and its "network of networks" will continue to support the Agency's work in helping to build healthy communities.

These other health promotion and chronic disease prevention and control initiatives also contribute to the Agency's RPP Priority 2, "to develop, enhance and implement integrated and disease- or condition-specific strategies and programs within the health portfolio to promote health and prevent and control chronic disease and injury".

Public Health Tools and Practice

A strong public health system requires a deep, cross-jurisdictional human resources capacity, effective dissemination of knowledge and information systems, and a public health law and policy system that evolves in response to changes in public needs and expectations.

The Agency contributes greatly to the training of public health workers. Health professionals at local public health departments and regional health authorities across Canada access its programs to increase their skills in the fields of epidemiology, surveillance and information management.

The Agency also contributes to improving public health care infrastructure by developing and providing tools, applications, practices and programs that support and develop the capabilities of front-line health care professionals.

These efforts to develop, improve and promote public health tools and practices support the Agency's RPP Priority 4, "to strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity".

Building Public Health Human Resource Capacity

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
10.9	12.5	12.5

In 2006-2007, in concert with the provinces and territories, the Agency will participate in the development of the Pan-Canadian Framework for Public Health Human Resources Planning, and will support the Public Health Human Resource Task Group of the Pan-Canadian Public Health Network. The Agency will leverage the subject matter expertise across Canada and hold consultations with them to address core public health and discipline-specific competency profiles.

During 2006-2007, the Agency will prepare a comprehensive professional development plan for its staff. In addition, it will work with the Canadian Institute for Health Information, Health Canada, Statistics Canada and other partners to develop administrative databases on public health human resources in order to quantify the current workforce in this field.

The Agency is a leader in field epidemiology, which is the application of epidemiological methods to unexpected health problems in situations where rapid, on-site investigation is necessary. In 2006-2007, it plans to significantly increase the number of placements available in the Canadian Field Epidemiology Program (http://www.phac-aspc.gc.ca/cfep-pcet/index.html).

The Skills Enhancement for Public Health Program (http://www.phac-aspc.gc.ca/csc-ccs/skills_e.html) provides distance-learning opportunities to Canadian public health workers. Delivered through the collaborative efforts of the Agency, the provinces, the territories, professional associations and academic institutions, it provides professional development training in epidemiology, surveillance and health information management. During 2006-2007, the Agency plans to add and/or improve the program modules to enhance core competencies; to train on-line facilitators; to address the learning needs of front-line practitioners; and to continue to use and improve e-learning opportunities. Over the planning period, the Agency will strengthen its existing partnerships and seek new ones in federal, provincial, territorial and local jurisdictions.

In 2006-2007, the Agency will provide training award incentives to public health professionals and universities to promote education in applied public health. The Agency will collaborate with the Canadian Institute of Health Research (CIHR) on an awards program and will collaborate with universities on the development of guidelines for an applied masters program for public health.

By enhancing the skills, knowledge and capacity of public health human resources, the Agency supports its RPP Priority 4, "to strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity, as well as its RPP Priority 3, "to increase Canada's preparedness for and ability to respond to public health emergencies, including pandemic influenza".

Knowledge and Information Systems

Financial Resources (in millions of dollars)		
2006-2007	2007-2008	2008-2009
6.1	6.9	6.9

To respond to the recognition that the public health surveillance system in Canada lacks a planned, coordinated national effort and that each jurisdiction is carrying out surveillance using different methodologies, different software and different standards and definitions, the Agency has established the Canadian Integrated Public Health Surveillance (CIPHS) program and the Geographic Information Systems (GIS) Infrastructure program.

The CIPHS program (http://www.ciphs.ca), in collaboration with Provincial and Territorial partners, has developed a web-enabled suite of integrated case management applications called the integrated Public Health Information System (iPHIS). iPHIS facilitates, as a by-product of public health practitioners' day to day work in client assessment and case management, the systematic collection, integration, analysis, interpretation and dissemination of public health surveillance data.

While iPHIS was due for a major redesign to upgrade it to new Electronic Health Record (EHR) architecture standards, Canada Health Infoway Inc. was allocated funds to develop and implement a Pan-Canadian Public Health Surveillance and Management Solution. Infoway is making use of the lessons learned, along with key design concepts and business rules of iPHIS, as well as working with public health professionals from across the country and the Public Health Agency in the design of this new system that will be fully compatible with the EHR. While awaiting completion and implementation of the new solution, the Agency will continue to maintain iPHIS and will continue to work with Infoway to help ensure that the new system meets both jurisdictional and federal surveillance program needs. The Agency will also ensure that iPHIS remains in a pandemic-ready state (with new modules for outbreak management being rolled out to users) and will work to ensure that the transition for existing iPHIS users when the Infoway solution becomes available is as seamless as possible.

The GIS Infrastructure program (http://www.phac-aspc.gc.ca/csc-ccs/gis_e.html) includes the Public Health Map Generator for public health professionals across Canada at the federal, provincial, territorial and local levels. Maps created with this web-enabled generator will continue to be used to support 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, and public awareness and policy activities. The GIS infrastructure will also continue to support public health professionals through the provision of specialized data and mapping services.

An ongoing assessment of the state of the public's health will benefit the Agency and its partners in program development and delivery. This assessment will take the form of an Annual Report. In 2006-2007, the Agency will undertake the groundwork leading to the development of such an Annual Report.

Canada's six National Collaborating Centres for Public Health (NCCs) play an important role in promoting the use of evidence in public health practice. These non-government organizations provide national focal points to examine priority areas in public health. Their work contributes to the development of the Pan-Canadian Public Health Strategy. Each Centre specializes in a different priority area: environmental health (British Columbia); infectious diseases (Manitoba); public health methodologies and tools (Ontario); public policy and risk assessment (Quebec); determinants of health (Atlantic); and Aboriginal health (British Columbia).

The Agency has established a five-year contribution agreement spanning 2005-2009 under which it will provide guidance, advice and financial support to the NCCs, which will, in return, develop expertise in the synthesis, translation and exchange of knowledge with a variety of public health communities of practice. Through this work, over the three-year planning period, the NCCs will engage public health policy and program specialists and practitioners, governmental and non-governmental groups, academia and researchers in improving their capacity to communicate, collaborate and use public health research in their decision making within areas such as public health policies, practices and program development.

Public Health Law and Information Policy

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
3.3	3.6	3.6

The *International Health Regulations,* adopted in 2005, outlined the need for a strong legal foundation for public health practice at all levels of government. Having this in place is crucial to supporting Canada's capacity to respond to new and re-emerging public health threats and to meet greater requirements and expectations. To address this, in 2006-2007 the Agency's Public Health Law Program, working with federal, provincial and territorial stakeholders, will undertake activities such as specialized workshops and discussions for the dissemination of targeted research and analysis in public health law.

In 2006-2007, through research, collaboration and dissemination of research and analyses, the Agency will continue its efforts to improve understanding about how the law affects the prevention and control of diseases and injuries.

Expert reports from the Naylor Commission (*Learning from SARS: Renewal of Public Health in Canada)* and the Kirby Commission (*Reforming Health Protection and Promotion in Canada: Time to Act*) urged federal, provincial and territorial stakeholders to collaborate on the development of agreements that would provide for effective surveillance through common standards and practices for information sharing and public health responses. In June 2005, the Public Health Network Council identified as an urgent priority the development of public health information-sharing agreements. In 2006-2007, the Agency will continue to lead this information sharing initiative.

In the promotion and protection of public health, the Agency seeks to reconcile the value of privacy protection with the important need to access critical information. To this end, the Agency is playing an active role with its provincial and territorial partners in harmonizing legislation and developing and implementing practices and mechanisms that comply with privacy rights yet allow better collection, use and sharing of key health information for the prevention and control of communicable diseases and health emergencies. In 2006-2007 the Agency will continue to work to improve policies, practices and tools associated with the collection, use, retention and disclosure of sensitive personal information.

Strategic and Developmental Initiatives

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
12.9	12.8	12.8

Since its establishment on September 24, 2004, the Agency has undertaken a number of activities to take on its role as a voice for public health, to define its structural needs and develop the necessary elements, to build new and expanded relationships, and to explore new avenues for improving the public health system in Canada.

To move forward, it is imperative that the Agency work closely and cooperatively with all of its partners in the health system, as public health is a shared responsibility. With a view to maximizing efficiency and effectiveness, the Agency pays particular attention to creating the capacity for coordinated efforts with partners and stakeholders. In light of the lessons learned from the SARS crisis, strengthening relations among federal, provincial and territorial authorities in the public health field is vital. Within this context, the Agency works closely with the Canadian Public Health Association and its umbrella group, the Canadian Coalition of Public Health in the 21st Century.

Recognizing the critical need for coordination and knowledge sharing, the Agency will continue to support the Pan-Canadian Public Health Network and its expert groups, establish intersectoral working groups in priority areas, establish linkages to key international organizations and networks, and further develop its capacity for generating knowledge and sharing information.

The Agency pursues strategic and developmental initiatives that support the achievement of its six priorities and advance the work of improving public health. The following strategic, cross-cutting and overarching actions are critical to the full achievement of the Agency's priorities for 2006-2007.

Surveillance

Health Surveillance is a key function of public health. It is the ongoing, systematic use of routinely collected health data to guide public health actions. Surveillance process includes data collection, collation, analysis, interpretation, and dissemination followed by action. These actions lead to disease prevention and help professionals manage outbreaks and threats in an effective and efficient manner. The information generated from surveillance systems in one jurisdiction can alert authorities to look for similar cases in their own jurisdictions. In 2006-2007, in collaboration with organizations such as the Canadian Health Institute for Health Information (CIHI)

and the Canadian Population Health Initiative (CPHI) and many others, the Agency will continue to deliver surveillance programs that will help identify emerging disease trends, spot occurring outbreaks and recognize threats to the health of Canadians.

The table below gives examples of such programs (these have already been listed in detail in preceding sections):

- National West Nile Virus Surveillance program
- National Enteric Surveillance Program (NESP)
- Canadian Nosocomial Infection Surveillance Program (CNISP)
- Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS)
- Pandemic Influenza program
- HIV/AIDS Surveillance program

Pan-Canadian Public Health Strategy

In September 2004, under the Ten-Year Plan to Strengthen Health Care, the First Ministers committed to accelerate work on a Pan-Canadian Public Health Strategy. This strategy will provide a framework for existing public health approaches and initiatives; identify public health system gaps, vulnerabilities, and risks; and develop a strategic agenda to address them. It will oversee the federal directions and vision for public health within Canada, and will build on recent investments in public health.

Over the three-year planning period, the Agency will assist the Public Health Network to identify key areas of priority for action and develop a plan to move forward on the Public Health Strategy. In 2006-2007, the Agency will develop a profile and understanding of the public health environment in Canada to identify current initiatives, gaps and vulnerabilities. These activities will lead to a more organized, strategic and efficient approach to public health in Canada and will include fostering innovative domestic and international partnerships to respond to increasingly complex public health issues.

Health Goals for Canada

As part of the Ten-Year Plan to Strengthen Health Care, Canada's First Ministers committed to the development of "goals and targets for improving the health status of Canadians through a collaborative process". Subsequently, the Deputy Ministers of Health agreed to a two-step approach: Phase I, the development of broad goals; and Phase II, the setting of targets and indicators to measure progress. As a result, the Agency made the development of the Health Goals for Canada a corporate priority.

The Agency has engaged in a broad consultation process which has culminated in the drafting of health goal statements that were validated by governmental and non-governmental partners, public health experts and stakeholders. The Health Goals for Canada, approved by the Ministers of Health on October 23, 2005, provide a tool to guide further action on the determinants of health and help to strengthen the management of horizontal issues. The Health Goals provide key stakeholders in government with a vehicle within which they can work together on public health issues.

Moving forward through the three-year planning period, the Agency will be advancing the Health Goals for Canada by embarking on three streams of federal engagement:

- Federal family – working with federal departments and agencies to support collaboration aimed at aligning federal activities with the Health Goals; developing objectives and targets in areas of federal responsibility; and conducting research.
- Intergovernmental – examining international efforts to incorporate a population health perspective in public policy development; identifying opportunities to work with provinces and territories; identifying existing work in cities and communities to promote population health; and helping to develop a toolkit of best practices.
- Citizen engagement – developing communication products to engage Canadians in public health issues and liaising with professional associations and non-governmental organizations (NGOs) to facilitate the broadest utilization of the Health Goals.

Pan-Canadian Public Health Network

The 2005 launch of the Pan-Canadian Public Health Network was an important and strategic step in implementing the Ten-Year Plan and strengthening public health capacity across Canada. In establishing the Network, federal/provincial/territorial Ministers created a mechanism for multilateral sharing and exchange among federal, provincial and territorial public health institutions and professionals. This new, more collaborative approach to public health is critical during public health emergencies, and will also assist Canada in gaining a coordinated approach to serious public health issues.

The Network has initially focused on joint strategies and action in the following six public health areas: communicable disease control; emergency preparedness and response; public health laboratories; public health surveillance and information; non-communicable disease and injury prevention; and health promotion.

Over the planning period, the Agency will continue to capitalize on investments made in the Pan-Canadian Public Health Network. Key planned initiatives for the Network over this period include:

- the continued development of joint agreements on emergencies, information sharing, resources, facilities and personnel;
- action on common approaches to public health legislation across jurisdictions;
- the design and application of tools to support timely and efficient public health communications and links within the Pan-Canadian Public Health Network; and
- the pursuit of international cooperation and coordination agreements for public health laboratory networks; interchange with public health researchers; and further development of the National Health Emergency Management System.

Leadership on the Determinants of Health

The Agency intends to lead government efforts to advance action on the determinants of health. Such action is critical to achieving health gains and reducing health disparities. Leading by example through the development of new knowledge and intersectoral policy initiatives, the Agency seeks to contribute to a better understanding of the ways in which the determinants of health can be more effectively addressed to prevent disease and other health problems.

In a comprehensive health system, action is needed to prevent illness and injury, and to treat, cure or mitigate the burden of existing illness and disease. A comprehensive public health system works to prevent disease through such approaches as vaccination, legislative measures, awareness campaigns, and tax incentives for example for sports involvement.

Evidence increasingly shows that many efforts to influence behaviour are least effective with segments of the populations that are dealing with situations such as poor living conditions that compromise their health. Consequently, the underlying conditions which faciliate or hinder behaviour change are critical to consider and act upon.

Addressing the underlying factors and conditions which determine health, help us in key ways to achieve government objectives by:

1) Focusing on preventing disease by keeping people well
2) Improving the health of those at risk of premature disease and death
3) Reducing pressures on the health care system
4) Contributing to productivity

Taking leadership on determinants of health means working with Health Canada and other government departments to identify ways to be more effective in creating conditions for good health for Canadians with lower socioeconomic status and groups exhibiting health disparities, for example Aboriginal Canadians. Taking such leadership will improve the effectiveness of preventative policies and strategies, which in turn, can reduce the pressure on health care systems, thus contributing to addressing issues underlying wait-times and timely access to quality care. In addition, a healthier population is linked to a more productive workforce. Productivity is also enhanced in workplaces that likewise create conditions supportive of good health.

During the planning period, the Agency in collaboration with Health Canada will further strengthen its partnership with the World Health Organization in support of the WHO's new Commission on the Social Determinants of Health (SDOH). Canada's contribution to the Commission includes supporting the Canadian Commissioners, participating in knowledge networks, acting as a core member of the Global Country Partners and ensuring that new knowledge from the Commission is disseminated and appropriately integrated into Canadian policy.

As a key component of this initiative, the Agency will provide leadership and support to the Canadian Reference Group on SDOH to help facilitate multi-disciplinary action on the underlying factors that cause health disparities. The Reference Group involves key stakeholders in Canada, including other federal departments, provincial officials, NGOs, academics and others, all of whom will be critical to the success of the strategy in Canada.

The Agency will coordinate the establishment of a Health Portfolio plan to ensure an integrated approach with Health Canada and the Canadian Institutes of Health Research to advance an intersectoral federal government approach.

This plan will include engaging central agencies and key federal departments whose policies and programs have an impact on health through factors such as income, employment and working conditions, education, social development and inclusion, the affordability of housing and food security. To support this work, partnerships and initiatives with the Canadian Institutes of Health Research and other governmental and non-governmental stakeholders will be strengthened to advance the Canadian research agenda and related knowledge on health disparities. This includes facilitating effective dialogue between researchers and policy analysts or stakeholders to ensure better understanding and use of research findings.

In addition, the Agency intends to support the 2007 World Conference on Health Promotion and Education in Vancouver, and to facilitate a focused federal Health Portfolio participation in this event as a means of advancing action on the determinants of health.

International Strategic Framework

The Agency is committed to strengthening international links with key global public health players and increasing Canadian participation in international public health activities. During the planning period, the Agency will take a leadership role in supporting international initiatives that build capacity in key areas and influence global policies that are in the interests of public health in Canada.

The Government of Canada's 2005 International Policy Statement identifies health as a critical international issue with economic, security and development dimensions. It recognizes that public health is a key security issue, and that the health sector ranks highly on the international scene in terms of requests received by Canada for assistance to developing countries. International public health issues are also high on the agenda of top policy decision-making bodies such as the G8 and Asia-Pacific Economic Cooperation (APEC), where countries are collaborating to address health issues at the regional and international levels.

The Agency needs to be strategic in its approach to international roles and activities, and needs to ensure that such activities are aligned with Canada's domestic interests. This approach will strengthen Canada's links in the international public health arena, and would enable Canada to meet its international obligations and share more public health expertise with global partners.

In 2006-2007, the Agency will continue to develop an international strategic framework to achieve a coherence of efforts in international activities. In addition to supporting Canada's domestic public health goals, this investment creates the foundation for strategic international initiatives to strengthen global public health security; to strengthen international efforts to build capacity in public health systems; and to reduce the global burden of disease and global health disparities. The Agency's investments in 2006-2007 will expand its capacity to implement the strategic international framework and enhance international policy development and global partnerships.

During the planning period, the Agency will also continue to develop and strengthen relationships with bilateral and multilateral partners and institutions, such as the WHO, the Pan American Health Organization, the Organization for Economic Cooperation and Development (OECD) and the International Union for Health Promotion and Education. The resulting exchange of information will improve the Agency's work in the international arena, increase the Agency's capacity in the realm of international policy, and allow the best practices of other countries to be reflected in the development of Agency policies.

The Agency's work on its strategic and developmental initiatives specifically addresses RPP Priority 5, "to lead government-wide efforts to advance action on the determinants of health", and in general supports all of its other RPP priorities.

Other Programs and Services

Financial Resources (in millions of dollars)		
2006-2007	**2007-2008**	**2008-2009**
109.0	98.9	96.0

Other Programs and Services consist primarily of corporate support and administration in the National Capital Region (NCR), Winnipeg and regional offices (Atlantic, Quebec, Ontario, Prairies, Alberta, British Columbia and Northern Secretariat). In 2006-2007 the planned expenditures include: $28.0 million for the facility services and the support of the National Microbiology Laboratory; $48.4 million for the corporate support in Human Resources, Communications, Legal, Finance, Real Property and Administration Services, Information Technology and Management; $4.3 million for support in Strategic Policy and Development and $17.9 million for regional support operations across Canada. The funding for 2006-2007 also includes $10.4 million held in a frozen allotment pending approval for a one-year extension.

Section III – Supplementary Information

Table 1: Departmental Planned Spending and Full-Time Equivalents (FTEs)				
(in millions of dollars)	**Forecast Spending 2005-2006**	**Planned Spending 2006-2007**	**Planned Spending 2007-2008**	**Planned Spending 2008-2009**
Population and Public Health	423.2	**506.7**	493.2	508.1
Budgetary Main Estimates (gross)	423.2	**506.7**	493.2	508.1
Less: Respendable revenue	(0.1)	**(0.1)**	(0.1)	(0.1)
Total Main Estimates	**423.1**	**506.6**[5]	**493.1**	**508.0**
Adjustments:				
Governor General Warrants:[1]				
Funding to launch an integrated public health strategy to reduce the impact of chronic disease by promoting healthy living including specific initiatives to combat diabetes, cancer and cardiovascular disease	14.0			
One-year extension to Hepatitis C Prevention, Support and Research Program	5.2			
Operating budget carry forward	8.5			
Funding to strengthen initiatives in support of the Federal Initiative to Address HIV/AIDS in Canada	3.7			
Funding to improve the capacity to detect and the readiness to respond to a potential pandemic influenza outbreak including emergency preparedness, antiviral stockpiling and rapid vaccine development technology	6.0			
Activities to mitigate the impact of the Bovine Spongiform Encephalopathy (BSE) crisis	0.7			

Table 1: Departmental Planned Spending and Full-Time Equivalents (FTEs) (continued)

(in millions of dollars)	Forecast Spending 2005-2006	Planned Spending 2006-2007	Planned Spending 2007-2008	Planned Spending 2008-2009
Funding to ensure the safety of therapeutic products, including enhanced clinical trials oversight, monitoring of drugs and medical devices in the marketplace, and the implementation of new regulations for blood transfusion and organ transplantation	0.4			
Collective Bargaining Adjustment	4.3			
Funding to take immediate steps for avian and pandemic influenza preparedness	22.3			
Treasury Board Vote 5:				
Funding to support the Terry Fox Foundation for cancer research in recognition of the 25th anniversary of the Terry Fox Marathon of Hope	10.0			
Funding to launch an integrated public health strategy to reduce the impact of chronic disease by promoting healthy living including specific initiatives to combat diabetes, cancer and cardiovascular disease	3.6			
One-year extension to Hepatitis C Prevention, Support and Research Program	1.8			
Budget Announcements:				
Budget 2001 initiatives				
2010 Olympic Vancouver – Security			0.1	0.1
Budget 2004 initiatives				
Strengthening Canada's Public Health Sytems – Public Health		**4.2**	4.2	4.2
Budget 2005 initiatives				
Centre of Excellence for Children's Well Being		**1.8**		
Budget 2006 initiatives				
Avian and Pandemic Influenza Preparedness		**66.3**	127.7	60.2
Canadian Strategy for Cancer Control[2]		**52.0**	52.0	52.0

Table 1: Departmental Planned Spending and Full-Time Equivalents (FTEs) (continued)				
(in millions of dollars)	Forecast Spending 2005-2006	Planned Spending 2006-2007	Planned Spending 2007-2008	Planned Spending 2008-2009
Expenditure Review Committee – Procurement		**(1.2)**		
Other Adjustments:				
Employee Benefit Plan	(1.3)			
Less: Funds available internally				
From frozen allotment	(5.3)			
From savings and other surpluses	(19.8)			
Total *Adjustments*	54.1	**123.1**	184.0	116.5
Total Planned Spending[3]	**477.2**	**629.7**	**677.1**	**624.5**
Plus: Cost of services received without charge[4]	17.6	**20.2**	20.1	20.3
Net Cost of Program	**494.8**	**649.9**	**697.2**	**644.8**
Full Time Equivalents (FTEs)	**1,801**	**2,119**	**2,118**	**2,153**

1 Normally the Adjustments column for the forecast period includes Supplementary Estimates (A) and (B). As Parliament was dissolved for a general election, Governor General Warrants were sought to finance Treasury Board approved items that would ordinarily be funded through Supplementary Estimates.

2 A portion of this funding is likely to be allocated to Health Canada.

3 2005-2006 forecast spending represents the actual expenditures for the year. The increase between Forecast/Actual Spending for 2005-2006 and Total Planned Spending for 2006-2007 is a result of the following: items that affect 2005-2006 only, such as a one time grant to the Terry Fox Foundation and adjustments to the Employee Benefit Plan; and Savings/Surplus identified in the operation; items sunsetting in 2005-2006 such as the Centre of Excellence for Children's Well Being; and incremental and new funding for existing initiatives in 2006-2007, such as the Federal Initiative to Address HIV/AIDS in Canada, Avian and Pandemic Influenza Preparedness, Canadian Strategy for Cancer Control, Stregthening Canada's Public Health System – Public Health and funding to launch an integrated public health strategy to reduce the impact of chronic disease by promoting healthy living.

The increase in Total Planned Spending from 2006-2007 to 2007-2008 is a result of the following: incremental funding for existing initiatives in 2007-2008 such as the Federal Initiative to Address HIV/AIDS in Canada, Strengthening Canada's Public Health System – Public Health; Avian and Pandemic Influenza Preparedness; incremental funding for and new funding for 2010 Olympic Vancouver – Security funding to launch an integrated public health strategy to reduce the impact of chronic disease by promoting healthy living.

The decrease in Total Planned Spending from 2007-2008 to 2008-2009 is a result of the following: incremental funding for existing initiatives in 2008-2009 such as the Federal Initiative to Address HIV/AIDS in Canada, Strengthening Canada's Public Health System – Public Health; 2010 Olympic Vancouver – Security, reduction of funding in Avian and Pandemic Influenza Preparedness, and funding to launch an integrated public health strategy to reduce the impact of chronic disease by promoting healthy living.

4 Services received without charge include accommodations provided by Public Works and Government Services Canada and legal services received from the Department of Justice Canada (see Table 4).

5 Includes $10.4 million held in a frozen allotment pending approval for a one-year extension.

Table 2: Resources by Program Activity 2006-2007

(in millions of dollars)	Budgetary							
Program Activity	Operating	Grants	Contributions & Other Transfer Payments	Gross	Respendable Revenue	Total Main Estimates	Adjustments (Planned Spending not in Main Estimates)	Total Planned Spending
Population and Public Health	327.4	33.1	146.2	506.7	(0.1)	506.6	123.1	629.7
Total	**327.4**	**33.1**	**146.2**	**506.7**	**(0.1)**	**506.6**	**123.1**	**629.7**

Table 3: Voted and Statutory Items

Vote or Statutory Item	Truncated Vote or Statutory Wording	2006-2007 Main Estimates (in millions of dollars)	2005-2006 Main Estimates (in millions of dollars)
35	Operating expenditures	299.3	234.7
40	Grants and contributions	179.3	164.0
(S)	Contributions to employee benefit plans	28.0	24.4
	Total Department	**506.6**	**423.1**

The change in the Main Estimates consists of increased funding for: the Federal Initiative to Address HIV/AIDS in Canada; funding to launch an integrated public health strategy to reduce the impact of chronic disease by promoting healthy living; and to strengthen the foundation of the Public Health Agency of Canada. Other changes result from: sunsetting programs; incremental funding for Collective Agreements; and Government-wide reductions arising from the decisions of the Expenditure Review Committee.

Table 4: Services Received Without Charge	
(in millions of dollars)	**2006-2007**
Accommodation provided by Public Works and Government Services Canada	9.0
Salary and associated expenditures of legal services provided by Justice Canada	0.1
Contributions covering the employer's share of employees' insurance premiums and expenditures paid by Treasury Board of Canada Secretariat, Empoyer's contribution to employees' insured benefits plans and expenditures paid by TBS.	11.1
2006-2007 Services Received Without Charge	**20.2**

Table 5: Sources of Respendable and Non-Respendable Revenue				
Respendable Revenue				
(in millions of dollars)	**Forecast Revenue 2005-2006**	**Planned Revenue 2006-2007**	**Planned Revenue 2007-2008**	**Planned Revenue 2008-2009**
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: Resource Requirements by Branch		
2006-2007		
(in millions of dollars)	Population and Public Health	Total Planned Spending
Agency Executives, Chief Public Health Officer (CPHO)	8.8	**8.8**
Infectious Disease and Emergency Preparedness (IDEP) Branch	219.1	**219.1**
Health Promotion and Chronic Disease Prevention (HPCDP) Branch	153.7	**153.7**
Strategic Policy, Communications and Corporate Services (SPCCS) Branch	64.5	**64.5**
Public Health Practice and Regional Operations (PHPRO) Branch*	183.6	**183.6**
Total	**629.7**	**629.7**

* Resources allocated to the Public Health Practice and Regional Operations Branch include the regional activities of the Infectious Disease and Emergency Preparedness Branch, and the Health Promotion and Chronic Disease Prevention Branch.

Table 7: Details on Transfer Payments Programs

The following is a summary of the transfer payment programs for the Public Health Agency that are in excess of $5 million. All the transfer payments shown below are voted programs.

2006-2007

Program Activity: Population and Public Health

1. Aboriginal Head Start Initiative and Early Childhood Development Program
2. Community Action Program for Children
3. Canada Prenatal Nutrition Program
4. Promotion of Population Health
5. Canada Health Infostructure – Canada Health Network
6. Canadian Strategies on HIV/AIDS (now the Federal Initiative to Address HIV/AIDS in Canada)
7. National Collaborating Centres Contribution Program

2007-2008

Program Activity: Population and Public Health

1. Aboriginal Head Start Initiative and Early Childhood Development Program
2. Community Action Program for Children
3. Canada Prenatal Nutrition Program
4. Promotion of Population Health
5. Canada Health Infostructure – Canada Health Network
6. Canadian Strategies on HIV/AIDS (now the Federal Initiative to Address HIV/AIDS in Canada)
7. National Collaborating Centres Contribution Program
8. Integrated Healthy Living Strategy and Chronic Disease – Healthy Living Fund
9. Integrated Healthy Living Strategy and Chronic Disease – Diabetes (non-Aboriginal)

2008-2009

Program Activity: Population and Public Health

1. Aboriginal Head Start Initiative and Early Childhood Development Program
2. Community Action Program for Children
3. Canada Prenatal Nutrition Program
4. Promotion of Population Health
5. Canada Health Infostructure – Canada Health Network
6. Canadian Strategies on HIV/AIDS (now the Federal Initiative to Address HIV/AIDS in Canada)
7. National Collaborating Centres Contribution Program
8. Integrated Healthy Living Strategy and Chronic Disease – Healthy Living Fund
9. Integrated Healthy Living Strategy and Chronic Disease – Diabetes (non-Aboriginal)

For further information on the above-mentioned transfer payment programs, see http://www.tbs-sct.gc.ca/est-pre/estime.asp.

Table 8: Conditional Grants (Foundations)

Canada Health Infoway Inc. (Infoway) is an independent not-for-profit corporation with a mandate to foster and accelerate the development and adoption of electronic health information systems with compatible standards and communications technologies across Canada. Infoway is also a collaborative mechanism in which the federal, provincial and territorial governments participate as equals toward a common goal of modernizing Canada's health information systems. The Public Health Agency's portion under this collaboration is the Health Surveillance program. See Health Canada's RPP for the reporting on the conditional grant to the Canada Health Infoway Inc.

Table 9: Horizontal Initiatives

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

- The Federal Initiative to Address HIV/AIDS in Canada

Further information on all of the Government's horizontal initiatives is available through http://www.tbs-sct.gc.ca/est-pre/20062007/p3a_e.asp

Table 10: Internal Audits and Evaluations

Audits

Audits will be undertaken as required under a Risk-Based Audit Plan being developed for 2006-2007.

Proposed Evaluation Projects[1] for 2006-2007 to 2008-2009

The following table provides a list of the proposed evaluation-related projects that were received in response to a call for evaluation plans from the Transfer Payment Services and Accountability Division.

Name of Policy, Program, or Initiative	Due Date
National Health Surveillance Infostructure	2006-2007
Canadian Health Network	2006-2007
Public Security and Anti-Terrorism	2007-2008
National Immunization Strategy	2006-2007
Hepatitis C Prevention, Support and Research Program	2006-2007
National FASD Initiative (various components)	2006-2007
National Health Surveillance Infostructure	2006-2007
Aboriginal Head Start	2006-2007
Diabetes	2006-2007
Canadian Breast Cancer Initiative	2006-2007
Canadian Strategy for Cancer Control	2006-2007
Centres of Excellence for Children’s Well-Being	2006-2007
Health Canada/Veterans Affairs Canada – Falls Prevention Initiative	2006-2007
Bovine Spongiform Encephalopathy (BSE) – Lead: Health Canada	2006-2007
National Collaborating Centres (NCC)	2008

1 “Evaluation Projects” refer to program evaluations that assess relevance, success and cost-effectiveness.

Table 11: Sustainable Development Strategy	
Department: Public Health Agency of Canada	
Points to Address	**Departmental Input**
1. How does your department / agency plan to incorporate SD principles and values into your mission, vision, policy and day-to-day operations?	As part of its planning process, and to support the federal government's sustainable development initiative, the Agency is committed to developing its own Sustainable Development Strategy during 2006-2007. During the development of the SDS the agency will assess how best to further incorporate SD principles and values into its policy and operations.
2. What Goals, Objectives and Targets from your most recent SDS will you be focusing on this coming year? How will you measure your success?	In accordance with Health Canada's SDS 2004-2007, the Public Health Agency of Canada has completed and implemented its inherited target on active transportation. The focus for 2006-2007 will be on development of a PHAC SD Strategy.
3. Identify any sustainable development tools, such as Strategic Environmental Assessments or Environmental Management Systems that will be applied over the next year.	PHAC will continue to apply the Strategic Environmental Assessment policy of our former branch of Health Canada.

Section IV – Other Items of Interest

Regional Operations

The Agency includes a Canada-wide infrastructure consisting of six Regional Offices and a Northern Secretariat, with approximately 275 employees in 16 locations. It recognizes the need to have a strong presence throughout the country connected to provincial and territorial governments, federal departments and agencies, academia, voluntary organizations and citizens.

The Agency's Regional Offices promote integrated action on public health throughout Canada. Working in partnerships that cross sectors and jurisdictions, these offices facilitate collaboration on national priorities, contribute evidence and build on resources at the regional, provincial and district levels by:

- Engaging and mobilizing citizens, provincial and territorial governments, and local partners (community groups, academia, non-governmental organization sector);
- Enhancing capacity at the provincial/territorial, regional and local levels;
- Contributing regional intelligence and policy input to influence national programs and policy development;
- Promoting intersectoral action on public health throughout the country;
- Implementing, managing and monitoring the regional component of national programs and initiatives;
- Linking to and collaborating with expertise that is primarily focused in a particular region; and
- Enhancing the capacity of public health professionals by supporting continuous professional development.

During the three-year planning period, the Agency's Regional Offices will continue to contribute to the development, implementation and effectiveness of the Agency's priorities and programs.

Management Initiatives and Agency Capacity Development

The Agency continues to exist under Orders-in-Council; its proposed enabling legislation died on the Order Paper at the dissolution of Parliament in November 2005. Over the three-year planning period, the Agency will assess the need for legislation to establish federal legal frameworks for public health. The Agency is participating in the current Health Protection Legislative Renewal Initiative that spans the entire Health Portfolio, and is exploring options to respond to recommendations from the National Advisory Committee on SARS and Public Health for specific legislation to deal with public health emergencies.

To further commitments made in the Agency's first *Report on Plans and Priorities* (2005-2006), the Agency will also continue to develop its National Capital Region and Winnipeg headquarters, its laboratory capacity and its regional operations over the planning period.

The risks associated with failing to address critical capacity needs are high, particularly in light of the looming threat of an influenza pandemic. In this context, in 2006-2007, the Agency plans to complete the development of a corporate risk profile and put in place an integrated risk management framework that will include risk mitigation and risk management strategies.

Planning and governance systems are also key tools for the Agency's success. In 2006-2007, the Agency plans to review its existing Program Activity Architecture to ensure it reflects how the Agency delivers its programs and services. The new PAA will reflect structural changes required following the Agency's creation as a separate government entity. As the Agency emerged from operating as Health Canada's *Population and Public Health Branch*, it put into place a structure consisting of four branches:

- Infectious Disease and Emergency Preparedness Branch;
- Health Promotion and Chronic Disease Prevention Branch;
- Public Health Practice and Regional Operations Branch; and
- Strategic Policy, Communications and Corporate Services Branch.

The new PAA will also reflect the Agency's enhanced mission. Although the Agency commenced operating under a single Strategic Outcome (Healthier Population by Promoting Health and Preventing Disease and Injury) and a single Program Activity (Population and Public Health), within the new PAA it may establish several Strategic Outcomes and Program Activities. These PAA changes will be reflected in the RPP for 2007-2008, where a crosswalk will be provided between the current and the new PAAs.

Also during 2006-2007, the Agency will develop additional components of an effective Management Results and Reporting Structure (MRRS), including a performance measurement strategy. This process will include an assessment of the Agency's conformity with Treasury Board Secretariat's Management Accountability Framework for departments and agencies.

During 2006-2007, in response to increasing requirements for transparency, the Agency plans to embark on a strategic and business planning process to better communicate its priorities and directions. In its first business plan, during 2006-2007, the Agency's program and support areas will identify their objectives, challenges, strategies and plans. The process will address human resource planning

based on an analysis of the current workforce, forecasts of future needs, gap analysis, and assessment of the Agency's capacity to deliver on its plans and priorities.

Health Canada is providing the Agency with audit services during a transition period under a Shared Corporate Services Memorandum of Understanding (MOU). Under this vehicle, for 2006-2007, Health Canada is leading the preparation of a Risk-Based Audit Plan for the Agency. This MOU is currently being reviewed to integrate the requirements of the new TBS Internal Audit Policy effective April 1, 2006, and will provide the means to meet the Agency's current audit requirements.

In accordance with Treasury Board policies related to the management of public funds, the Agency provides programs with strategic direction on performance measurement, evaluation, monitoring and risk management. The Agency works with other federal departments to share best practices in the overall management of transfer payments and to provide effective managerial oversight. The Agency uses this extensive knowledge base to manage resources, develop departmental standards, and promote integrated risk management strategies related to transfer payment governance.

The Agency is developing a Centre for Excellence in Evaluation and Program Design to ensure that it has evidence-based and strategically focused information on the performance of its policies, programs and initiatives. During 2006-2007, the Agency will establish a senior level evaluation committee, implement a risk-based evaluation plan and introduce a structured reporting and approval process.

List of Partners

The Agency is continually involved in an evolving framework of partnerships and collaborations at many levels. The list below highlights but a few examples. Please note that this list is far from exhaustive and space limitations prevent us from listing all of the partners.

- **Federal Departments/Agencies**

  Health Canada
  Canadian Institutes of Health Research
  Canadian Food Inspection Agency
  Public Safety and Emergency Preparedness Canada
  Agriculture and Agri-Food Canada
  Canada Border Services Agency
  Transport Canada
  Canadian International Development Agency
  Citizenship and Immigration Canada
  Statistics Canada

- **International**

  World Health Organization (WHO)
  Pan-American Health Organization (PAHO)
  The European Commission
  Centers for Disease Control and Prevention (U.S.)

In addition the Agency also works in collaboration with the Provinces and Territories, Voluntary Organizations, Professional Associations, Academic Groups, Non-Governmental Organizations, and Industry.

Table 8: Horizontal Initiative

Horizontal Initiative: The Federal Initiative to Address HIV/AIDS in Canada http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/index.html	**Lead Department:** Public Health Agency of Canada
Start Date: January 13, 2005	**End Date:** Ongoing
Total Funding Allocated: (in millions) • 2005/06 - $55.2 • 2006/07 - $63.2 • 2007/08 - $71.2 • 2008/09 - $84.4 (ongoing)	
Description: The Federal Initiative to Address HIV/AIDS in Canada is the Government of Canada's response to HIV/AIDS in Canada. The initiative will strengthen domestic action on HIV/AIDS, build a co-ordinated Government of Canada approach, and support global health responses to HIV/AIDS. It will focus on prevention and access to diagnosis, care, treatment and support for those populations most affected by the HIV/AIDS epidemic in Canada - people living with HIV/AIDS, gay men, Aboriginal people, people who use injection drugs, inmates, youth, women, and people from countries where HIV is endemic. The Federal Initiative will also support new and strengthened multisectoral partnerships to address the determinants of health and co-infections which increase the susceptibility to acquiring HIV (for example, other sexually transmitted infections), and infectious diseases (for example, hepatitis C and tuberculosis) which increase disease progression and morbidity in people living with HIV/AIDS. Gender-based analysis and human rights are fundamental to the approach. People living with and vulnerable to HIV/AIDS will be active partners in shaping policies and practices affecting their lives.	
Shared Outcomes: **Immediate Outcomes:** • Increased knowledge and awareness; • Enhanced evidence-based program planning and policy-making; • Enhanced multi-sectoral engagement and alignment; • Increased individual and organizational capacity; and • Increased coherence of federal response. **Intermediate Outcomes:** • Reduced HIV/AIDS stigma, discrimination and other barriers; • Improved access to more effective prevention, care treatment and support; and • Strengthened Canadian response to HIV/AIDS. **Long Term Outcomes:** • Prevent the acquisition and transmission of new infections; • Slow the progression of disease and improve quality of life; • Contribute to the global effort to reduce the spread of HIV/AIDS and mitigate its impact; and • Reduce the social and economic impact of HIV/AIDS to Canadians.	

Governance Structures:

The **Public Health Agency of Canada** (http://www.phac-aspc.gc.ca/new_e.html) is the federal lead for issues related to HIV/AIDS in Canada. The Public Health Agency is responsible for overall coordination, communications, national/regional programs, policy development, surveillance and laboratory science.

Health Canada (http://www.hc-sc.gc.ca/english/index.html) supports community-based HIV/AIDS education, capacity-building, and prevention for First Nations on-reserve and Inuit communities; provides leadership on international health policy and program issues; and assistance and guidance on evaluation.

As the Government of Canada's agency for health research, the **Canadian Institutes of Health Research** (http://www.cihr-irsc.gc.ca/e/193.html) sets priorities for and administers the extramural research program.

Correctional Service Canada, (http://www.csc-scc.gc.ca/text/home_e.shtml) which is an agency of the Ministry of Public Safety and Emergency Preparedness Canada (http://www.psepc.gc.ca/about/related_links_e.asp), provides health services, including services related to the prevention, care and treatment of HIV/AIDS, to offenders sentenced to imprisonment for two years or more.

An interdepartmental coordinating committee will be established by the Public Health Agency to promote policy and program coherence among the participating departments and agencies, and to maximize the use of available resources.

Health Canada's International Affairs Directorate coordinates global engagement activities and provides the secretariat for the **Consultative Group on Global HIV/AIDS** and the **Interdepartmental Forum on Global HIV/AIDS Issues**. The Consultative Group on Global HIV/AIDS Issues acts as a forum for dialogue between government and civil society on Canada's response to the global epidemic, and includes the provision of advice on the global HIV/AIDS epidemic; and of guidance and suggestions regarding collaboration and policy coherence to ensure a more effective response. The Interdepartmental Forum on Global HIV/AIDS Issues meets quarterly to discuss on-going issues and to provide overall coordination and coherence in the federal government's approach. Participating departments and agencies include PHAC, Health Canada, CIDA, Foreign Affairs Canada, and the Canadian Institutes of Health Research. Other government departments are invited to attend on an as-needed basis.

The **Ministerial Council on HIV/AIDS** (http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/ministerial/index.html) provides independent advice to the Minister of Health on pan-Canadian aspects of HIV/AIDS.

The Federal/ Provincial/ Territorial Advisory Committee on AIDS (http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/fpt_advis_comm_aids.html) serves as a forum to promote a coordinated governmental response to the HIV/AIDS epidemic.

The National Aboriginal Council on HIV/AIDS (http://www.phac-aspc.gc.ca/aids-sida/hiv_aids/federal_initiative/aboriginal/communique.html) provides advice to the Public Health Agency of Canada and Health Canada on issues relating to HIV/AIDS and Aboriginal populations.

The Federal/Provincial/Territorial (FPT) Heads of Corrections Working Group on Health is a sub-committee of the FPT Heads of Corrections. The Working Group on Health promotes policy and program development that is informed and sensitive to the complex issues surrounding the health of inmates, and provides advice to the FPT Heads of Corrections on trends and best practices as they relate to health in a correctional setting.

Other federal departments have mandates to address broader social determinants that affect people living with HIV/AIDS or their vulnerability to acquiring the infection, as well as to address the global epidemic. A new **Government of Canada Assistant Deputy Ministers' Committee on HIV/AIDS** has been struck to establish appropriate links and assist with the development of a broader Government of Canada approach to HIV/AIDS.				
Federal Partners Involved In each program	**Names of Programs**	**Total Allocation**	**Planned Spending for 2006–2007 (millions of dollars)**	**Expected Results for 2006-2007**
Public Health Agency of Canada	Infectious Disease Prevention and Control	Ongoing (incremental increases to 2008)	27.1	• Enhanced knowledge of the HIV/AIDS epidemic in Canada and the factors that contribute to its spread through: – augmented risk behaviour surveillance – targeted epidemiologic studies (e.g., expansion of I-TRACK and M-TRACK) and development of programs in other at-risk populations – maintained and improved quality of HIV testing in Canada – enhanced ability to monitor the performance of testing kits and algorithms used in provincial public laboratories – enhanced HIV reference services – improved knowledge and characterization of the transmission of drug-resistant HIV in Canada • Increased general awareness of HIV/AIDS through the development of an Agency-led social marketing campaign • Strengthened Canadian response to HIV/AIDS through: – the development of a population specific framework, with approaches for gay men, women, and people from countries where HIV/AIDS is endemic completed in 2006-07; and significant progress on approaches for Aboriginal people, people who use injection drugs, street youth, prison inmates and people living with HIV/AIDS

				– Government of Canada readiness to support the development and distribution of vaccines through the implementation of the vaccine plan – enhanced coordination through the review and re-design of committees and advisory bodies – improved reporting on progress through the development and implementation of the Federal Initiative's performance monitoring system • Improved access to more effective prevention, care, treatment and support through: – increased availability of evidence-based HIV interventions which address the determinants of health – increased availability of evidence-based HIV interventions which address co-infections which increase the susceptibility to acquiring HIV (eg. other sexually transmitted infections [STIs]) and infectious diseases which increase disease progression and morbidity in people living with HIV/AIDS (eg. hepatitis C, STIs, tuberculosis)
	Regional HIV/AIDS Program	Ongoing	12.3	• Improved access to more effective prevention, care, treatment and support through strengthened population-specific funding programs delivered through regional community based organizations.
Health Canada	First Nations On-Reserve	Ongoing	2.7	• Improved access to more effective prevention, and awareness through: – increased support for on-reserve First Nations in their efforts to develop and deliver targeted prevention, education and awareness programs – provision of HIV/AIDS and hepatitis C guidelines for nurses working on reserve – training on HIV/AIDS and hepatitis C for nurses working on reserve

	International Health	Ongoing	1.6	• Increased coherence of federal response through: – coordinated federal contribution to 2006 International AIDS Conference in Toronto ensuring strong Government of Canada presence and Canadian impact – increased policy coherence across the federal government's global HIV/AIDS activities • Strengthened Canadian response to HIV/AIDS through support for projects that engage Canadian organizations in the global response to HIV/AIDS.
	Program Evaluation	Ongoing	0.1	• Enhanced capacity to monitor the HIV/AIDS epidemic in Canada through the provision of strategic performance measurement and evaluation support.
Canadian Institutes of Health Research	HIV/AIDS Research Projects and Personnel Support	Ongoing	17.0	• Increased understanding of the epidemic, factors contributing to the spread of HIV and effective responses (including treatment and prevention interventions) through: – funding of socio-behavioural research and an enhanced Community-based research program – funding of biomedical and clinical research in key areas such as development of prevention interventions and new therapies – providing new research funding opportunities for scientists in strategic areas of HIV/AIDS research. • Increased capacity for HIV/AIDS research through funding for research trainees and strategic capacity-building initiatives • Increased number of trials relevant to vulnerable populations and improved treatments for HIV/AIDS through enhancements to the Canadian HIV Trials Network

<table>
<tr><td>Correctional Service Canada</td><td>Health Services</td><td>Ongoing</td><td>2.4</td><td>Improved access to more effective prevention, care, treatment and support through, for example, safer tattooing and discharge planning programs for prisoners</td></tr>
<tr><td>Total</td><td></td><td>$84.4 million in 2008- 2009</td><td>63.2</td><td></td></tr>
<tr><td colspan="5">Results to be achieved by Non-Federal Partners:

Major non-governmental stakeholders are considered full partners in the Federal Initiative to Address HIV/AIDS in Canada. Their role is to engage and collaborate with all levels of government, communities, other non-governmental organizations, professional groups, institutions and the private sector to enhance the Federal Initiative to Address HIV/AIDS in Canada's progress on all outcomes identified above.</td></tr>
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<table>
<tr><td>Contact:
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Table 14: Details on Transfer Payment Programs (TPPs)

1. Name of Transfer Payment Program Aboriginal Head Start (AHS) Initiative and Early Childhood Development (ECD) Program				
2. Start Date: 1995 – 1996	**3. End Date:** Ongoing			
4. Description: 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.				
5. Strategic Outcomes Healthier population by promoting health and preventing disease and injury.				
6. Expected Results To increase overall enrolment in the program and to increase the number of parental involvement workers, the number of special workers, and training offered to project staff in areas such as services to special-needs children and parental involvement. To facilitate collaboration on the relevant health issues among stakeholders (communities, government levels). To complete Aboriginal off-reserve environmental scan (i.e. Atlantic) and AHS Network/training.				
(in millions of dollars)	**7. Forecast Spending 2005-2006**	**8. Planned Spending 2006-2007**	**9. Planned Spending 2007-2008**	**10. Planned Spending 2008-2009**
11. Population and Public Health				
12. Total Contributions	29.0	28.9	29.0	29.0
13. Planned Audits and Evaluations To conduct annual process evaluations and to re-assess the impact and the effectiveness of the projects/services delivered to intended population.				

1. Name of Transfer Payment Program				
The Community Action Program for Children (CAPC)				
2. Start Date: 1998 – 1999	**3. End Date:** Ongoing			
4. Description: Contributions to non-profit community organization to support, on a long term basis, the development and provision of preventive and early intervention services aimed at addressing the health and development problems experienced by young children at risk in Canada.				
5. Strategic Outcomes Healthier population by promoting health and preventing disease and injury.				
6. Expected Results To enhance community capacity and 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 and to improve health and social outcomes for young children and parents/caregivers facing conditions of risk, and to continue partnership with multi-sectors in the community.				
(in millions of dollars)	**7. Forecast Spending 2005-2006**	**8. Planned Spending 2006-2007**	**9. Planned Spending 2007-2008**	**10. Planned Spending 2008-2009**
11. Population and Public Health				
12. Total Contributions	56.4	56.4	56.4	56.4
13. Planned Audits and Evaluations Continue to monitor, assess and evaluate on the outcomes of CAPC, projects based on a Results-Based Management and Accountability Framework (RBMAF). The lessons learned will be used to guide future evaluation and planning of CAPC.				

1. **Name of Transfer Payment Program**				
The Canada Prenatal Nutrition Program (CPNP)				
2. **Start Date:** 1998 – 1999	3. **End Date:** Ongoing			
4. **Description:** Contributions to non profit community organization to support on a long term basis, the development and provision of preventive and early intervention services at addressing the health and development problems experienced by young children at risk in Canada.				
5. **Strategic Outcomes** Healthier population by promoting health and preventing disease and injury.				
6. **Expected Results** To reach the intended audience; e.g. women living in challenging circumstance such as poverty, poor nutrition, teenage pregnancy, social and geographical isolation, recent arrival in Canada, alcohol or substance use and/or family violence. To raise awareness and knowledge among allied professionals to help them to cope with those affected by FASD in their sectors. To develop an integrated federal strategy on FASD and to build evidence base for policies, programs and practices.				
(in millions of dollars)	**7. Forecast Spending 2005-2006**	**8. Planned Spending 2006-2007**	**9. Planned Spending 2007-2008**	**10. Planned Spending 2008-2009**
11. Population and Public Health				
12. Total Contributions	27.8	27.9	27.9	27.9
13. **Planned Audits and Evaluations** Evaluation will be made to measure the reach and retention, relevance and impact of the programs to the targeted group.				

1. Name of Transfer Payment Program Promotion of Population Health (PPH)				
2. Start Date: 1999 – 2000	**3. End Date:** Ongoing			
4. Description: Contributions to persons and agencies to support health promotion projects in the areas of community health, resource development, training/skill development and research,				
5. Strategic Outcomes Healthier population by promoting health and preventing disease and injury.				
6. Expected Results The PPH logic model identifies outputs flowing from three activities: delivery management, management of environment, and program leadership. Outputs derived from these activities are: completed projects that build community knowledge, build community models and increase community partnerships; program knowledge products for the promotion of population health. These outputs result in three immediate outcomes: increase in use of community-generated knowledge for program and policy development on the determinants of health; increased application of community-based models to act on the determinants of health; and supportive environments for collaboration on the determinants of health. Immediate outcomes lead to to two intermediate outcomes: improved practices for program development and enhanced policy influence to support the population health approach. The final outcome is positive changes to community capacity to take action on the determinants of health for the population.				
(in millions of dollars)	**7. Forecast Spending 2005-2006**	**8. Planned Spending 2006-2007**	**9. Planned Spending 2007-2008**	**10. Planned Spending 2008-2009**
11. Population and Public Health				
12. Total Grants	9.5	9.5	9.5	9.5
13. Planned Audits and Evaluations The first PPH evaluation reviewed projects completed both nationally and regionally between 1997/98 and September 2002. A second evaluation project is currently underway for completion in March 2006. It includes PHF projects completed both nationally and regionally between October 2002 and March 31st 2005 and is based on the three spheres of influence outlined in the Population Health Fund Logic Model (community capacity building, intersectoral collaboration, and leadership and policy development). A subsequent national evaluation will be completed on projects sponsored between 2005/06 and 2008/09. Each region also evaluates their respective programs at regular intervals.				

1. **Name of Transfer Payment Program**				
The Federal Initiative to Address HIV/AIDS in Canada (Grants and Contributions)				
2. **Start Date:** 1998 – 1999	3. **End Date:** Ongoing			
4. **Description:** In January 2005, the launch of the Federal Initiative to Address HIV/AIDS in Canada signaled a renewed and strengthened federal role in the Canadian response to the disease.				
5. **Strategic Outcomes** Healthier population by promoting health and preventing disease and injury.				
6. **Expected Results** Projects funded at the national and regional levels will result in improved knowledge and awareness of the epidemic among Canadians; strengthened community, public health and individual capacity to respond to the epidemic through efforts directed at prevention, and access to diagnosis, care, treatment and support; enhanced multi-sectoral engagement and alignment; and increased coherence of the federal response. By the end of 2006-07, a population-specific approach will be in place to address the shared and unique needs of gay men, women and people from countries where HIV/AIDS is epidemic.				
(in millions of dollars)	**7. Forecast Spending 2005-2006**	**8. Planned Spending 2006-2007**	**9. Planned Spending 2007-2008**	**10. Planned Spending 2008-2009**
11. Population and Public Health				
12. Total Grants	8.0	8.0	8.0	8.0
13. Total Contributions	11.8	13.4	15.0	18.6
Total – G&C	**19.8**	**21.4**	**23.0**	**26.6**
14. Planned Audits and Evaluations Process evaluation is planned for 2007-08. Audit plan is under development.				

1. Name of Transfer Payment Program Development & Implementation of an Integrated Health Infostructure in Canada				
2. Start Date: 2002 – 2003	**3. End Date:** Ongoing			
4. Description: As a key health information service, the Canadian Health Network (CHN) and its network of networks supports the Agency's work in helping to build healthy communities. It is a health promotion program with the mission to promote healthy choices and it does so by communicating trustworthy information on health promotion and disease and injury prevention through a network of expert organization.				
5. Strategic Outcomes Healthier population by promoting health and preventing disease and injury.				
6. Expected Results The CHN is a key health information and promotion tool for PHAC. By providing valuable information to Canadians, the CHN helps to promote healthy choices; address risk factors (i.e. physical inactivity and nutrition) and to cover the four chronic diseases (Cancer, Diabetes, Respiratory Disease, Cardiovascular Disease) that cause premature death and poor quality of life. Through the CHN, Canadians are able to (1) access and learn from critical information about chronic disease prevention and intervention (2) improve quality of life and (3) reduce incidence of chronic disease and injury by making a healthy choice.				
(in millions of dollars)	**7. Forecast Spending 2005-2006**	**8. Planned Spending 2006-2007**	**9. Planned Spending 2007-2008**	**10. Planned Spending 2008-2009**
11. Population and Public Health				
12. Total Contributions	5.6	5.6	7.2	7.2
13. Planned Audits and Evaluations The CHN is currently undergoing an evaluation as required by Treasury Board. This will be submitted in early 2006. 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 average monthly unique visitors for 2005 at 185,439 (an increase from 123,593 visitors or 50% from 2004).				

1. Name of Transfer Payment Program				
National Collaborating Centres Contribution Program				
2. Start Date: 2004 – 2005	**3. End Date:** Ongoing			
4. Description: Contributions to persons and agencies to support health promotion projects in the area of community health, resource development training and skill development and research. The National Collaborating Centres (NCCs) focus to develop, strengthen public health capacity and to transfer health knowledge to effectively prevent, manage and control infectious disease in Canada through joint collaboration at federal, provincial/territorial level but also with local governments, academia, public health practitioners and non-governmental organizations.				
5. Strategic Outcomes Healthier population by promoting health and preventing disease and injury.				
6. Expected Results The expected results of the National Collaborating Centres program include: (1) an increase in the availability of knowledge for evidence-based decision making by public health practitioners; (2) an increase use of evidence to translate knowledge and develop public health programs, policies and practices; (3) partnerships that are developed with external organizations and (4) mechanisms and processes are in place to access public health knowledge from regional, national and international expertises.				
(in millions of dollars)	**7. Forecast Spending 2005-2006**	**8. Planned Spending 2006-2007**	**9. Planned Spending 2007-2008**	**10. Planned Spending 2008-2009**
11. Population and Public Health				
12. Total Contributions	9.2	9.2	9.2	9.2
13. Planned Audits and Evaluations Under the Results-Based Management and Accountability Framework (RBMAF) with Risk Assessment (RA), a program evaluation on immediate outcomes is planned for 2008-09 and will inform renewal of the terms and conditions. A summative evaluation is planned five years after program start up. The National Collaborating Centres (NCC) program will use the terms and conditions for Promotion of Population Health Contributions.				

1. Name of Transfer Payment Program				
Healthy Living Fund (Healthy Living and Chronic Disease Strategy)				
2. Start Date: 2005/06	**3. End Date:** Ongoing			
4. Description: Contribution funding to support and engage the voluntary sector and to build partnerships and collaborative action between governments, non-governmental organizations and other agencies. It supports healthy living actions with community, regional, national and international impact.				
5. Strategic Outcomes Healthier population by promoting health and preventing disease and injury.				
6. Expected Results Funding through the Healthy Living Fund will build public health capacity. By developing evidence on Canadian initiatives, projects will help to strengthen the evidence-base and contribute to the knowledge development and exchange component of the Strategy and will inform health promotion activities. In 2006-07, funding will be provided through contribution agreements to support and engage the voluntary sector, and to build partnerships and collaborative action among governments, non-governmental organizations and other agencies.				
(in millions of dollars)	**7. Forecast Spending 2005-2006**	**8. Planned Spending 2006-2007**	**9. Planned Spending 2007-2008**	**10. Planned Spending 2008-2009**
11. Population and Public Health				
12. Total Contributions	0.0	0.0	5.6	5.6
13. Planned Audits and Evaluations Evaluation plan is currently in its planning phase. The monitoring and evaluation plan for each component of the strategy is based on the RMAF and Risk Assessment. Ongoing monitoring will be focused on key performance information (i.e. reach to targeted population). Implementation review examines the implementation progress during the first few years of the strategy. The functional component evaluation will focus on progress towards individual and societal level outcomes (i.e. relevance, cost effectiveness, alternatives) and outcome evaluation will provide a summary of evaluative information for the programs.				

1. Name of Transfer Payment Program				
Canadian Diabetes Strategy (non-Aboriginal) – Healthy Living and Chronic Disease Strategy				
2. Start Date: 2005 – 2006	**3. End Date:** Ongoing			
4. Description: The Agency provides leadership on the non-Aboriginal elements of the Canadian Diabetes Strategy, which has been in effect since 1999. Under the Agency's Healthy Living and Chronic Disease Strategy, the Diabetes Strategy will undergo a change of directions, targeting information to Canadians who are at higher risk, especially those who are overweight, obese or pre-diabetic (i.e. family history, high blood pressure, high cholesterol in blood).				
5. Strategic Outcomes Healthier population by promoting health and preventing disease and injury.				
6. Expected Results National Diabetes Surveillance (NDSS) is expected to lead the maintenance and enhancement of the NDSS development and projects in collaboration with federal provincial and territorial partners. To provide funding to provinces and terrotories to build their capacity to provide information and analysis for incorporation to NDSS. The Diabetes Knowledge Development and Exchange (DKDE) element for diabetes will help practioners, policy makers and researchers to understand the causes of diabetes, its prevention and cost-effective management and to inform policy and program decision making. To fund community-based health promotion and prevention programs that enable and reinforce individual change by providing awareness, access, availability, knowledge and skills in the lifestyle choices. To lead the in the development and implementation of Public Information activities in collaboration with program experts at the national and regional levels. To support and promote national coordination and to facilitate a concerted, collaborative effort among all stakeholders in order to maximize effectivenss of diabetes prevention and intervention strategies.				
(in millions of dollars)	**7. Forecast Spending 2005-2006**	**8. Planned Spending 2006-2007**	**9. Planned Spending 2007-2008**	**10. Planned Spending 2008-2009**
11. Population and Public Health				
12. Total Contributions	0.0	0.0	5.8	6.2
13. Planned Audits and Evaluations Evaluation plan is currently in its planning phase. The monitoring and evaluation plan for each component of the integrated strategy is based on the RMAF and Risk Assessment. Ongoing monitoring will be focused on key performance information (i.e. reach to targeted population). Implementation review examines the implementation progress during the first few years of the strategy. The functional component evaluation will focus on progress towards individual and societal level outcomes (i.e. relevance, cost effectiveness, alternatives) and outcome evaluation will provide a summary of evaluative information for the programs.				
Program Activity: Population and Public Health				
Total Grants (G)	17.5	17.5	17.5	17.5
Total Contributions (C)	139.8	141.4	156.1	160.0
Total G&Cs - Population and Public Health	**157.3**	**158.9**	**173.6**	**177.5**