Public Health Agency of Canada

2006-07

Departmental Performance Report

Tony Clement
Minister of Health

Table of Contents

Overview

Message from Canada's Minister of Health

I am pleased to present the Public Health Agency of Canada's Performance Report for 2006-07. Health and access to a strong and effective health care system continue to be among the highest priorities for Canadians. These priorities are shared by Canada's New Government, and they continue to be my paramount concerns as Minister of Health.

I recognize the key contributions of the Agency and its deputy, the Chief Public Health Officer, in improving public health in Canada. This is why my first piece of federal legislation was the introduction of The Public Health Agency of Canada Act. I was proud to see the Act approved by Parliament and entered into force in December 2006, as it reaffirmed the Government of Canada's commitment to public health. The Agency enhances the federal government's ability to plan for and respond to public health emergencies, such as SARS or pandemic influenza; works to reduce disease and injury; and provides ongoing leadership in strengthening the public health infrastructure in Canada. This Performance Report shows the significant achievements made by the Agency during 2006-07, its second full year of operation.

Guaranteeing patient wait times remains one of our government's highest priorities. Reducing the burden on the health care system by improving overall public health continues to be one of the most effective ways of achieving this goal. Because major chronic diseases share common risk factors, Canada's New Government, with the support of the Public Health Agency and in collaboration with the provinces, territories and key stakeholders, continued its work to address health promotion and the prevention and control of chronic diseases such as cancer, diabetes and cardiovascular disease, through a combination of integrated and disease specific strategies and programs. Budget 2007 provided $300 million over three years to support provinces and territories to launch human papillomavirus (HPV) vaccination programs targeting cervical cancer. For this the Agency took the leadership role in coordinating Canada's first collaborative planning exercise for immunization programs.

In February 2007 the Prime Minister's announcement of the Canadian HIV Vaccine Initiative reflected the Agency's contribution to worldwide efforts to develop safe and effective HIV vaccines. The Agency's partners in the Initiative include Health Canada, the Canadian Institutes of Health Research, the Canadian International Development Agency, Industry Canada, and the Bill & Melinda Gates Foundation. Work towards HIV vaccines complements the Agency's other HIV initiatives such as the AIDS Community Action Program which supported 148 beneficial projects across Canada.

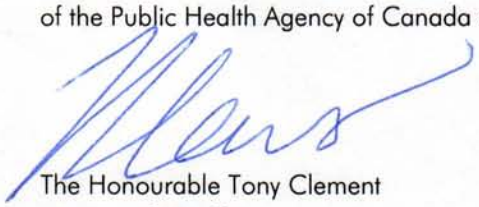
The Agency helped our government provide Canadians with safe and secure communities by effectively reducing the threat of infectious diseases. In particular, the Public Health Agency took a leadership role in updating and publishing the updated Canadian Pandemic Influenza Plan for the Health Sector in December 2006, in collaboration with federal partners and the provinces and territories. This

plan provides guidance on the measures and systems that will be needed to respond to a pandemic. Drawing on an investment of $1 billion from the 2006 Budget, the Agency and its partner federal departments continued to strengthen the plan and to enhance important initiatives including prevention, early warning, vaccines, antivirals, and critical science.

In collaboration with a number of countries and international organizations, the Agency assisted the Kenyan Ministry of Health in containing an outbreak of Rift Valley Fever that was responsible for a large number of human and animal deaths. In January 2007 five scientists and a mobile lab from the Agency were deployed on a mission which helped Kenya manage this deadly disease. Experiences like this one will be beneficial in preparing for possible public health emergencies in Canada.

While the Agency led federal efforts to prevent disease and injury and to promote and protect national and international public health, it also continued to support this government's vision and direction on accountability and efficiency in all government operations and initiatives.

In support of a stronger public health system in Canada and around the world, and in moving forward on fulfilling our government's priority of improving health and access to health care for Canadians, I am proud to report on the performance of the Public Health Agency of Canada during 2006-07.



The Honourable Tony Clement
Minister of Health

Message from Canada's Chief Public Health Officer

The Public Health Agency of Canada exists to strengthen the Government of Canada's ability to protect the health and safety of Canadians, and to provide a national focal point to lead efforts in the advancement of public health both nationally and internationally. I am pleased to take part in this accounting to Parliament and the Canadian public of the Agency's work over 2006-07.

It is the role of the Chief Public Health Officer of Canada to report on matters relating to public health and to share information and best practices with governments, public health authorities and others in the health field, both within Canada and internationally. It is also the Chief Public Health Officer's responsibility to speak to Canadians as a credible and trusted voice on public health issues, and to advise the Minister of Health on matters of public health and on the operations of the Public Health Agency.

Because public health is complex, success requires a comprehensive team approach that brings in partners from across all sectors of society. The Agency actively engages many partners, including Health Canada and the rest of the health portfolio, other federal departments, the provinces and territories, stakeholders, and non-governmental organizations to promote and protect the health of Canadians.

Public health often receives its greatest attention during times of crisis, and one of the Agency's highest priorities is to prepare and plan for such events, including a potential influenza pandemic. The money provided to the Public Health Agency from the $1 billion investment in pandemic preparedness initiated in Budget 2006 enabled the Agency to increase collaboration with its partners and to take additional steps to protect Canadians from public health emergencies. In co-operation with Public Safety Canada, the Department of Foreign Affairs and International Trade and the Canadian Food Inspection Agency, the Public Health Agency of Canada co-developed the *North American Avian and Pandemic Influenza Plan* with the United States and Mexico which outlines how the three countries will work together if needed. The Agency also played a key role in the development of a proposed *Federal, Provincial, and Territorial Memorandum of Understanding on the Provision of Mutual Aid in Relation to Health Resources during an Emergency*. In addition, the Agency continued collaboratively building an effective national emergency stockpile system of critical supplies including anti-viral drugs in the event of an influenza pandemic.

Public health is about keeping people healthy, which helps to ensure a solid foundation for a prosperous society. The Agency helps strengthen this foundation by ensuring that we, as a society, take steps to address health disparities. During 2006-07 the Agency provided financial support for initiatives across the country that increased community capacity to address factors affecting the health of vulnerable groups. Also, during 2006-07 the Agency contributed to and disseminated learnings from the World Health Organization's Commission on

Social Determinants of Health. In particular the Agency led the Commission's Canadian Reference Group, a partnership involving federal government departments such as the Canadian International Development Agency, Health Canada and the International Development Research Centre, as well as provinces, territories, and non-governmental organizations.

The Agency also took concrete steps to improve the overall health and quality of life of Canadians through programs focused on healthy eating and physical activity, thereby addressing the health, social and economic burden of chronic disease in Canada.

To anticipate and respond to the immediate and future health needs of Canadians, the Agency developed *Strategic Plan 2007-2012*. This comprehensive plan promises to enhance the management and effective delivery of the Agency's programs.

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

This Performance Report shows that the Agency, through its dedicated staff across the country, continued to move forward on fulfilling the vision of healthy Canadians and communities in a healthier world.

Dr. David Butler-Jones, M.D.
Chief Public Health Officer

Management Representation Statement

I submit for tabling in Parliament the 2006-07 Departmental Performance Report (DPR) for the Public Health Agency of Canada.

This document has been prepared based on the reporting principles contained in the *Guide for the Preparation of Part III of the 2006-07 Estimates: Reports on Plans and Priorities and Departmental Performance Reports*:

- It adheres to the specific reporting requirements outlined in the Treasury Board Secretariat guidance;
- It is based on the department's approved Strategic Outcome(s) and Program Activity Architecture that were approved by the Treasury Board;
- It presents consistent, comprehensive, balanced and reliable 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 numbers from the Estimates and the Public Accounts of Canada.

Dr. David Butler-Jones, M.D.
Chief Public Health Officer

Summary Information

How This Report is Structured

The 2006-07 Departmental Performance Report of the Public Health Agency of Canada (the Agency) is structured as follows:

After the messages from the Minister and the Chief Public Health Officer, and a statement confirming the validity of the information in this document, Section I discusses performance information, and presents a brief overview of the Agency's reason for existence, including its mission, vision, mandate, role, structure, geographic locations and key collaborations and partnerships.

Section I then reports the overall financial and human resources utilized during the fiscal year, and presents a table summarizing resources used and progress on the six priorities set out in the Agency's 2006-07 Report on Plans and Priorities.

An assessment is then provided of the Agency's performance in the context of the operating environment – the key factors that have an impact on the way programs are delivered. How the Agency's work links to Government of Canada outcome areas is then reviewed. Section I concludes by explaining the Agency's progress against each of the six priorities for the year.

Section II, Analysis by Strategic Outcome and Key Program, provides more detailed information on resources used, activities undertaken and progress made.

Section III, Supplementary Information, provides detailed financial and operational information in the sequence and format specified by the Treasury Board Secretariat.

Section IV provides more organizational information, including information on strategic, business, and sustainable development planning, a detailed

organization chart, a risk communications framework, and the new Program Activity Architecture adopted for 2007-08.

Included throughout the report are links to the Agency's website and to websites of external partners and other organizations. Readers are encouraged to visit these sites for additional information about the work of the Agency and our partners.

How Performance Information is Gathered and Used at the Agency

The Agency gathers and uses both financial and non-financial information for operational and reporting purposes. Financial performance information is carefully monitored to ensure financial commitments are met and expenditures accounted for. Performance information is used for making operational decisions and for communicating with stakeholders. When appropriate, evaluations are used to generate and/or confirm performance information; they are also used to create or amend policies and/or procedures and to renew or change program design.

The financial information at the heart of this report has been generated by the Finance and Administration Directorate, using the Agency's financial management systems. These numbers are verified internally, and may be validated from time to time through external reviews and audits.

The non-financial performance information used in this report was gathered from multiple internal sources including the senior managers responsible for carrying out the commitments set out in the 2006-07 Report on Plans and Priorities. These managers report back on the actions taken and the results they have achieved. Through the departmental performance reporting process senior managers are held accountable to report back on the commitments made by the Agency for the previous year.

The Agency's Reason for Existence

Canadians are among the healthiest people in the world. Two factors which contribute to Canadians' high quality of life are their access to a modern and sustainable publicly-funded health care system and the existence of a strong public health system. The actions of the public health community are often not as apparent as those in the conventional health care system, because public health targets the entire population, working upstream to avoid potential problems and to deal with them as they occur. Public Health works to identify threats and risks to the health of Canadians at large, as opposed to health care, which focuses on individuals. While they are both part of the continuum of health, the emphasis in public health is prevention. By helping keep Canadians healthy, the Agency, in partnership with the public health community, not only improves health and quality of life, but can also relieve some of the pressure on the health care system, helping to constrain costs and lessen patient wait times.

Public health involves a range of players and partners engaging in initiatives that promote health, prevent and control both infectious and chronic diseases, support public health research and surveillance activities, and protect people from the consequences of health emergencies. In Canada, public health is a responsibility shared by the three levels of government, the private sector, the not-for-profit sector and health professionals such as family physicians. The Agency works closely with other federal departments and agencies, provinces and territories, and other stakeholders to keep Canadians healthy.

Events like the emergence of severe acute respiratory syndrome (SARS) in 2003 demonstrated the need for Canada to have a national point of focus for public health issues. In response, the Public Health Agency of Canada was established on September 24, 2004, and Dr. David Butler-Jones was appointed as the country's first Chief Public Health Officer (CPHO). The creation of the Agency marked the beginning of a new approach to federal leadership, and to collaboration with the provinces and territories in the Government's efforts to renew the public health system in Canada. On December 15, 2006, the Public Health Agency of Canada Act came into force, providing a statutory basis for the Agency. The Act formally establishes the position of the Chief Public

Health Officer and recognizes his unique dual role as deputy head of the Agency and as Canada's lead public health professional:

> *As the deputy head of the Agency, the 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 and mobilize the resources of the Agency to meet threats to the health of Canadians.*

The CPHO is also Canada's lead public health professional, with demonstrated expertise and leadership in this field. For this reason, the CPHO has the legislated authority to communicate directly with Canadians and to prepare and publish reports on any public health issue. He is also required to submit to the Minister of Health, for tabling in Parliament, an annual report on the state of public health in Canada. By providing the CPHO with authority to speak out on public health matters and ensuring that he or she has strong qualifications in the field of public health, the Public Health Agency of Canada Act protects the CPHO's credibility.

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

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

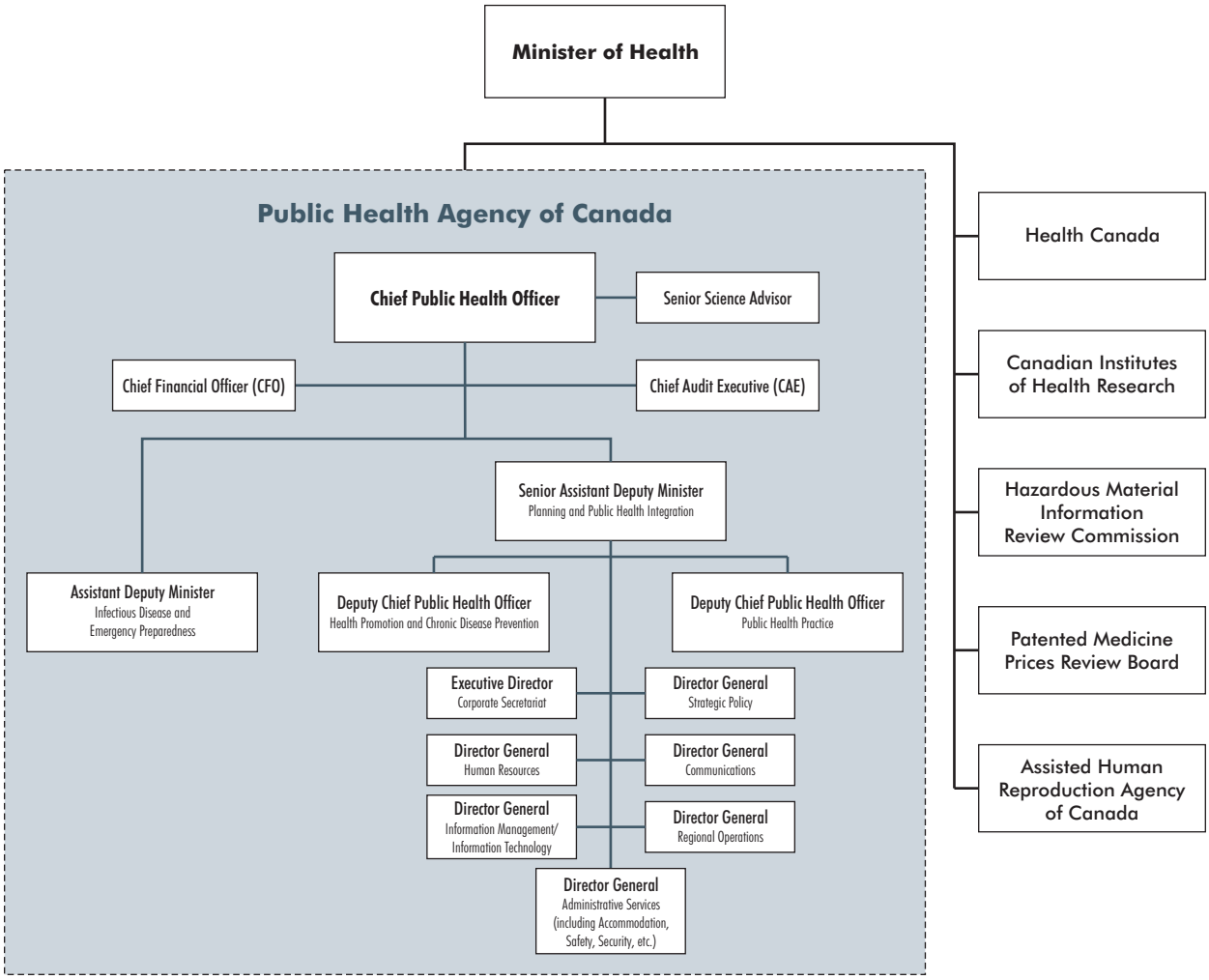
The Agency is mandated to work in collaboration with its partners to lead federal efforts and to mobilize pan-Canadian action in preventing disease and injury, and to promote and protect national and international public health by:

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

The Agency at a Glance	
Type of Organization	Federal Agency, funded by Parliament
Mission	To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health
Vision	Healthy Canadians and communities in a healthier world
Strategic Outcome for Reporting Period	Healthier Population by Promoting Health and Preventing Disease and Injury
Strategic Outcome for 2007-08	Healthier Canadians and a stronger public health capacity
Government of Canada Outcome Directly Supported	Healthy Canadians
Enabling Legislation	*Public Health Agency of Canada Act*
Acts and Regulations Administered	*The Quarantine Act* *The Importation of Human Pathogen Regulations*
Key Activities	■ Health Promotion ■ Chronic Disease Prevention and Control ■ Infectious Disease Prevention and Control ■ Emergency Preparedness and Response ■ Strengthening Public Health Capacity
Reporting to Parliament	The Agency reports to Parliament through the Minister of Health

The Agency's Structure

The following organization chart depicts how the Agency is structured within the Federal Health Portfolio.



The Agency's Operations Across Canada

To maintain the knowledge and skills needed to develop and deliver the public health advice and tools required by Canadians, the Agency calls upon the efforts of public health professionals, scientists, technicians, communicators, administrators, and policy analysts and planners. These employees work across Canada in a wide range of operational, scientific, technical and administrative positions.

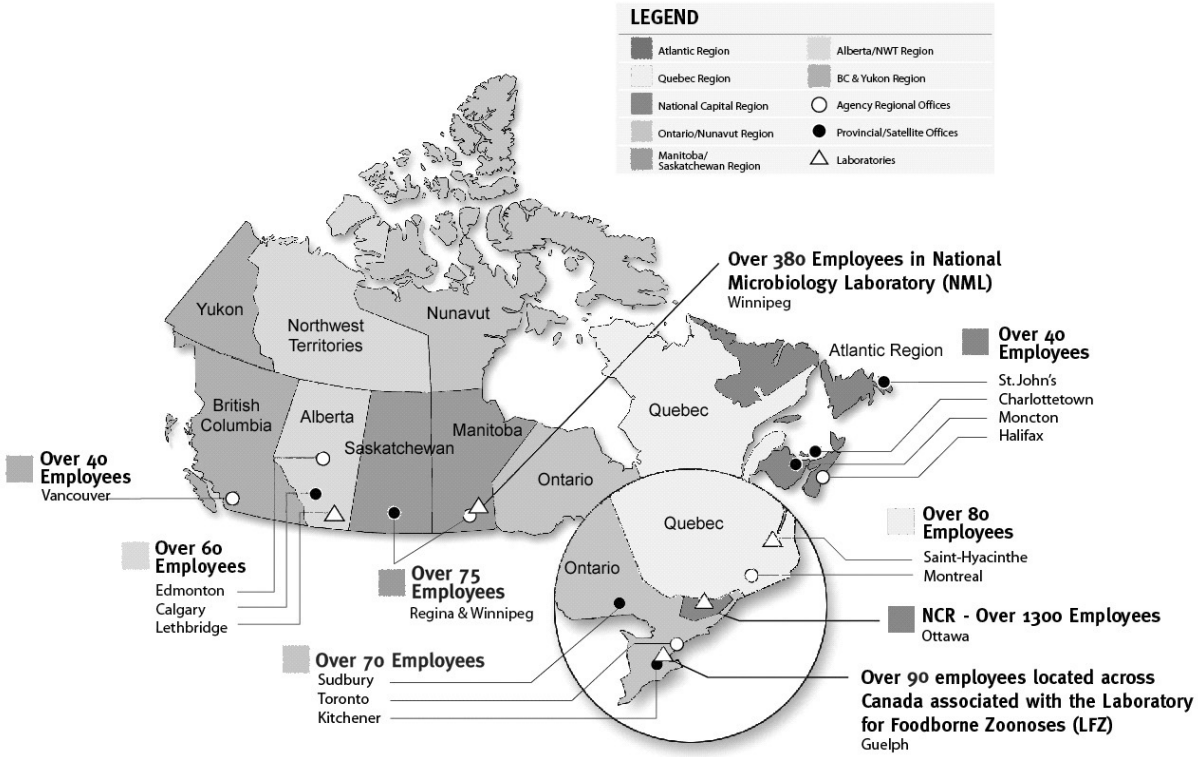
The largest concentration of employees is in the National Capital Region. The head office in Winnipeg forms a second pillar of expertise. In times of a national health emergency, the Emergency Operations Centre based in both in Ottawa and Winnipeg can be utilized to manage the crisis.

The Public Health Agency of Canada recognizes the need to have a strong presence throughout the country to connect with provincial and territorial governments, federal departments, academia, voluntary organizations and citizens. Outside of Winnipeg and the National Capital Region, the Agency's Canada-wide infrastructure consists of 16 locations in six Regions: British Columbia & Yukon, Alberta & Northwest Territories, Manitoba & Saskatchewan, Ontario & Nunavut, Quebec, and Atlantic. Some Agency programs are delivered to the Yukon, Nunavut and the Northwest Territories through Health Canada's

Northern Region office under an interdepartmental agreement. The Agency's Regional Offices promote integrated action on public health throughout the country. Working in partnerships that cross sectors and jurisdictions, staff in these offices facilitate collaboration on national priorities, building on resources at the regional, provincial and district levels.

The Agency operates specialized research laboratories in several locations across Canada. The Canadian Science Centre for Human and Animal Health in Winnipeg houses the Agency's state-of-the-art National Microbiology Laboratory which is one of the world's high containment research laboratories. The Agency's Laboratory for Foodborne Zoonoses, which studies the risks to human health from diseases arising from the interface between animals, humans and the environment, is headquartered in Guelph, Ontario and maintains units in St. Hyacinthe, Quebec and Lethbridge, Alberta.

The following map shows where the Agency's staff, offices and laboratories are located (employee numbers are as of March 31, 2007):



Collaboration and Partnership

Most public health activities, including those performed by the Agency, involve collaboration and partnership with the provinces and territories, other federal departments, health organizations, professional organizations, academia, the private and not-for-profit sectors and/or other stakeholders. This creates challenges for performance measurement, as positive health outcomes and trends usually reflect the success of joint efforts by multiple partners.

The Government of Canada's Health Portfolio consists of approximately 11,700 employees and an

annual budget of $4.6 billion. The Agency works closely with the other members of the Health Portfolio, as well as other federal departments and agencies whose work has an impact on public health. Key federal departments and agencies that the Agency works with include:

The Government of Canada's Health Portfolio

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

For more information see:

- www.hc-sc.gc.ca/ahc-asc/minist/health-sante/portfolio/index_e.html

Other Government of Canada Partners

- Agriculture Canada;
- Canada Border Services Agency
- Canadian Food Inspection Agency
- Canadian Heritage – Sport Canada
- Environment Canada
- Infrastructure Canada
- Public Safety Canada
- Statistics Canada
- Transport Canada

Financial Resources 2006-07

Planned Spending	Total Authorities	Actual Spending
$629.7 million	$536.2 million*	$510.8 million**

* The $93.5 million difference between planned spending and authorities is mainly due to the deferment of $44 million in funding for Avian and Pandemic Influenza Preparedness to subsequent fiscal years, and expected funding of $51 million for Canadian Strategy for Cancer Control not flowing through the Agency.

** Actual spending was $25.4 million lower than total authorities primarily due to capacity and technical constraints which impeded the full utilization of approved resources. Of the 25.4 million, operating expenditure accounted for $20.5 million and transfer payments $4.9 million.

Human Resources (Full-Time Equivalents*) 2006-07

Planned	Actual	Difference
2,119	2,050	69

* To properly include persons employed for part of the year and/or employed part time in a measure showing average employment over the year, 'full-time equivalent' is calculated based on days worked. The Agency began the fiscal year with approximately 1,968 employees and ended it with approximately 2,157.

Status on Performance

The following table provides a "report card" of progress on each priority for 2006-07, and shows the financial resources planned and spent.

Performance and spending by priority 2006-07				
Strategic Outcome: Healthier Population by Promoting Health and Preventing Disease and Injury **Program Activity:** Population and Public Health				
Priority	**Expected Results**	**Performance Status**	**Planned Spending ($ millions)**	**Actual Spending ($ millions)**
#1: Develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease (ongoing)	Enhanced strategies and programs for the prevention and control of infectious disease	Successfully met	169.6	124.2* * Actual spending was $45.4 million less than plan primarily due to deferment of $44.1 million Avian and Pandemic Influenza Preparedness funding to subsequent fiscal years.
#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)	Enhanced strategies and programs for to promote health and prevent and control chronic disease and injury	Successfully met	179.9	127.4 * * Actual spending was $52.5 million less than planned mainly due to expected funding of $51 million for Canadian Strategy for Cancer Control not flowing through the Agency.
#3 : Increase Canada's preparedness for and ability to respond to public health emergencies, including pandemic influenza (ongoing)	Increased preparedness for and ability to respond to public health emergencies, including pandemic influenza	Successfully met	55.9	55.1
#4: Strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity (ongoing)	Stronger public health capacity	Successfully met	83.8	84.0
#5: Lead several government-wide efforts to advance action on the determinants of health (new)	Advanced action on the determinants of health	Successfully met	70.6	51.2 **

Performance and spending by priority 2006-07 *(continued)*				
Priority	Expected Results	Performance Status	Planned Spending ($ millions)	Actual Spending ($ millions)
#6: Develop and enhance the Agency's internal capacity to meet its mandate (previously committed)	Increased Agency internal capacity and ability to meet mandate.	Successfully met	56.0	68.9* * Actual spending exceeded plan by $12.9 million due primarily to use of $11.0 million to address IM/IT infrastructure requirements, comply with mandatory government-wide IT security policy, and respond to a computer malware infection.

** Actual Priority 5 spending was less than plan by $19.4 million. Of this approximately $14.1 million was due to constraints in accommodations, staffing, and contracting which impeded reaching budgeted staff and operating levels. Also, the Agency's regional organization was unable to use $2.3 million as planned for supporting demonstration projects. Additionally $1.0 million in resources earmarked for launch of ParticipACTION could not be utilized for this purpose. Of funds earmarked to cover the costs of employee benefits for staff allocated to Priority 5, $1.1 million was not used due to favourable rates.

Note: The Agency's total planned spending of $629.7 million included $13.9 million not allocated to the six priorities. The main unallocated item was $10.4 million for Hepatitis C, as the program was sunsetting. The program was subsequently extended, and has been allocated to the 'actual spending' for the priorities, as has all other Agency spending for 2007-08.

Overall Departmental Performance

Strategic Context/Operating Environment

The expanding global economy, the convergence of people in large urban areas and the ease with which people and goods travel around the world are but some of the factors challenging Canada's public health system.

External factors which influenced the Agency's activities during 2006-07 included the emergence of infectious diseases, such as avian influenza and other potential pandemics, both nationally and internationally; natural disasters; Canada's gradually aging population; social trends affecting the risk of chronic diseases; the changing nature of our environment; and the continued rapid evolution of science and technology.

Infectious Disease Levels and Trends

The number of Canadians dying from or living with infectious diseases has been climbing since the 1980s. Worldwide, infectious diseases are the second leading cause of death and the leading killer of infants and children. The World Health Organization (WHO) estimates that in 2002, the most recent year for which statistics are available, approximately 11 million of the 57 million deaths that occurred worldwide were caused by infectious and parasitic diseases. While the impact of this phenomenon is being felt most profoundly in developing countries, Canada has not been immune. The increase in the speed and volume of global travel places Canadians within 24 hours of almost any other place in the world – which is less than the incubation period for most communicable diseases transported by individuals or products. The threat of emerging and re-emerging infectious diseases and the potential for bioterrorism has made the ability to rapidly identify infectious agents and clusters of disease vitally important.

Risks of Avian and Pandemic Influenza

There were two major infectious disease threats that Canada faced in 2006-07. Each could have had a significant impact on Canada's economic and social stability as well as on collective and individual health and safety. The first was the potential for the highly contagious and deadly H5N1 (Asian) sub-type of avian influenza to spread to domestic birds in Canada. The second was the growing potential for the appearance of a new strain of this (or another) virus that has adapted to humans, resulting in human-to-human transmission and the possible setting off of a human influenza pandemic. According to WHO, the occurrence of the next pandemic influenza is "a question of when, not if."

The H5N1 (Asian) avian influenza virus has demonstrated the ability to infect and cause fatal illness in humans. During the period from December 2003 to April 2007, 291 human cases, resulting in 172 deaths, were laboratory-confirmed in 12 countries.

Natural Disasters

Natural disasters such as the Asian Tsunami and Hurricane Katrina vividly underscore the importance of emergency preparedness and capacity building in order to enable the quick and effective responses necessary to minimize suffering and loss. Recent natural disasters have provided many lessons and highlighted the need for integrated and coordinated emergency management and effective emergency communications at all levels of government, among federal departments and agencies, and with other stakeholders including individual citizens.

Demographics

Changing demographics are an important factor in Canada. While Canada has the highest rate of population growth among the 'G8' (group of eight economically leading countries), the majority of this comes from immigration. Due to a combination of low birth rates and longer life spans, there is an

upward trend in the proportion of seniors in the Canadian population. It is projected that by 2016, those 65 years of age and older will represent approximately 16% of the country's population. This change will have an impact on the incidence and distribution of many diseases, and is likely to place increasing pressures on health services in Canada.

Risk Factors for Chronic Disease

Changes in Canadian society have resulted in shifts in nutrition patterns and in living and working conditions. These changes are key factors in the development of the leading chronic diseases in Canada. They have the potential to trigger significant increases in these diseases at substantial cost to the country's economy and society. Unhealthy eating, lack of physical activity and obesity continue to be critical public health issues that have a significant bearing on health outcomes for Canadians and the health care system.

Environment

Canadians are increasingly recognizing the linkages between health and the environment, not only in areas like the effects of toxins and pollutants, but also in the impacts of climate change and the trade-offs involved in sustainable development. Growing populations are placing an increased pressure on the environment globally while, in Canada, greater urbanization brings with it increased demands for energy, land and other resources, as well as increased concentrations of toxins and pollutants. A strong and comprehensive public health policy is needed to identify and address linkages between health and the environment and to assist affected communities.

Rapid Evolution of Science and Technology

The rate of scientific discovery and technological innovation has increased dramatically in the past decade, but the impact on the health sector has been mixed. On the one hand, advances in treatment and care offer new opportunities to address illness and improve health. On the other hand, these advances have placed increased cost pressures on Canada's already stressed health system. By providing new approaches for improving health and preventing disease, advances in public health can help mitigate these costs. For example, there have been rapid advances in public health genomics – an emerging field that assesses the impact of the interaction between genes and the environment (i.e., physical environment, diet, behaviour, drugs, and agents of infectious diseases) on population health. There is a potential that the knowledge from advances in biotechnology and genome-based research can be applied to prevent disease and improve the health of populations.

Link to the Government of Canada Outcome Areas

The Agency's focus on public health allows it to contribute directly to a key Government of Canada Outcome: **Healthy Canadians**

The Agency's work also supports achievement of other Government of Canada outcomes, including:

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 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. The Agency's efforts contribute to Canada's effective participation in the Security and Prosperity Partnership of North America;

An innovative and knowledge-based economy – The Agency, in its own laboratories and working with partners, conducts and provides financial support for applied research on health technologies. For example, it facilitates the translation of research to

develop and test newer, faster, and more productive technologies that can deliver safe and effective vaccine products to Canadians and thus advance broader socio-economic interests. This leading-edge work has the potential to generate 'spin off' economic development while it significantly boosts public confidence in Canada's ability to deal with emerging health threats.

(For more information about Government of Canada Outcomes see http://www.tbs-sct.gc.ca/report/govrev/06/cp-rc_e.asp).

Details of Performance

The following section provides an explanation of the progress summarized in the 'report card' above. It identifies each commitment, indicates whether the Agency successfully met, partially met, or exceeded expectations, and then elaborates on what was accomplished.

1 **Develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease** – *Successfully met*

In 2006-07 the Agency delivered a number of key initiatives in collaboration with its partners and stakeholders. It reviewed, revised, and expanded the scope of its widely used Infection Control Guidelines Series; published the Canadian National Report on Immunization; provided surveillance for diseases including Lyme disease, West Nile virus and health-care acquired infections; collaborated with provinces and territories as well as internationally on issues related to immunization and vaccine-preventable infectious diseases; took the leadership role in coordinating Canada's first collaborative immunization program planning exercise, focussing on a vaccine for the human papillomavirus; and helped to organize the Canadian Immunization Conference. The Agency's street-youth surveillance pilot project, undertaken in collaboration with external stakeholders, has led to the development of more effective mechanisms to reach street youth and provide testing and care for HIV, sexually transmitted infections and related infections.

Through this and other work the Agency developed proposals to achieve a more integrated and coordinated approach to managing infectious disease and improving the health status of those who become infected. This included developing, enhancing and implementing integrated and disease-specific strategies and programs. Overall, the Agency was successful in strengthening multi-sectoral, multijurisdictional, and multidisciplinary approaches to infectious disease prevention.

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** – *Successfully met*

In 2006-07, the Agency worked closely with its partners and stakeholders to implement components of the Healthy Living and Chronic Disease initiative. This included:

- launching the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention, an on-line tool which disseminates information and monitors adoption of best practices in chronic disease prevention;
- supporting the launch of development of the Canadian Heart Health Strategy and Action Plan, and establishment of an Expert Advisory Committee on Hypertension;
- establishing a steering committee to help develop a national lung health framework with stakeholders;
- identifying shared priorities in chronic disease surveillance, with a focus on an enhanced mental illness surveillance system, and expansion of the National Diabetes Surveillance System to other chronic diseases; and

- Establishing new directions for the renewed Canadian Diabetes Strategy, with a focus on high-risk populations and earlier detection.

Additionally, the Agency was a key stakeholder in the development of the Canadian Strategy for Cancer Control (CSCC) by supporting and facilitating the transition of responsibility for the implementation of the CSCC to the new Canadian Partnership Against Cancer, an arms length, not-for-profit entity.

3 **Increase Canada's preparedness for and ability to respond to public health emergencies, including pandemic influenza** – *Successfully met*

The Agency continued to take an all-hazards approach encompassing emergency medical response to infectious disease outbreaks, natural disasters, explosions or chemical, biological or radiological/nuclear incidents in 2006-07. As a member of the Global Health Security Initiative, the Agency supported an effective national emergency management system and advanced work, globally and within Canada, on infectious disease outbreaks and pandemic influenza preparedness.

To increase Canada's preparedness for and ability to respond to public health emergencies, including pandemic influenza, the Agency engaged in extensive emergency preparedness and response planning with provincial and territorial governments, other federal departments and agencies, and non-governmental organizations to identify emerging priorities, establish work plans and coordinate activities. Work was done to put in place arrangements with provincial and territorial governments to facilitate mutual assistance and information exchanges during public health emergencies. The Agency played a key role in the development of the Federal, Provincial, and Territorial Memorandum of Understanding on the Provision of Mutual Aid in Relation to Health Resources during an Emergency, which was received by the Conference of Deputy Ministers of Health.

The Agency, in co-operation with Public Safety Canada, the Department of Foreign Affairs and International Trade and the Canadian Food Inspection Agency, the Public Health Agency of Canada co-developed the North American Avian and Pandemic Influenza Plan with the United States and Mexico to 1) detect, contain and control an avian influenza outbreak and prevent transmission to humans; 2) prevent or slow the entry of a novel strain of human influenza to North America; 3) coordinate emergency management and communications; 4) minimize unwarranted disruptions to the flow of people, goods and services at the borders and 5) sustain critical infrastructure.

Guided by the Council of the Pan-Canadian Public Health Network (PHN), the Agency led robust citizen and stakeholder dialogues as one part of a multi-faceted decision making process in the development of a national policy recommendation on the use of antivirals for prevention during an influenza pandemic.

Also, the Agency continued to build an effective stockpile of critical supplies including anti-viral drugs in order to respond to a pandemic and other public health emergencies.

4 **Strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity** – *Successfully met*

In 2006-07 the Agency built on initial successes such as the establishment of the Pan-Canadian Public Health Network. For example, the Agency provided secretariat, policy, technical, and financial support to the Network's following groups:

- Public Health Network Council
- Council of Chief Medical Officers of Health
- Population Health Promotion Expert Group
- Surveillance and Information Expert Group
- Emergency Preparedness and Response Expert Group
- Communicable Disease Control Expert Group

- Chronic Disease and Injury Prevention and Control Expert Group
- Canadian Public Health Laboratories Expert Group

The Agency also continued to work closely and cooperatively with all of its partners toward a seamless and comprehensive pan-Canadian public health system by addressing cross-jurisdictional human resources capacity, collaborative information systems and tools, knowledge dissemination, and the public health law and policy system.

Further, 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 supported public health professionals and stakeholders in their efforts to keep pace with rapidly evolving conditions, knowledge and practices.

5 **Lead several government-wide efforts to advance action on the determinants of health** – *Successfully met*

During the fiscal year, the Agency, while recognizing the many influences that lie within the purview of other departments, jurisdictions and sectors, continued to strengthen its partnerships to help address the factors that lead to disparities in health status. In the process the Agency advocated for healthy public policy and led efforts to advance action on the determinants-of-health approach to health policy. In particular, the Agency contributed to and helped disseminate learnings from the WHO Commission on Social Determinants of Health through its partnerships with other countries and through its leadership of the Canadian Reference Group (CRG), a partnership involving federal departments, provinces, non-governmental organizations and academia. The CRG held dialogue sessions with non-governmental organizations to determine common agendas. It also organized numerous presentations and dialogues on the social determinants of health. Further, the Agency held an exploratory meeting with leading health economists from across Canada to consider the feasibility of developing an economic case for investment in the determinants of health.

The Agency's funding programs used grants and contributions to support initiatives across the country to increase community capacity and promote intersectoral action on the determinants of health. In the Atlantic Region, the Population Health Fund supported projects which built community capacity to promote healthy public policies, particularly as they affect inequity and chronic disease. In Quebec, this Fund supported projects to promote healthy, sustainable communities and to address the links between environment and health. The Manitoba/Saskatchewan Region used the Population Health Fund to support projects that address issues such as food security and healthy aging, with a focus on aboriginal populations. Further, programs like the *Diabetes Prevention and Promotion Contribution Program*, the *AIDS Community Action Program* and the *Hepatitis C Prevention, Support and Research Program* also fund projects which consider linkages between health determinants, risk behaviour and disease incidence and support approaches which address the root causes of these conditions.

6 **Develop and enhance the Agency's internal capacity to meet its mandate** – *Successfully met*

The Agency developed and enhanced its internal capacity. This included reviewing its Program Activity Architecture, developing risk mitigation and management strategies, and initiating strategic and business planning processes that addressed capacity issues including expansion of laboratories as well as further development of the Winnipeg headquarters and the Agency's regional offices.

During 2006-07 the Agency had a single strategic outcome and a single program activity. Work done during the year including updating the strategic outcome and creating an enhanced Program Activity Architecture for fiscal year 2007-08, to better reflect the Agency's responsibilities and to enable a more detailed reporting on accomplishments and resource use.

The Strategic Risk Communications Framework and Handbook was launched, a new and unique tool designed to enable the Agency to integrate strategic risk communications into effective risk management, using a science-based process to support effective decision-making. The tools and techniques better enable the Agency to plan and conduct effective risk communications as an integral component of good decision-making with stakeholders and ultimately the Canadian public.

An Agency Corporate Risk Assessment and Profile was developed during 2006-07 with extensive participation from management at all levels, and elements of an integrated risk management strategy were put in place. For example, Senior Management met on a regular basis to review risk areas and take action, when needed, to mitigate risk. The Agency's planning was informed by risk, and risk mitigation processes were implemented in a number of Agency programs. The Agency has committed to further develop and operationalize the corporate risk profile as the first step in incorporating an integrated risk-management framework into the Agency's daily operational practices.

During 2006-07 the Agency embarked on its first ever strategic planning process, to set the broad directions and establish the priorities to guide Agency efforts over the next five years. The Agency's Strategic Plan will become the core of an integrated approach to planning, providing a policy overlay to ensure that annual business plans are well-integrated, resources are aligned accordingly, and the entire effort is supported by clear accountabilities. The strategic plan is available at http://www.phac-aspc.gc.ca/.

In 2006-07, the Agency made progress with its initial Corporate Business Plan. The Agency's program and support areas identified their objectives, challenges, and strategies in developing the Agency's initial business plan, and laid the foundation for an effective annual business planning process.

Other notable internal capacity development achievements by the Agency during 2006-07:

- The Agency created and staffed the position of Chief Audit Officer, to ensure that the public's money was well-utilized and that good systems of checks and balances were in place.
- An Evaluation Advisory Committee was established, and development work commenced for a five year risk-based evaluation plan.
- The Agency's Sustainable Development Strategy was tabled and approved during the year. It contributes to a framework for results by setting out initial goals, objectives, targets and performance indicators. The Strategy also includes an internal accountability framework showing how the Agency will plan, monitor, evaluate and report on the results.
- As programs and administrative processes and organizations matured, the number of employees expanded from 1,968 on March 31, 2006 to 2,157 one year later – growth of 9.6%.
- The Agency made further progress in establishing its own infrastructure to deliver human resources services from within the Agency with less recourse to external service providers. As a result, corporate human resources policies, labour relations, and human resources planning became the sole responsibility of the Agency and were managed independently of Health Canada. This allowed better alignment of these services with the Agency's mandate and corporate goals.

Further information on the Agency's Strategic Plan, Program Activity Architecture, and other internal capacity building initiatives is available in Section IV of this document.

Analysis by Strategic Outcome and Key Program

Analysis by Strategic Outcome

Strategic Outcome:

A Healthier Population by Promoting Health and Preventing Disease and Injury

Program Activity Name:

Population and Public Health

Financial Resources

Planned Spending	Total Authorities	Actual Spending
$629.7 million	$536.2 million*	$510.8 million**

* The $93.5 million difference between planned spending and authorities is mainly due to the deferment of $44 million in funding for Avian and Pandemic Influenza Preparedness to subsequent fiscal years, and expected funding of $51 million for Canadian Strategy for Cancer Control not flowing through the Agency.

** Actual spending was $25.4 million lower than total authorities primarily due to capacity and technical constraints which impeded the full utilization of approved resources. Of the $25.4 million figure, operating expenditure totalled $20.5 million and transfer payments totalled $4.9 million.

Human Resources (Full-Time Equivalents*)

Planned	Actual	Difference
2,119	2,050	69

* To properly include persons employed for part of the year and/or employed part time in a measure showing average employment over the year, 'full-time equivalent' is calculated based on days worked. The Agency began the fiscal year with approximately 1,968 employees and ended it with approximately 2,157.

In collaboration with 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; and 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. These activities are designed to support effective disease 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 and engage Canadian and international public health stakeholders on various aspects of public health activities and to provide public health information, advice and leadership.

This Program Activity supports all six Priorities in the 2006-07 Report on Plans and Priorities.

Analysis by Key Program

Emergency Preparedness and Response

Canada must be prepared to respond to the public health risks posed by all natural and human-caused disasters, such as infectious disease outbreaks, natural disasters and criminal or terrorist acts such as explosions and the release of toxins or biological agents. Major preparedness challenges include planning to effectively deal with all possible hazards, providing training to health responders, coordinating among all levels of government, and holding sufficient emergency supplies across the country.

Emergency Preparedness Capacity

Planned ($M)	Authorities ($M)	Actual ($M)
13.9	13.7	12.9*

* Actual spending was $0.8 million lower than authorities due to capacity and technical constraints.

WHAT WAS PLANNED

In 2006-07, the Agency planned 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;
- Develop regulations, policies, procedures and training for the updated *Quarantine Act*; and
- Support and strengthen its nationwide quarantine service.

WHAT WAS ACHIEVED

The Agency completed these plans, other than developing regulations for the updated Quarantine act, with some achievements going beyond expectations.

The Global Public Health Intelligence Network (GPHIN) anticipates and tracks infectious disease outbreaks using software which monitors large volumes of worldwide news reports. During 2006-07 GPHIN added the capability of monitoring in Portuguese, and provided a team of analysts to cover the evening and night shift to provide 24/7 analytical coverage to meet the needs of stakeholders such as WHO and other users worldwide for accurate and timely information.

Using GPHIN, the Agency provided support to mass gathering events by monitoring for potential public health threats during the entire event. GPHIN worked closely with the Caribbean Epidemiology Centre (CAREC) to provide support during the Cricket World Cup games held in Trinidad and Tobago and its neighbouring Caribbean countries in March 2007.

A new Quarantine Act came into force on December 12th, 2006. It replaced the existing Quarantine Act and Quarantine Regulations with new and modern authorities to better protect Canadians from the introduction and spread of foreign communicable diseases. The Agency developed necessary implementation tools, which included: training key federal officials including Quarantine and Environmental Health Officers; developing standard operating procedures; and educating federal, provincial, and territorial partners on the new legislation.

The Quarantine Act contains authority to make regulations on a variety of topics. Work began on the assessment of needs so that the Agency will be able to develop regulations in accordance with their priority.

The development of a National Marine Quarantine Protocol was undertaken to strengthen the delivery of quarantine services to marine ports. This Agency-led initiative provided guidance for departments and agencies with responsibilities related to quarantine issues at sea and in Canadian ports.

The Agency delayed development of new regulations for the new Quarantine Act owing to a major policy issue that was eventually resolved through Bill C42, but was otherwise able to complete all other plans, with some achievements going beyond expectations. Development of new regulations was rescheduled.

Working collaboratively with partners and stakeholders under the Treasury Board's Public Safety and Anti-Terrorism Initiative , the Agency developed and delivered Chemical, Biological, Radiological and Nuclear (CBRN) training courses such as Tier 1 Laboratory Bioterrorism Recognition and the five-partner CBRN First Responder training led by Public Safety Canada. Additionally, the Agency coordinated development and pilot implementation of Emergency Social Services, Emergency Health Services, and Disaster Behavioural Health for Health Care Professionals courses. The Agency will be putting both new and existing programs on-line in order to facilitate effective delivery of the courses for Canadians who require or desire this training.

The 2006 National Forum on Emergency Preparedness and Response, held in Vancouver in December, brought more than 250 emergency management stakeholders from around Canada to address the issue of building more disaster-resilient communities in Canada. This has laid the foundation for the development of a more comprehensive vulnerability/resiliency framework to reduce the risks of emergencies to Canadians. The Agency and PSC co-hosted and funded the forum.

The Agency developed and conducted the first of a series of monthly tabletop exercises to more clearly define processes, operating concepts and procedures, and roles & responsibilities for each of the functional groups within the newly redeveloped Emergency Response Structure.

In 2006-07, the Agency led the development of a pandemic influenza exercise named Coherence Trecedim II, a Tabletop Exercise for the 2006 National Forum on Emergency Preparedness and Response. Over 200 stakeholders from the provinces, territories, non-governmental organizations and the federal government took part. The exercise provided insight into the Agency's capacity to communicate with our partners and stakeholders, and with the general public, during a pandemic. This exercise focused, in part, on gaps identified during the 2005 National Forum exercise.

A series of consultations and workshops were held on emergency preparedness and at-risk groups, such as seniors, persons with disabilities, and children, to develop a more coordinated mechanism to address their needs in emergencies. This included collaboration with the World Health Organization on the organization of two international workshops focusing on older persons in disasters. Additionally, the Agency and the Canadian Psychological Association co-hosted a roundtable of key psychosocial and disaster mental health planning to identify key issues and priorities for preparing to manage the emotional and behavioural impacts of emergencies.

The Agency supported the development of the Voluntary Sector Framework for Health Emergencies and the formation of the Council of Emergency Voluntary Sector Directors comprised mainly of the major NGOs and voluntary organizations. This is intended to enhance coordination of preparedness, response and recovery activities across the non-governmental and voluntary health sector.

Emergency Response Capacity

Planned ($M)	Authorities ($M)	Actual ($M)
9.1	14.0	12.0*

* Actual spending was $2.0 million lower than authorities due to capacity and technical constraints.

WHAT WAS PLANNED

In 2006-07, the Agency committed to:

- Maintain its 24-hour/7-day response capability and the ability to deliver supplies from the National Emergency Stockpile System (NESS) anywhere in Canada within 24 hours;
- Improve its laboratory response operations in both its first laboratory and its mobile response units and 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;
- Contribute 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;
- Take steps to ensure that yellow fever vaccine is dispensed in Canada in accordance with national standards;
- Work in collaboration with the Pan-Canadian Public Health Network toward the establishment of a federal, provincial and territorial Public Health Mutual Aid Agreement;
- Staff, train and supply one Health Emergency Response Team (HERT) that would assist the provinces and territories to create surge capacity in the event of public health emergencies;
- Further connect the Emergency Operations Centre (EOC) to provincial, territorial and international networks;
- Define the federal, provincial and territorial components of the National Health Emergency Management System;
- Collaborate with provincial and territorial government emergency preparedness authorities to refine region-specific planning and act as a liaison with other federal government departments; and
- Create a permanent executive liaison function with the National Emergency Response System.

WHAT WAS ACHIEVED

The Agency maintained its 24/7 response capability and 24-hour delivery commitment for its National Emergency Stockpile System (NESS). To remain able to respond to new and emerging threats, the Agency completely reviewed NESS holdings using an up-to-date Risk and Threat Assessment. The Agency, in collaboration with the provinces and territories, continued to build an effective stockpile of critical supplies including anti-viral drugs in order to respond to pandemic and other public health emergencies. By modernizing NESS, and by supporting and facilitating the national dialogue on emergency measures under an all-hazardous approach, the Agency continued to improve its pandemic influenza preparedness in 2006-07.

In support of Canada's participation in the Global Health Security Initiative's Global Health Security Action Group Laboratory Network, the Agency started developing an Environmental Sampling Framework for use after a bioterrorist event.

The Agency provided training to the Health Portfolio for the Transportation of Dangerous Goods, including infectious substances, hazardous chemical and radioactive substances. The Agency also developed and offered train-the-trainer courses on this topic.

The Agency assisted the Department of Foreign Affairs and International Trade with the Canadian implementation of the Biological Toxins and Weapons Conven-

tion. The Agency was a member of the Canadian delegation to the United Nations where significant progress was made to improve international participation in the annual Confidence Building Measures report process.

Canada chaired a lab network (GHSAG-LN) of the G7 countries plus Mexico. In this forum the Agency contributed to significant progress, including exchange of critical testing protocols for situations of suspected bioterrorism.

Public health security was enhanced by the Agency through the provision of essential up-to-date information on international public health to Canadian travellers and front-line health care workers. To be effective, the program utilized tools such as the Global Public Health Intelligence Network (GPHIN), which anticipates and tracks infectious diseases using software to monitor large volumes of worldwide news related to infectious and chronic disease, natural disasters, environmental and agricultural concerns that might affect the health of Canadian travellers.

Canadian traveller health was further protected as the Agency's Travel Medicine Program dispensed yellow fever vaccine in accordance with national standards in 2006-07. A review of the program, initiated to ensure that the program would meet Canada's yellow fever vaccination obligations under the revised International Health Regulations (2005), highlighted the need for further collaboration with the provinces and territories to modernize vaccine delivery.

The Agency continued to provide the official federal representation as well as secretariat, policy, technical, and financial support to the Emergency Preparedness and Response Expert Group of the Pan-Canadian Public Health Network. This Expert Group's role is to enhance emergency preparedness and response capacity across Canada through the development of evidence-based frameworks and practices that encompass the full spectrum of emergency management including mitigation, preparedness, response, and recovery from a federal, provincial and territorial context.

The Agency played a key role in the development of the Federal, Provincial, and Territorial Memorandum of Understanding on the Provision of Mutual Aid in Relation to Health Resources during an Emergency. This work, which was tasked to the Expert Group on Emergency Preparedness and Response by the Pan-Canadian Public Health Network, was completed and the agreement was ready for sign off by the Federal, Provincial, and Territorial Ministers of Health.

The Agency was not able to field the first Health Emergency Response Team (HERT) as had been planned. The National Office of Health Emergency Response Teams continued to address all aspects of establishing these teams of health professionals from outside the federal government who will provide medical surge capacity. A draft operational framework was developed, and the Agency completed 80% of the procurement of equipment for the first HERT Unit. Work was initiated with Central Agencies on mechanisms to engage HERT volunteers, and with the Federation of Medical Regulatory Authorities of Canada on cross-border Provincial, and Territorial licensure. Revised timelines for HERT include commissioning an Ottawa team in 2007, Vancouver and Halifax teams during 2008 and a Winnipeg team by 2009.

Plans to establish a permanent executive liaison function to Public Safety Canada (PSC) were held in abeyance while the Agency worked to establish the necessary conditions. However, the Agency continued working with PSC and other federal departments within the Government of Canada's National Emergency Management framework.

With its work on the National Health Emergency Management System, the Agency made significant progress toward completing the main mapping document of the System's federal, provincial and territorial components, and this work will continue.

The Agency continued to maintain the Emergency Operations Centre (EOC) system for the federal Health Portfolio. The EOC provides the platform from which the Agency and Health Canada will respond to any public health emergency. Development of new emergency management software that integrates geo-

spatial technology continued during the year. The Agency also participated in an interdepartmental pilot project to enable easier, more efficient sharing of information and data among federal, provincial, and territorial partners and stakeholders in routine and emergency situations.

The Agency hosted, in Ottawa, the first international meeting of Regulators of the Contained Use of Human Pathogens. This saw the participation of representatives from the US (the Centres for Disease Control and Prevention), Switzerland, UK, Australia, Japan, and Singapore as well as the World Health Organization.

In summary, the Agency accomplished all *emergency response capacity* activities planned in the 2006-07 Report on Plans and Priorities, with the exception of establishing the complete Health Emergency Response Team (HERT) and creating a permanent executive liaison function with the National Emergency Response System.

Infectious Disease Prevention and Control

Despite recent advancements in prevention, treatment and control, the number of Canadians dying from or living with infectious diseases has been climbing since the 1980s, due in part to HIV/AIDS. An estimated 58,000 Canadian residents are living with HIV, and approximately one quarter of them are unaware of their condition.

The unpredictability and dynamic evolution of disease causing biological agents (pathogens), the animal origins of emerging and re-emerging infectious diseases and the spread of antimicrobial-resistant organisms and hospital acquired infections are creating formidable challenges for the prevention and control of infectious diseases.

In addition, the potential for co-infection by multiple micro-organisms with common risk factors, vulnerable populations and modes of transmission increases the need for comprehensive national approaches across groups of infectious diseases.

Communicable Disease Control Expert Group

The Agency continued to provide the official federal representation as well as secretariat, policy, technical, and financial support to the Communicable Disease Control Expert Group of the Public Health Network. The Expert Group's role is to provide strong leadership in communicable disease prevention and control through the development, recommendation and implementation of national policies, practices, guidelines and standards from a federal, provincial and territorial context.

Pandemic Influenza Preparedness

Planned Spending ($M)	Total Authorities ($M)	Actual Spending ($M)
92.6	36.7*	30.9**

* The $55.9 million difference between the planned spending and total authorities is due mainly to funding being reprofiled to subsequent fiscal years and distributed to other programs to support their pandemic related initiatives.

** Actual spending was $5.8 million lower than authorities due to capacity and technical constraints. $2.2 million occurred because reprofiling was denied for vaccine readiness and surveillance tools, and $1.2 million stemmed from an uncontrollable delay in contracting for work on a Winnipeg laboratory expansion project.

WHAT WAS PLANNED

Recognizing that an influenza pandemic has the potential to be the largest public health infectious disease emergency in Canadian history, the Agency planned to take a leadership role in the publication of the updated Canadian Pandemic Influenza Plan for the Health Sector, and in promoting implementation of the update by all levels of government.

The Plan includes ensuring that there is an adequate domestic capacity to produce appropriate pandemic influenza vaccine. The Agency also made it a priority to appropriately increase and diversify the stock of antivirals for treatment.

WHAT WAS ACHIEVED

The Agency took a leadership role in updating and publishing the updated Canadian Pandemic Influenza Plan for the Health Sector in December 2006, in collaboration with the provinces and territories. The Agency also promoted that the updated plan be adopted by all levels of government.

The Agency took steps to strengthen Canada's capacity to prepare for and respond to the threat of avian and pandemic influenza in seven major areas:

- prevention and early warning;
- vaccines and antivirals;
- coordination capacity;
- emergency preparedness;
- critical science;
- risk communications; and
- federal/provincial/territorial and international collaboration.

Prevention and Early Warning

Effective and timely surveillance is critical to the ability of the government to accurately detect, monitor and respond to an emerging infectious disease. The Agency continued to support the integrated public health information system (iPHIS) and undertook necessary enhancements such as the improved capability to extract pertinent data thereby ensuring that the system is ready if called upon for responding to potential outbreaks and health emergencies.

Vaccines and Antivirals

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 continued to administer a 10-year contract between ID Biomedical Corporation (operating as GlaxoSmithKline Biologicals North America) and the Government of Canada to develop and maintain domestic pandemic vaccine production capacity. The Agency also continued to administer a 2005 amendment to that contract for production and testing of a prototype pandemic vaccine, including conducting clinical trials, which will build upon current, company sponsored, trials and which will address issues of specific concern to Canada.

The Agency continued discussions with the vaccine manufacturer, GlaxoSmithKline, concerning enhanced pandemic readiness through access to expanded production capacity, potential regional projects for adverse event reporting, and strengthening adverse event surveillance and reporting.

A component of the preparation for an influenza pandemic is establishing a reserve of antiviral medication. During 2006-07 the National Antiviral Stockpile (NAS) for early treatment of pandemic influenza was expanded to 51 million doses, as approximately 21 million additional doses were delivered to provinces and territories. This initiative was funded through a cost sharing arrangement between the Agency and provincial & territorial governments. Also during 2006-07, in collaboration with the provinces and territories, the Agency led the development of a national policy recommendation on the advisability of stockpiling antivirals for prevention during a pandemic; this is to be submitted to federal, provincial, and territorial Ministers of Health later during 2007.

Coordination Capacity

With the increasing profile of pandemic influenza issues, there was an urgent need to strengthen the Agency's capacity for strategic policy to support

federal, provincial, and territorial relations, executive support and corporate correspondence. A Pandemic Preparedness Secretariat, led by a Director General, was established and began to provide a focal point for Agency participation in federal, provincial, territorial, cross-sectoral and international work to improve Canada's avian and pandemic influenza preparedness.

Emergency Preparedness

Emergency preparedness activities are critical in order to adequately prepare for, respond to, and recover from the public health implications of avian or pandemic influenza.

The Agency worked with Public Safety Canada (PSC) on establishing an interdepartmental protocol for early notification and liaison and also continued developing the National Health Incident Management System (NHIMS) with provinces and territories to facilitate the coordination of planning and response mechanisms both within and across jurisdictions during emergencies.

The Agency, with Public Safety Canada, the Department of Foreign Affairs and International Trade and the Canadian Food Inspection Agency, co-developed a North American Avian and Pandemic Influenza Plan with the United States and Mexico to 1) detect, contain and control an avian influenza outbreak and prevent transmission to humans; 2) prevent or slow the entry of a novel strain of human influenza to North America; 3) coordinate emergency management and communications; 4) minimize unwarranted disruptions to the flow of people, goods and services at the borders and 5) sustain critical infrastructure.

Agency Success Across Canada: Pandemic and Avian Influenza Planning

In 2006-07 the Agency collaborated with partners from federal and provincial governments, as well as essential partners from the non-governmental and private sectors, in planning for pandemic influenza and avian influenza emergencies.

The Agency's Manitoba/Saskatchewan Office was instrumental in building strategic partnerships with the development of the Joint Federal – Provincial H5N1 Avian Influenza Planning Group, whose members represent several federal and provincial departments, non-governmental organizations and the poultry industry. This group is now developing an intersectoral plan for coordinated management of an avian influenza emergency in Manitoba, and the Agency led federal participation during preparatory exercises testing the Groups operational effectiveness. Also, the Agency provided essential training in emergency management and pandemic influenza planning to participants.

In Atlantic Canada the Agency and Public Safety Canada (PSC) co-sponsored a meeting on June 8, 2006 of representatives of key provincial and federal departments and agencies to discuss emergency pandemic influenza planning. Representatives from the four Atlantic provinces' Departments of Health, Emergency Measures Organizations, and Health Emergency Management organizations attended along with regional representatives of the Agency, Health Canada and PSC. The meeting provided an opportunity to share information, clarify roles and responsibilities and identify common issues and themes with the objective of facilitating ongoing collaboration and coordination in the region – an important first step in emergency pandemic influenza preparedness.

Critical Science

The Agency's National Microbiology Laboratory (NML) conducts scientific research and development in a wide range of areas related to viral, bacterial and prion infectious agents. As Canada's leading laboratory with high-containment facilities (Levels 3 and 4), NML is uniquely positioned to rapidly isolate, identify and characterize novel agents (e.g., new strains of influenza virus) as they arise periodically, using a variety of advanced technology applications built on genomics, proteomics and biocomputing. NML is also in the forefront in development of these modern public health technologies, applying them to diagnostics, vaccines, and molecular epidemiology.

On a less specialized level, NML's scientists work continuously to collect laboratory data on infectious agents and diseases of importance both in Canada and internationally. These data are translated by regulators (e.g., Health Canada, Canadian Food Inspection Agency) and federal, provincial, and territorial public-health stakeholders into risk assessments, decisions, policies and guidelines for disease prevention, treatment, control and management. Internationally as well, NML's contribution is increasingly valued by collaborating organizations such as the World Health Organization. Through NML, the Agency's reach has been extended globally through its capacity to transfer and deploy its expertise to other countries, and through its support for professional interchange.

Examples of active areas for structured public health intervention based on laboratory data are food safety (enteric pathogens, BSE); blood safety (hepatitis viruses, variant Creutzfeldt-Jakob disease); zoonotic diseases (West Nile Virus, influenza virus); hospital infection control (antimicrobial-resistant bacteria); and travel and quarantine (drug-resistant tuberculosis). In a less direct way, safer community environments are also promoted, by using laboratory data to reduce the impact of community-acquired diseases such as pneumonia, tuberculosis and sexually transmitted infections, particularly in vulnerable populations such as those in day-care centres and long-term care facilities.

NML operated at full capacity during the year. To help keep laboratory capacity and scientific activity commensurate with public health needs, during 2006-07 the Agency successfully brought forward a plan for the purchase of a provincially-owned laboratory facility (the Logan Lab); purchased necessary equipment and began migration of selected administrative services which had been housed at NML to an office building in the downtown area.

Risk Communications

Risk communications has been recognized as a vitally important public health intervention. The Agency conducted public consultations and public opinion research on key issues related to pandemic influenza that will inform both the Agency's policy development and communications planning. Public information materials, including two posters and a brochure, were produced, translated into multiple languages and distributed to key stakeholders. Public service announcements that would offer Canadians information about pandemic influenza and how they can protect themselves were produced for radio, Web and print media, in preparation for a pandemic.

The Agency also continued to strengthen its networks with provincial and territorial counterparts, as well as with international partners, in the area of communications.

Federal, Provincial, and Territorial and International Collaboration

To address the shortages which limit the ability of provinces and territories and local public health authorities to meet the Agency's priorities for surveillance and response, the Agency established the Public Health Service Program. The Agency engaged core staff and undertook initial consultation for internal collaboration among field staff programs and completed the first round of consultations with provincial and territorial governments. This formed the basis for a second round of talks with provinces

and territories and the establishment of official agreements to deploy Public Health Officers in the next fiscal year.

The Agency provided a $1 million grant to support the implementation of the WHO Global Action Plan to increase global pandemic influenza vaccine supply.

Immunization

Planned ($M)	Authorities ($M)	Actual ($M)
10.0	9.9	8.6*

* Actual spending was $1.3 million lower than authorities due to capacity and technical constraints.

WHAT WAS PLANNED

Immunization has proven to be one of the most effective types of public health intervention. Consistent with the National Immunization Strategy, which was accepted by the Conference of Federal, Provincial and Territorial Deputy Ministers of Health in 2003, the Agency planned to provide scientific, program, policy, information dissemination, coordination and administrative support to the federal, provincial and territorial Canadian Immunization Committee (CIC), and the National Advisory Committee on Immunization (NACI) under the auspices of the Pan-Canadian Public Health Network, and to collaborate internationally on issues related to immunization and vaccine-preventable infectious diseases.

WHAT WAS ACHIEVED

The planned initiatives were met and in some cases exceeded.

The Agency provided 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.

With Agency participation and administrative support, NACI published the 7th edition of the Canadian Immunization Guide and distributed approximately 40,000 copies nationally. Also with Agency participation and administrative support NACI released its public health recommendations for the human papillomavirus (HPV) vaccine, the first vaccine approved for use in Canada to protect women and girls against cervical cancer. In order to facilitate timely and equitable access across Canada, Budget 2007 provided $300 million over three years to provinces and territories to launch HPV vaccine programs. The Agency took the leadership role in coordinating Canada's first collaborative immunization program planning exercise. Both national committees, CIC and NACI, formed a joint task force to evaluate options and provide evidence to inform immunization programming planning decisions focussing on this vaccine.

The CIC approved the national cold chain guidelines for publications, received approval from the Pan-Canadian Public Health Network to adopt the national goal for eliminating rubella and congenital rubella syndrome, and approved national goals and recommendations for five vaccine preventable diseases: influenza, invasive pneumococcal disease, invasive menningococcal disease, varicella and rubella. Under the guidance of the CIC an external consultant evaluated the National Immunization Strategy three years into its mandate.

The Agency published the Canadian National Report on Immunization, including information on vaccine preventable disease epidemiology, vaccine coverage, vaccine safety/adverse events, and progress with the National Immunization Strategy. Also published were:

- Guidelines for Prevention and Control of Invasive Group A Streptococcal Disease; and
- Data on Enhanced Surveillance of Invasive Meningococcal Disease (2002-2003).

To collaborate internationally on issues related to immunization and vaccine-preventable infectious diseases, the Agency worked with international agencies such as the World Health Organization and the Pan American Health Organization, continuing to provide technical leadership and advice for vaccine-preventable disease elimination and eradication globally. The Agency also participated in the International Circumpolar Surveillance Initiative in order to better understand the epidemiology of a variety of invasive bacterial diseases above the 60th parallel.

In collaboration with the Canadian Paediatric Society and the Canadian Association for Immunization Research and Evaluation, the Agency organized a Canadian Immunization Conference, which took place December 3-6, 2006, in Winnipeg, Manitoba, and drew more than 1,000 participants. The exchange of ideas and expertise at this conference is expected to help stimulate both the development and application of new scientific and technological advances.

Bloodborne Disease and Sexually Transmitted Infections

Planned ($M)	Authorities ($M)	Actual ($M)
52.8	52.8	52.8

There has been a steep increase in sexually transmitted infections over the last decade, and rising co-infections of HIV with diseases such as tuberculosis, hepatitis C and syphilis.

WHAT WAS PLANNED

In 2006-07 the Agency planned:

- to lead the Federal Initiative to Address HIV/AIDS in Canada;
- to put in place an approach to address the shared needs of discrete population groups at-risk of HIV/AIDS;
- to distribute national STI guidelines to health care practitioners and clinics across Canada;
- to monitor the infection rates of a wide range of sexually transmitted and bloodborne infections; and
- to use the Enhanced Surveillance of Canadian Street Youth to provide a comprehensive picture of the health of Canadian street youth including risk factors;
- to identify "best practice" models of school-based sexual health promotion.

WHAT WAS ACHIEVED

All these plans were accomplished during 2006-07.

The Agency continued to lead the Federal Initiative to Address HIV/AIDS in Canada. The Federal Initiative is a partnership among the Agency, Health Canada, the Canadian Institutes of Health Research and Correctional Service Canada. Its aim is 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. Through this initiative, the Agency continued 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 2006-07, the Agency worked with national and international partners to update the estimates of national HIV incidence and prevalence in Canada for 2005. The new estimates were released prior to the International AIDS Conference in Toronto in August 2006 and are now being used to guide program and policy actions. The Agency also continued to develop Canada's second-generation HIV surveillance program for monitoring HIV and related risk behaviours among groups at high risk for HIV infection. The monitoring program for people who use injection drugs now has sites from Quebec to British Columbia, while the program for men who have sex with men completed its first round of surveys in Montreal and in Ontario. A similar pilot study for people from countries where HIV is endemic was started in the Montreal Haitian community.

As part of its efforts to contribute to the global response, the Agency supported the Canadian HIV Vaccine Initiative, announced by the Prime Minister in February 2007, to develop safe and effective HIV vaccines. The Agency's partners in this Initiative include Health Canada, the Canadian Institutes of Health Research, the Canadian International Development Agency (CIDA), Industry Canada, and the Bill & Melinda Gates Foundation. Also, the Agency supported the establishment of an effective second-generation HIV/AIDS surveillance system in Pakistan, which is being funded by CIDA. The information acquired through this system will be used by the Government of Pakistan to monitor the epidemic and to plan, implement and evaluate an expanded response.

The HIV Genetics Research Program continued its work in the field of molecular epidemiology, allowing researchers to use the genetic code of HIV sub-types to assist public health efforts by identifying clusters of infections, supporting outbreak investigations and informing prevention efforts for specific target groups.

The Agency worked with EKOS Research Associates to produce the HIV/AIDS Attitudinal Tracking Survey of 2006, and in partnership with Health Canada, First Nations and Inuit Health Branch (FNIHB), to produce the first HIV/AIDS Aboriginal Attitudinal Survey 2006. These surveys offered an overall picture of knowledge, attitudes and behaviours related to HIV/AIDS in Canada, and insight into the extent and causes of HIV/AIDS related stigma and discrimination, providing the foundation towards the development of the first national Agency-led HIV/AIDS social marketing campaign.

The Agency participated in a multi-stakeholder project to create a Canadian HIV Vaccines Plan which outlines a wide range of recommended actions for researchers, government, community and international organizations. This plan has been recognized internationally as one of the first country wide HIV vaccine plans that promotes a comprehensive strategy for vaccine, advocacy and funding. The Canadian HIV Vaccines Plan can be found at: http://www.phac-aspc.gc.ca/aids-sida/pdf/publications/vaccplan_e.pdf.

Through the AIDS Community Action Program, the Agency continued to fund community-based organizations to support the delivery of HIV/AIDS prevention education, to create supportive environments for those infected with and affected by HIV/AIDS, and to increase the capacity of people living with HIV/AIDS to manage their condition through 148 projects across Canada.

During 2006-07, steps were taken to address the shared needs of discrete populations at risk of HIV infection by launching the new Specific Populations HIV/AIDS Initiative Fund. Experts and stakeholders were engaged to assist the development of Population-Specific HIV/AIDS Status Reports for gay men, for women, for Aboriginal people, and for people from countries where HIV is endemic.

SUCCESS STORIES

In 2006-07, the Agency's Quebec Region provided financial support for the Refugee Project (Projet pour les réfugiées), to develop mechanisms for collaborative action adapted to refugees' particular health needs. With partners including Royal Victoria Hospital, St Justine's Hospital, the Centre Social d'Aide aux Immigrants, the Service d'Aide aux Réfugiés et Immigrants, and Maison Plein Coeur the project is designed to provide people living with HIV/AIDS who have applied for, or been granted refugee status, access to health services and support to develop social and community networks that will further their integration into society. Reducing social isolation is viewed as key to improving the health status of this population, and project benefits have already been noted at the local, regional and national levels.

The Agency's Ontario/Nunavut Region developed and distributed the first annual Ontario Community HIV/AIDS Reporting Tool (OCHART) report titled *The View from the Front Lines*. This report provides a summary and analysis of data collected by the Ontario Ministry of Health and Long-term Care and from four years of Agency-funded projects using a tool jointly developed by both levels of government. The analysis was designed to provide a general picture of HIV/AIDS prevention, care and support activity in Ontario. The report provides invaluable intelligence to the AIDS Bureau, the Agency and the funded agencies helping to understand the demand for services, identify any shifts and changes in trends and provides an evidence base for future research and prevention projects. The OCHART report may be viewed at the following link: https://www.ochart.ca/OCHART%20Report%20March%20(Final%202006-03-19).PDF.

The Agency's Ontario/Nunavut Region commissioned the Youth Engagement Research Unit at the University of Toronto Centre for Health Promotion to carry out an environmental scan of youth engagement activities in Ontario. Interviews were conducted with youth organizations in urban, rural and remote communities to identify existing activities and networks, with a focus on hepatitis C, HIV and sexually-transmitted infections and the determinants of health. A final report identified gaps, opportunities, successes and challenges of youth engagement activities, and provided recommendations for the development of a regional youth network. For more information see: http://www.youthvoices.ca.

The 2006 Canadian Guidelines on Sexually Transmitted Infections, which represents the most current available knowledge on the management of sexually transmitted infections, was made available to health care professionals on the Agency website. Agency officials participated in the expert working group which developed these guidelines.

The Agency continued to monitor the infection rates of a wide range of sexually transmitted and bloodborne infections, and to undertake blood safety surveillance including building the necessary leadership, scientific expertise and infrastructure to support its ongoing core surveillance projects directed towards the collection of detailed information on:

- Risk factors on bloodborne pathogens like hepatitis B, C viruses and HIV in the general population as well as in occupational settings. This included projects like the Enhanced Hepatitis Strain Surveillance System (EHSSS) and the Canadian Needle Stick Surveillance System (CNSSN).
- Incidence of adverse transfusion events and transfusion errors. This included projects such as the Transfusion Transmitted Injuries Surveillance System (TTISS) and the Transfusion Error Surveillance System (TESS).

The Agency has also undertaken efforts to broaden networks and increase knowledge transfer activity to better manage public health risks across Canada. As examples, the Agency is in the process of assessing

data from Canadian hospitals related to accurate and ongoing neonatal/paediatric transfusions as well as blood conservation for transfusion purposes. The aim is to develop better approaches, relevant risk evaluations and equations, and the development of options to better protect Canadians from existing, emerging and re-emerging infectious diseases.

The Agency used the Enhanced Surveillance of Canadian Street Youth (E-SYS) system to provide a comprehensive picture of the health of Canadian street youth. Based on data from the Enhanced Surveillance of Canadian Street Youth system, several reports were released on rates of sexually transmitted infections and bloodborne infections, risk behaviours and health determinants in this population. This surveillance pilot project, undertaken in collaboration with external stakeholders, led to the development of more effective mechanisms to reach street youth and provide testing and care for HIV, sexually transmitted infections and related infections.

Work was also conducted towards the development of data standards for sexually transmitted and bloodborne infections in order to improve national data quality and timeliness.

"Best practice" models of school-based sexual health promotion were identified so that future initiatives could be more effective.

Health Care Acquired Infections

Planned ($M)	Authorities ($M)	Actual ($M)
3.7	3.6	3.6

WHAT WAS PLANNED

It is estimated that about 5% to 10% of all patients who enter a Canadian health care facility will develop a health care acquired (Nosocomial) infection. To address this, the Agency's plans for 2006-07 were to:

- expand the scope of its Infection Control Guidelines, *including using survey information to revise the Guideline on Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.
- update the *Infection Control and Occupational Health Guidelines During Pandemic Influenza In Traditional and Non-Traditional Health Care Settings*, as part of the Canadian Pandemic Influenza Plan; and
- complete analysis of a previously conducted Clostridium difficile (C. difficile) survey and publish a report.

WHAT WAS ACHIEVED

The Agency reviewed, revised, and expanded the scope of its the *Infection Control Guideline Series*, which are widely used by health care providers, governments and other institutions to provide best-practice information on the prevention and control of infections. These guidelines now have been adapted for the entire spectrum of Canadian health care providers, such as acute care and long-term care institutions, office and outpatient care, and home care. The Guidelines can be found at: http://www.phac-aspc.gc.ca/dpg_e.html#infection.

Revision of the *Infection Control Guidelines* was accomplished in collaboration with a national and multi-disciplinary steering committee, reporting to the Communicable Disease Control Expert Group (CDCEG) of the Pan-Canadian Public Health Network. The steering committee was established as an advisory and directing body to facilitate the development and maintenance of the *Public Health Agency of Canada's Infection Control Guideline Series*.

The Agency advanced its work reviewing and revising, as part of the *Canadian Pandemic Influenza Plan (CPIP), Annex F: the Infection Control and Occupation Health Guidelines during Pandemic Influenza in Traditional and Non-Traditional Health Care Settings*.

The work was accomplished in collaboration with a multi-disciplinary team from across Canada.

Clostridium difficile (C. difficile) is the most common cause of infectious diarrhea in hospitals in the industrialized world. During 2006-07, the Agency also completed its analysis of a previously conducted C. difficile survey, designed to identify the infection prevention and control practices that are in place in all Canadian acute care and long term care facilities. This study also determined if there were differences between infection control practices in larger or smaller hospitals as well as differences between acute care hospitals and long term care facilities. Results from the survey will allow inter-provincial/territorial comparisons of routine infection control practices and added precautions related to C. difficile associated diarrhoea. Results will also enable single institutions to compare their infection control practices to those of similar institutions.

The Canadian Nosocomial Infection Surveillance Program (CNISP) represents a collaborative effort of the Agency and of the Canadian Hospital Epidemiology Committee (CHEC), a subcommittee of the Association of Medical Microbiology and Infectious Disease Canada. The objectives of CNISP are to provide rates and trends on nosocomial infections at Canadian health care facilities thus enabling comparison of rates (benchmarks), and providing evidence-based data that can be used in the development of national guidelines. CNISP network expansion in major teaching hospitals is critical towards reaching community care and long-term care facilities, in order to develop a complete national health care-acquired infection surveillance program. During 2006-07, CNISP network of sentinel hospitals expanded to 49, so that the Agency's plan was achieved.

In summary, the Agency accomplished all activities planned for Health Care Acquired Infections in the 2006-07 Report on Plans and Priorities with the exception of revising the *Guideline on Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.

Animal-to-Human (Zoonotic) Diseases

Planned ($M)	Authorities ($M)	Actual ($M)
20.7	20.4	18.7*

* Actual spending was $1.7 million lower than authorities due to capacity and technical constraints.

WHAT WAS PLANNED

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. During 2006-07 the Agency planned to:

- continue research on and surveillance of the West Nile virus in an effort to minimize the risk to Canada's blood supply;
- update existing guidelines and host a national conference on Lyme disease;
- continue its collaboration with regional health authorities across Canada in the implementation of the Canadian Network for Public Health Intelligence (CNPHI)
- perform expert microbiological reference testing and carry out innovative research to improve Canada's capacity for identifying viruses and bacteria
- continue to generate, synthesize and communicate science-based information related to the prevention and control of public health risks associated with infectious gastrointestinal diseases at the human, animal and environmental interface;

- through the National Enteric Surveillance Program (NESP), continue to collect, and disseminate weekly, laboratory-based data on human gastrointestinal pathogens;
- continue to study the incidence, burden, cost and risk factors, and the phenomenon of under-reporting, of infectious gastrointestinal illness in Canada; and
- lead the development of a national contingency plan for raccoon rabies.

WHAT WAS ACHIEVED

Through the Foodborne, Waterborne and Zoonotics Infections Division and the National Microbiology Laboratory, the Agency continued research on and surveillance of the West Nile virus. Through the National West Nile Virus Surveillance Program, the Agency continued to lead the federal government's response to West Nile virus. The program 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. This work was done in collaboration with Canada's blood agencies.

The Agency hosted a national conference on Lyme disease, as a first step toward providing recommendations for updating existing Lyme disease guidelines.

The Agency continued its collaboration with regional health authorities across Canada in the implementation of the Canadian Network of Public Health Intelligence (CNPHI) which was expanded to provide additional Web-based resources, including outbreak summaries of foodborne and waterborne disease, web-NESP (National Enteric Surveillance Program), syndromic surveillance data, infectious disease modelling tools and West Nile virus surveillance. A special data-extraction method was 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 was also 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.

Performing expert microbiological reference testing and carry out innovative research to improve Canada's capacity for identifying viruses, prions, and bacteria relied 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.html) and the Canadian Food Inspection Agency's National Centre for Foreign Animal Disease.

Agency laboratories continued to perform such reference testing and research, which is often used to support surveillance and outbreak investigation. For example, 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.

Innovative research using genome-based tools was undertaken to develop methods for the rapid identification of disease agents (pathogens), for example, the use of microarrays for typing Salmonella.

Through the National Enteric Surveillance Program (NESP), the Agency continued to collect, and disseminate weekly, laboratory-based data on human gastrointestinal pathogens.

The Agency continued to study the incidence, burden, cost and risk factors, and the phenomenon of under-reporting, of infectious gastrointestinal illness in Canada.

SUCCESS STORY

Rift Valley Fever in Kenya

In December 2006, Kenya experienced an outbreak of Rift Valley Fever (RVF) which affects humans and animals. Kenya's Ministry of Health requested assistance from the World Health Organization (WHO), which in turn solicited diagnostic support in the form of a mobile laboratory from the Agency's National Microbiology Laboratory. In January 2007, five scientists from the Agency were selected to participate in the mission and were deployed to Kenyas's Garissa District – the epicentre of the outbreak. The Agency team provided guidance in carrying out health care facility-based, laboratory-based, and community-based surveillance for RVF. Support was also provided with surveillance data management, analysis, interpretation and dissemination. This work is part of the Agency's commitment to assist in public health emergencies anywhere in the world, and will help prepare Canada for similar national public health emergencies.

Canadian Public Health Laboratories Expert Group

The Agency continued to provide the official federal representation as well as secretariat, policy, technical, and financial support to the Canadian Public Health Laboratories Expert Group of the Public Health Network. This Expert Group's role is to provide strong leadership in public health laboratory functions through the development of a proactive Federal and Provincial network of public health laboratories, as well as strategic direction in public health laboratory science and diagnostics to protect the health of Canadians.

The Agency also continued 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. Significant advances were made in the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS). Changes in data management allowed direct access to the most current data available for reporting purposes and global analysis for the stakeholders (CIPARS managers, Provincial Public Health Laboratories and Animal Health Laboratories participating in CIPARS). CIPARS surveillance findings were used as a successful policy lever whereby Quebec chicken industry groups banned the use of a specific antibiotic (ceftiofur) on hatching and day-old chicks; thus reducing drug resistance and retaining a treatment option for humans.

The Agency also continued to provide national coordination and support to the investigation and control of outbreaks of foodborne and waterborne diseases such as identification of outbreaks due to fresh produce (e.g. spinach) and their recall from retail sales.

In summary, the Agency accomplished all activities planned for Animal-to-Human (Zoonotic) Diseases in the 2006-07 Report on Plans and Priorities with the exception of leading the development of a national contingency plan for raccoon rabies and publishing fully updated guidelines on Lyme disease.

Other Activities Associated with Infectious Disease Prevention and Control

The Agency took 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.

Health Promotion and Chronic Disease Prevention

Planned ($M)	Authorities ($M)	Actual ($M)
284.7	222.6*	211.3**

* The difference between planned spending and authorities represents the provision of $51 million in funding to Health Canada instead of the Agency for the Canadian Strategy for Cancer Control, and other funding reallocations totalling $11.1 million.

** The $11.3 million difference between authorities and actual, approximately $8.0 million was due to constraints in accommodations, staffing, and contracting which impeded reaching budgeted staff and operating levels. (Of this, approximately $2.6 million was associated with the Integrated Strategy on Healthy Living and Chronic Disease.) Also, the Agency's regional organization was unable to use $2.3 million as planned for supporting demonstration projects. Additionally $1.0 million in resources earmarked for launch of ParticipACTION could not be utilized for this purpose.

The Agency's comprehensive approach to health promotion and chronic disease brings together non-governmental organizations, experts, provinces and territories, and communities to improve the health of Canadians, prevent injury, and reduce the incidence of major chronic diseases such as heart disease and stroke, cancer, diabetes, and respiratory disease.

The burden of preventable death and disease in Canada has been growing, reducing quality of life, increasing wait times for care, and challenging the sustainability of the health system. And while chronic disease remains the leading cause of death and disability in Canada, up to two-thirds of the death and disability that occur prematurely could be avoided. Health promotion and risk reduction initiatives can play an important role in reducing the impact of chronic disease.

Each person has factors that determine their risk of chronic disease. Some of these, such as genetics, age and gender, cannot be changed. However, up to 80 per cent of Canadians have at least one modifiable risk factor such as unhealthy eating, unhealthy weight, physical inactivity, or smoking which could be changed to improve their health and reduce their risk of chronic disease. Obesity is of particular concern: about 65 per cent of men and 53 per cent of women did not have healthy weights in 2004 and an estimated 26 per cent of children and youth between the ages of 2 and 17 were either overweight or obese.

As the Canadian population ages and if obesity rates continue to rise, increased rates of diabetes, cancer, and cardiovascular disease can be expected. Without focused and integrated action, these and other chronic diseases will continue to place extraordinary burdens on individual Canadians and on the Canadian health care system.

The Agency supports the development of tools and resources used by communities and professionals to improve health and prevent and control chronic disease. It facilitates collaboration, networking, capacity building, and leadership in government-wide efforts to advance action, with a view to building a healthier nation, decreasing health disparities, and contributing to the sustainability of the health care system in Canada. Since its inception in 2004, the Agency has had a positive impact on the growth of chronic disease knowledge in Canada, and has influenced a more cohesive and coordinated approach to health promotion and chronic disease control by decision-makers and health professionals.

Integrated Healthy Living and Chronic Disease Strategy

A. Chronic Disease

WHAT WAS PLANNED

The Agency planned to implement the Integrated Strategy on Healthy Living and Chronic Disease, using the $300 million over five years announced in September 2005, in collaboration with other members of the Health Portfolio, federal departments and agencies, and a range of stakeholders. To do so, the Agency planned to continue to develop and promote

policies and programs which would improve the health of Canadians, reduce the impact of chronic disease, and address the key determinants of health. This included general and disease-specific approaches to address conditions that lead to unhealthy eating, physical inactivity and unhealthy weight; prevent chronic disease through concerted action on major chronic diseases and their risk factors; and support early detection and management of chronic disease.

As part of this process, the Agency planned to:

- Continue to work with stakeholders and experts to develop an Observatory of Best Practices which would include a broad range of interventions at the community level;
- Work with non-governmental organizations, experts, and provinces/territories to implement shared priorities in chronic disease surveillance, including indicators on the nature and scope of health problems, and factors to be addressed to improve the health of the Canadian population; and
- Assess risk factors for chronic disease, including behavioural, social and environmental factors, and to continue to support the ongoing development of health promotion and chronic disease prevention and management interventions.

WHAT WAS ACHIEVED

All items planned in the 2006-07 were successfully achieved.

The Agency launched the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention in November 2006. Finding and using best practices is a key part of delivering effective initiatives. The Canadian Best Practices Portal (http://cbpp-pcpe.phac-aspc.gc.ca) provides an array of evidence-based best practices in health promotion and chronic disease prevention. The Portal supports decision-makers in practice, policy and research working at all levels across the country. Currently, the Portal focuses on community interventions addressing cardiovascular disease, cancer, diabetes and their key risk factors as well as the promotion of healthy living. Feedback from Portal users and participants at Portal awareness sessions and live demos has been very positive. The Portal received 12,200 unique visitors from its launch on November 16, 2006 to July 17, 2007. Users regularly submit nominations for best practices and suggestions regarding other resources for posting on the portal.

Tracking trends and statistics related to chronic disease in Canada supports policy makers and researchers in making more informed and more effective decisions about chronic disease prevention, control, and management. The Agency expanded its activities around the development of a national approach to chronic disease surveillance, including:

- Consulting with national stakeholder advisory groups to develop the Indicator Framework for Surveillance of Chronic Diseases (including mental illness, cardiovascular diseases, chronic respiratory disease, and arthritis);
- Completing five pilot projects which used provincial/territorial administrative databases (such as hospital discharge and physician billing records) for surveillance of mental illness, asthma, chronic obstructive pulmonary disorder, arthritis, and hypertension;
- Extending the Non-Communicable Diseases Surveillance Infobase, an internet web surveillance tool (http://www.cvdinfobase.ca) to include a broader range of diseases, and adding a component which enables analysis at the regional level. This provides stakeholders across all Canadian jurisdictions access to a larger statistical database on chronic disease; and
- Establishing a Task Group on Surveillance of Chronic Disease and Injury to focus on the gaps in available data to report on chronic disease and its determinants and the impact of policies, programs and services on the population's health.

The Agency provided grants for research on risk factors for diabetes, including the numbers of Canadians exposed to different types of risk factors. By enhancing knowledge of the impact of dietary factors, physical activity, and obesity not just on diabetes, but also on cancer and cardiovascular disease, such studies enable public health officials to plan effective interventions.

Agency scientific expertise supported federal efforts related to eating disorders and obesity, policy directions and priorities on food, health claims on food, the development of nutritional indicators, and the revision of Canadian growth monitoring standards. Together, these efforts ensured that policies, programs, information, and services related to monitoring and assessment of risk factors were informed by domestic and international policy and practices, and were responsive to the needs and concerns of Canadians. Also, the Agency collaborated with Health Canada on the revised Canada's Food Guide, which identified the connection between healthy eating behaviours (portion size, healthy choices) and decreased risk for chronic disease.

The Agency published the report How Healthy are Rural Canadians; An Assessment of their Health Status and Health Determinants (http://www.phac-aspc.gc.ca/publicat/rural06/index.html) examined differences in health between rural and urban Canadians, and explored disadvantages and disparities facing rural communities in Canada. The Agency also released The Human Face of Mental Health and Mental Illness in Canada 2006 (http://www.phac-aspc.gc.ca/publicat/human-humain06/index.html) raising awareness and increasing knowledge and understanding about mental health and mental illness in Canada. This is an update to a 2002 report, with new chapters on mental health, problematic substance use, gambling, and hospitalization.

The Agency continued the development of an enhanced mental illness surveillance system. Pilot projects were completed in five centres across the country to develop case definitions for mental illness to be used with provincial and territorial administrative databases. Work was undertaken with the Canadian Psychological Association to develop an Internet-based surveillance method to collect data from psychologists in various clinical settings. Contacts were made with companies that manage disability programs and supplementary health benefits to provide data on prescriptions for mental illness, short and long-term disability claims for mental illness, and services to psychologists.

Chronic Disease and Injury Prevention and Control Expert Group

The Agency continued to provide the official federal representation as well as secretariat, policy, technical, and financial support to the Chronic Disease and Injury Prevention and Control Expert Group of the Public Health Network. This Expert Group is responsible for providing strong leadership in chronic disease and injury prevention and control through the development, recommendation and implementation of national policies, practices, guidelines and standards from a federal, provincial and territorial context.

■ Cardiovascular Disease

Eight in ten Canadians have at least one risk factor (hypertension, smoking, stress, obesity, diabetes) for cardiovascular disease, and one in ten have three or more risk factors.

WHAT WAS PLANNED

In collaboration with other members of the Health Portfolio, and with provinces, territories, and key stakeholders, the Agency planned to work toward the establishment of a pan-Canadian Cardiovascular Disease Strategy and Action Plan.

WHAT WAS ACHIEVED

In October, 2006, the Minister of Health announced funding to develop a heart health framework, and to address hypertension and cardiovascular disease surveillance in Canada. Development of the Canadian Heart Health Strategy and Action Plan was initiated, and common interest areas such as strengthening information systems, prevention and detection of major risk factors, timely access to care, knowledge development and translation into practice, intervention impacts and outcomes, and Aboriginal/indigenous cardiovascular health were identified. The Agency entered into a funding agreement that enabled the Heart and Stroke Foundation of Canada to provide administrative support to the Expert Group developing the Strategy and Action Plan.

An Expert Advisory Committee on Hypertension was established to provide scientific and expert advice to the Chief Public Health Officer. Funding was provided for a number of hypertension prevention and control projects endorsed by the Committee as making important contributions to heart health. To contribute to better consistency in the reporting of hypertension, the Agency completed several surveillance pilot projects designed to further develop and clarify case definitions.

Diabetes

Approximately 2 million Canadians live with diabetes, although as many as one third may not know they have it. Rates of type 2 diabetes, which account for approximately 90 per cent of all cases, increased by 27 per cent between 1994 and 2000. Evidence shows that type 2 diabetes can be prevented or delayed through lifestyle modification efforts to reduce weight, eat healthy food, and be physically active.

WHAT WAS PLANNED

The Agency planned to advance action on the non-aboriginal elements of the renewed Canadian Diabetes Strategy (http://www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/strategy/index.html) by working with the Canadian Diabetes Association, provinces, territories and other national and international partners to maintain a coordinated approach to diabetes which maximizes impact and reduces duplication.

WHAT WAS ACHIEVED

Ongoing commitments were made in the areas of partnership development, diabetes prevention and control, surveillance, research, community-based programming, and national coordination. Activities included:

- Continuing to build partnerships with the Canadian Diabetes Association, the Kidney Foundation of Canada, the Canadian National Institute for the Blind, the Juvenile Diabetes Research Foundation, and Diabète Quebec. With these groups, the following new directions and focus for the Canadian Diabetes Strategy were established: diabetes prevention among high risk populations; supporting approaches to enable earlier detection of type 2 diabetes; and decreasing complications experienced by those living with type 1and type 2 diabetes;
- Through the Public Health Network, establishing priorities with provincial and territorial members for diabetes community-based programs;
- Expanding the National Diabetes Surveillance System to track several conditions associated with diabetes such as renal failure, amputation, and cardiovascular disease, and increasing the involvement of First Nations populations in tracking Aboriginal diabetes data; and
- Approving and funding 52 projects with a wide range of objectives, including: building community capacity, knowledge, awareness, and education; conducting diabetes risk assessment; identifying and disseminating prevention and control interventions; and piloting screening studies among the general population and those at risk.

SUCCESS STORY

Primer to Action

An ongoing challenge in the field of health promotion is to develop programs which address the needs of marginalised populations and which consider barriers such as poverty and social isolation. With funding from the Agency's Canadian Diabetes Strategy program, the Ontario Chronic Disease Prevention Alliance developed a document which will help public health stakeholders develop more effective programs and policies to address chronic disease.

Primer to Action: Social Determinants of Health is a resource to help health professionals, lay workers, volunteers and activists explore how the social determinants of health impact on chronic disease and how they need to be considered in the design of programs and policies.

Cancer

Cancer is the leading cause of premature death in Canada. In 2007, the number of new cases is estimated to be 159,900 and the number of deaths to be 72,700. This is an additional 6,800 new cases over the estimate for 2006.

WHAT WAS PLANNED

The Agency planned to lead the implementation of the Canadian Strategy for Cancer Control (CSCC) (http://www.cancer.ca/ccs/internet/standard/0,3182,3172_335265__langId-en,00.html) to help improve cancer screening, prevention and research activities, and to help coordinate efforts with provinces, territories and cancer care advocacy groups. The CSCC's main objectives are to: reduce the number of new cases of cancer among Canadians; enhance the quality of life of those living with the disease; and lessen the likelihood of Canadians dying from cancer.

Other planned cancer activities included collaborating with stakeholders to address breast cancer issues ranging from prevention to palliative care through the Canadian Breast Cancer Initiative examining the implications of childhood cancer on Canada's health care system, and addressing knowledge gaps through the Canadian Childhood Cancer Surveillance and Control Program.

WHAT WAS ACHIEVED

The Agency was a key stakeholder in the development of the Canadian Strategy for Cancer Control (CSCC) and provided secretariat support to the CSCC's Action Groups. In November 2006, the Prime Minister announced the creation of the Canadian Partnership Against Cancer (CPAC), an arms length, not-for-profit entity that would be responsible for implementation of the CSCC. The Agency continued to support the work of the Action Groups and facilitated the transition of responsibility for the CSCC to the new entity. As part of this transition the Agency provided funding to enable the National Aboriginal Organizations to develop their capacity to participate in the CSCC.

The Agency contributed substantially to the publication of Canadian Cancer Statistics 2007 in collaboration with the Canadian Cancer Society and Statistics Canada. It provides current information on cancer incidence and mortality, and monitors cancer trends. Cancer in Young Adults, published jointly by Cancer Care Ontario and the Agency, reported on issues related to the exposure of young adults to carcinogens. These knowledge-building reports were developed to stimulate research, assist decision-making, and contribute to health care planning.

The Agency developed and delivered provincial training modules related to the collection of cancer stage information for breast, prostate, colorectal, lung, head and neck cancers in provincial/territorial cancer registries. The training helped to increase reporting consistency across the country, led to a more accurate national picture regarding the stages of cancer, and contributed to increased provincial cancer registry staging capacity.

Wait times, quality of life, and use of health care services are priorities in Canadian health care planning. With collaborators, the Agency initiated and completed studies examining these topics in relation to children and adolescents with cancer.

While continuing to fund breast cancer projects, the Agency consulted with key stakeholders in the breast cancer community to ensure the ongoing relevancy, timeliness, and effectiveness of its community capacity-building activities. This process was integral to understanding the needs of the community-based organizations which provide breast cancer detection and management services to Canadians. To determine programming needs, the Agency gathered and assessed information on community needs and priorities for outreach support for diverse populations, developed sustaining partnerships for networks and coalitions, and coordinated information needs for those with advanced breast cancer.

The Canadian Breast Cancer Research Alliance (CBCRA), the largest portion of the Canadian Breast Cancer Initiative, successfully undertook an independent evaluation. The study, which was

supplemented by an External Review Panel, was very positive about CBCRA's achievements.

International Non-Communicable Disease Policy

On the international front, the Agency houses the WHO Collaborating Centre on Non-Communicable (Chronic) Disease Policy (WHOCC), under the scientific leadership of the Deputy Chief Public Health Officer. As the only collaborating centre on non-communicable disease (NCD) policy in the Americas and Europe, the Agency's WHO Collaborating Centre has become a global centre of excellence in the analysis of chronic disease policy development and implementation.

The WHOCC was also co-leading, with the Pan American Health Organization, in the development of the Policy Observatory of Non-Communicable Diseases. The purpose of the observatory is to support more effective NCD related policy formulation and implementation and to create strong international and multisectoral collaboration in NCD prevention on policy development and implementation. Over the past year, the observatory boosted the technical capacity of policy analysis in a number of countries of the Americas such as Costa Rica and Brazil, and in European countries such as Russia, Slovenia and Spain.

The WHOCC, through the Deputy Chief Public Health Officer, coordinates an international policy working group on non-communicable disease policy. In this regard, over the last year, it has provided technical support to the development of the European Regional Strategy and action plan on chronic disease as well as the PAHO regional action plan on chronic disease. It has also supported the development of policy consultations and case studies on chronic disease in a number of countries in Europe and in the Americas that are participating in the WHO regional network for chronic diseases such as the Conjunto do Acciones para la Reduccion Multifactorial de las Enfermedades No Tranmisibles (CARMEN) and the Countrywide Integrated Non-communicable Disease Intervention (CINDI).

WHOCC has played an integral role in the development and signing of a Framework for Cooperation on Chronic Diseases between the WHO and Canada, the objective being to promote joint actions aimed at strengthening the global response to chronic disease. The areas of cooperation were: policy development and evaluation, development and dissemination of best practices; implementation of the Global Strategy on Diet, Physical Activity and Health; Cancer prevention and control.

B. Healthy Living Strategies

Research has demonstrated that physical activity and healthy eating play a key role in improving health and preventing disease, disability and premature death. However, physical inactivity and unhealthy eating among Canadians have continued to rise, as have rates of obesity. Obesity exacerbates nearly all physical chronic conditions, significantly contributes to the incidence of chronic disease complications and can adversely affect mental health. By working collaboratively with partners and other levels of government, the Agency is committed to policies to improve the opportunities in physical activity and healthy eating and to help make healthy choices easier for all Canadians.

WHAT WAS PLANNED

In 2006-07, the Agency planned to 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 by addressing the conditions that lead to unhealthy eating, physical inactivity and unhealthy weight by means of the following activities:

- Providing funding support to the voluntary sector to develop and exchange knowledge, and build capacity at regional, national and international levels;
- Participating in the Joint Consortium for School Health to promote the health of children and youth in school settings;
- Fostering collaboration and improved information exchange among sectors and across jurisdictions through the Intersectoral Healthy Living Network.

WHAT WAS ACHIEVED

In 2006-07, the Agency continued to advance its health promotion agenda in the area of healthy living through a range of initiatives:

- The Children's Fitness Tax Credit (CFTC), which came into effect on January 1, 2007, establishes economic conditions that support regular physical activity. The Agency participated in a print and web advertising campaign which informed Canadians about the new CFTC, and promoted participation in physical activity and sport for children and youth.
- In 2006, the Agency announced renewed federal support to ParticipACTION, which will undertake marketing and communications activities to help advance federal communications objectives around physical activity and healthy eating. Canadian Heritage (Sport Canada) is also providing federal support to ParticipACTION.
- The Agency contributed funding to 14 non-governmental organizations to undertake enhanced evaluations of their initiatives to ensure that the programs are having the desired impact. The enhanced evaluations included activities such as evaluating basic performance data associated with the individual initiatives; identifying best practices for healthy living interventions; measuring changes in awareness and understanding of the relationship between physical activity and healthy growth and development, as well as uptake and on-going use of resources; and, identifying and measuring effective means for disseminating evidence-based research associated with physical activity, with the goal of developing user-friendly resources for use by grassroots practitioners and organizations.
- In 2006, the Agency also developed a framework for creating Bilateral Agreements on Physical Activity and Healthy Eating with provincial and territorial governments based on activities of mutual interest.
- Through the Canadian Fitness and Lifestyle Research Institute (CFLRI) (www.cflri.ca), the Agency supported the Physical Activity Benchmarks Program, which monitors changes in physical activity within the population, as well as the Institute's analysis of the Canadian Community Health Survey, which contains physical activity questions.
- Through *Canada's Physical Activity Guide to Healthy Active Living* (http://www.phac-aspc.gc.ca/pau-uap/paguide/), the Agency continued to disseminate and promote national physical activity guidelines aimed at children, youth, adults, and older adults. Between April 2006 and March 2007, 2,751,446 copies of the Guides and related resources were distributed to Canadians and abroad.
- The Agency also partnered with the provinces and territories to deliver SummerActive (www.summeractive.org/en/) and WinterActive annual seasonal initiatives that raise awareness of how Canadians can take their first steps to improving their health and mobilize community actions that focus on local opportunities for physical activity, healthy eating and other healthy behaviours.
- The Agency participated in various working groups which oversaw health survey development, including the Canadian Community Health Survey, to ensure that surveys continued to maintain and develop content relevant to physical activity surveillance.
- The Agency created and executed a successful advertising campaign aimed at promoting a healthy lifestyle before and during pregnancy. Launched in February 2007, the campaign targeted women 18 to 29 years old and relied on out-of-home advertising tactics: posters in public transit, doctor's offices, bars and restaurants, as well as internet banners. The advertisements encouraged women to seek more information on healthy pregnancy by calling 1 800 O-Canada or by visiting www.healthycanadians.ca—a single gateway to a variety of authoritative information on the subject. Although the campaign ran for only 6 weeks, according to survey results, it reached a

substantial 28 per cent of the targeted audience. As part of the campaign, the Agency also created and distributed in print and electronic versions 230,000 copies of the *Sensible Guide to a Healthy Pregnancy*.

The Agency is responsible for co-chairing and providing secretariat support to the Healthy Living Issue Group (HLIG) which reports to the Council of the Public Health Network (Federal/Provincial/Territorial) through the Population Health Promotion Expert Group (to which the Agency also provides policy and secretariat support). The HLIG is tasked with reporting on progress in meeting the targets and outcomes contained in the Pan-Canadian Healthy Living Strategy. Both an Evaluation Working Group and a Disparities Working Group were struck in 2006 to support the work of the Issue Group.

The Issue Group continues to provide leadership for the Intersectoral Healthy Living Network and ensures that the purpose and guiding principles of the Pan-Canadian Healthy Living Strategy are upheld. The Intersectoral Healthy Living Network acts as a virtual network to bring together key players across sectors and jurisdictions on activities related to healthy living in order to advance the Pan-Canadian Healthy Living Strategy.

Through its association with the Joint Consortium for School Health (JCSH), the Agency continued to promote healthy eating and physical activity in the school setting. The JCSH provides leadership and facilitates a coordinated approach to school health by encouraging collaboration between the health and education sectors. In 2006-07, the JCSH developed draft knowledge summaries and quick scans on physical activity and nutrition to share with member provinces and territories. In addition, two national events took place: a National Conference on School Health and a national meeting on data and monitoring to discuss the need for regular, reliable and timely information for schools relating to programs, policies and the health of school-aged children.

SUCCESS STORIES – PARTNERSHIP INITIATIVES PROMOTING PUBLIC HEALTH AND PREVENTION

One of the ways the Agency supports prevention program across the country is to facilitate effective evaluation and research processes with partner organizations. Some successful examples of these include the following:

Supporting Evaluation of Nutrition Programs

The Agency's Alberta/Northwest Territories Region provided funding to Dietitians of Canada to review and compile a collection of reliable nutrition assessment and knowledge assessment instruments. This project will increase community practitioners' access to high quality data collection instruments that can be used in measuring the impact of projects on nutrition knowledge and behaviours (e.g. food intake). The results of this project will be disseminated to evaluation networks in the Agency, other chronic disease related networks and to the Agency-funded projects.

Affiliation of Multicultural Societies and Service Agencies

The *Promoting Healthy Living in BC's Multicultural Communities* project was initiated and funded by the Agency to identify the public health needs and health status of multicultural communities. The project created tools, resources and directories to facilitate access to health information and services for these communities. Multicultural health fairs were held to bring professionals and members of public together to share and benefit from each other's resources and information on multicultural health. The project has partnerships with Provincial Ministries and health authorities; municipal governments; the private sector and numerous Non-Governmental Organizations. As a result of this project, Agencies in British Columbia will be better able to understand the health issues of the various cultural communities in this province and to develop more effective programs and policies. www.amssa.org/multiculturalhealthyliving/

Other Health Promotion Initiatives

Children and Adolescents

WHAT WAS PLANNED

The Agency planned to continue to provide leadership, contribute to knowledge development and exchange, and implement community-based programs through the following activities:

- Continuing to deliver a wide range of community-based programs for women, children, and families;
- Contributing to the implementation of the United Nations Convention on the Rights of the Child throughout the Americas; and
- Developing and exchanging knowledge on the health of children and adolescents.

WHAT WAS ACHIEVED

In 2006-07, the Public Health Agency of Canada continued to successfully deliver health promotion programming to pregnant women, children and families at risk for poor health outcomes through three community-based programs:

- Through the Community Action Program for Children (CAPC), the Agency provided funding for community groups to deliver health promotion programs for at-risk children who are up to 6 years old;
- Through the Canada Prenatal Nutrition Program (CPNP), the Agency funded community agencies to increase access to health services and supports pregnant women living in conditions of risk. It served about 50,000 women, reaching an estimated 60% of low income pregnant women, 37% of pregnant Aboriginal women, and 40% of teenage mothers delivering live births in Canada.
- Through its Aboriginal Head Start in Urban and Northern Communities program the Agency continued to fund local Aboriginal organizations to provide health promotion programs for off-reserve children up to age 6.

On behalf of the Minister of Health, the Agency continued to co-lead with the Department of Justice, federal government work on matters concerning the United Nations Convention on the Rights of the Child. Through its collaboration with the Inter-American Children's Institute – a special institute of the Organization of American States – the Agency contributed to the implementation of the Convention throughout the Americas.

Through the Centres of Excellence for Children's Well-Being initiative, the Agency continued to generate and disseminate the latest knowledge on children's well-being to a broad network of target audiences, including families, service providers, community groups and policy-makers. The Agency developed practical health promotion tools and provided advice to all levels of government and international organizations on the issues of early childhood development, special needs, youth engagement and child welfare to strengthen child-related policies and programs in Canada and abroad.

The Agency's Health Behaviours of School-aged Children (HBSC) survey continued to contribute to the development of knowledge concerning the health and health behaviours of Canada's youth. It is the only national health promotion database for this age range in Canada.

In addition, the Agency's Fetal Alcohol Spectrum Disorder (FASD) initiative continued to develop and provide access to culturally appropriate knowledge for decision-making, as well as tools, resources, and expertise across the country. The program focuses on the prevention of future births affected by alcohol, and the improvement of outcomes for those individuals and families already affected, through: increasing public and professional capacity; developing capacities; creating effective screening, diagnosis and data reporting; expanding the knowledge base and information exchange; and increasing commitment to FASD reduction.

SUCCESS STORIES

Projects Promoting the Health of Children

In 2006-07, the Agency's Quebec Region developed a bilingual online training module to promote child health and help prevent Fetal Alcohol Spectrum Disorder (FASD). Designed as accredited training, this professional development module provides physicians with resources to assist them in addressing the issue of alcohol use among women of childbearing age. Module objectives are to facilitate participants' understanding of the consequences of fetal alcohol exposure and develop skill in assessing alcohol consumption in women before and during pregnancy. Memorial University in Newfoundland has established a partnership with Laval University in Quebec City for category 1 accreditation to encourage Quebec physicians to take part in the program.

The Quebec Heart and Stroke Foundation's *En route, en coeur (On the Road to a Happy Heart)* project, which receives financial support from the Agency's Quebec Region office, targets school aged children. In 2006-07, the project developed an Internet education program for primary and secondary level pupils on healthy living habits and diabetes. The project also developed and produced materials for a large media campaign addressing Quebec's English-speaking minority language communities, including the Aboriginal communities, most of whom lie in rural, remote or northern settings. All of the tools developed by the project have been tested, assessed and translated for the three cycles of primary school. The project is receiving special attention from education and health circles in connection with the Écoles en santé (healthy schools) program under the Quebec Department of Education.

Aging and Seniors

WHAT WAS PLANNED

The Agency planned to continue providing leadership on healthy aging through policy development, health promotion, research and education, partnerships and dissemination of information.

WHAT WAS ACHIEVED

Canadian and global events have demonstrated the special risks faced by seniors as a vulnerable population during catastrophic events. The Agency organized the Winnipeg International Workshop on Seniors and Emergency Preparedness on February 6-9, 2007. More than 100 gerontology, emergency preparedness and health promotion experts from nine countries participated and planned future collaborative action. The workshop served to integrate seniors more fully into emergency preparedness policies and practices, and opened an important dialogue among experts, including seniors, to achieve a common understanding of the impacts of disasters on older people and the actions required to take their needs and potential contributions to the recovery of their communities into account. The Agency was presented with an international award for related efforts by Queen Elizabeth II in May 2006.

At this conference the Minister of Health announced financial support for a project from the World Health Organization titled *Seniors in Emergencies: Engaging in Humanitarian Action*. The funding will help further support international readiness in meeting the needs of seniors in emergency situations.

Also in collaboration with WHO, the Agency supported research on Age Friendly Cities in 32 cities around the world, four of which are in Canada (Saanich, British Columbia; Portage La Prairie, Manitoba; Sherbrooke, Québec; and Halifax, Nova Scotia). The Agency also initiated similar research with eight provinces in ten small rural communities (Alert Bay, British Columbia, Lumby, British Columbia, High Prairie, Alberta, Turtleford, Saskatchewan, Gimli, Manitoba, Township of Bonnechere Valley, Ontario, Town of Guysborough, Nova Scotia, Alberton, Prince Edward Island, Clarenville, Newfoundland and Labrador, Port Hope Simpson, Newfoundland and Labrador.

Mental Health

WHAT WAS PLANNED

The Agency planned to continue advancing mental health issues across government.

WHAT WAS ACHIEVED

In 2006-07, the Agency supported the work of the Interdepartmental Task Force on Mental Health to identify ways to improve the mental health status of those populations that fall within federal jurisdiction. The Agency also responded to the Kirby Senate Committee's final report *Out of the Shadows at Last: Transforming Mental Health, Mental Illness, and Addiction Services in Canada* published in May 2006. In addition, the Agency continued to provide secretariat support to the Federal/Provincial-Territorial Advisory Network on Mental Health (ANMH) which provides an inter-governmental forum for national collaboration and intersectoral action on mental health and mental illness.

Family Violence

WHAT WAS PLANNED

In 2006-07, the Agency planned to continue playing a central role in increasing awareness and advancing knowledge in the area of family violence.

WHAT WAS ACHIEVED

The Agency was responsible for leading and coordinating the Family Violence Initiative and for managing the National Clearinghouse on Family Violence on behalf of 15 federal departments, Crown corporations and agencies (http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence). The Initiative strengthens the criminal justice, housing and health systems' response to family violence; promotes public awareness of the risk factors of family violence and the need for public involvement; and supports data collection, research and evaluation efforts.

Canadian Health Network

WHAT WAS PLANNED

The Agency planned to continue to providing the Canadian Health Network – a key information service which supports the Agency's work in helping to build healthy communities.

WHAT WAS ACHIEVED

The Agency continued to fund 20 major Canadian health organizations to deliver the Canadian Health Network (CHN) program, resulting in sustained growth in reach and network size. As of March 31, 2007, there were more than 69,000 subscribers to the newsletter (*HealthLink / Bulletin santé*) compared to less than 27,000 one year prior. A total number of 3,106,870 visitors accessed the CHN website in 2006-07.

Additional Health Promotion Activities

Other health promotion activities during 2006-07 included:

- Building on the success of its 2005-06 *Healthy Lunches to Go* pilot project, the Agency re-launched the social marketing project in January 2007 to correspond with the new 2007 Canada Food Guide, and included updated interactive tools, such as a webcast and daily nutrition tips sent by email or text message.
- Providing funding for the Canadian Fitness and Lifestyle Research Institute, a national non-governmental organization, for their efforts on the Benchmarks program. This information and analysis tool has been monitoring physical activity in Canada for a number of years. The program is also an example of federal-provincial/territorial partnership and collaboration.
- Negotiating Bilateral Agreements on physical activity and healthy eating with each of the provinces and territories. The Agreements will aim to reduce health disparities by focusing on vulnerable populations and related settings for action, and will reflect joint priorities between the federal and provincial/territorial governments. Along with joint priorities, the Agreements will include matched funding between the federal government and the province/territory.
- Playing a strategic role in the development of the World Health Organization (WHO) School Policy Framework, an important component of the WHO Global Strategy on Diet, Physical Activity, and Health. The Policy Framework will guide primarily

policy makers in the development and implementation of policies that promote healthy eating and physical activity in the school setting through environmental, behaviour and education changes.

- The Agency began to explore the feasibility of initiating consultations as the first step towards potentially establishing a national surveillance system for autism.

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's contributes to all these areas through the following key initiatives:

Building Public Health Human Resource Capacity

Planned ($M)	Authorities ($M)	Actual ($M)
10.9	10.8	10.4

WHAT WAS PLANNED

In 2006-07 the Agency intended to:

- support the Public Health Human Resource Task Group of the Pan-Canadian Public Health Network in steps to develop a Pan-Canadian Framework for Public Health Human Resources Planning;
- hold consultations with experts across Canada about public health competency profiles;
- work with partners to develop databases on public health human resources;
- significantly increase the number of placements available in the Canadian Field Epidemiology Program;
- add and/or improve the *Skills Enhancement for Public Health* program modules;
- provide training awards to promote education in applied public health;
- collaboratively with universities develop guidelines for applied public health masters programs; and
- prepare a comprehensive professional development plan for its staff.

WHAT WAS ACHIEVED

In 2006-07, the Agency continued to support the Public Health Human Resource Task Group of the Pan-Canadian Public Health Network. An Enumeration Working Group was formed to adress the limitations of public health workforce data reported at the regional, provincial, and national levels. Stakeholders including jurisdictions, disciplines, national data agencies, and federal partners agreed in principle to jointly work with the Agency and the Task Group to address these limitations.

Clear statements of core competencies for public health will enable Canadian jurisdictions to strengthen the public health workforce. In 2006-07, the Agency began to conduct consultations on these core competencies. Activities included an online survey, which had 1,606 respondents from across Canada. Regional consultations held with the public health community in British Columbia, Alberta, Saskatchewan and Manitoba helped to identify opportunities, challenges, and strategies for implementation; and identify roles and responsibilities. Work with public health discipline groups including nurses, health inspectors/environmental health officers, epidemiologists, medical officers, dentists/dental hygienists, nutritionists/dieticians and health promoters/educators helped to focus on discipline-specific competencies.

In addition to expanding the intake from 13 in 2005-06 to 15 in 2006-07 the Canadian Field Epidemiology Program (CFEP) (http://www.phac-aspc.gc.ca/cfep-pcet/index.html) increased its offering of external

seats for public health practitioners in its training modules. The program also successfully piloted a new module on Rapid Assessment for Complex Emergencies.

To address the learning needs of front-line public health practitioners the Agency launched two modules – *Introduction to Public Health Surveillance* and *Applied Epidemiology: Injuries* – bringing the number of modules in the Skills Enhancement for Public Health program to seven. Other new modules including *Communicating Data Effectively*, *Basic Biostatistics*, and *Principles & Practices of Public Health*, were piloted. Registration increased as new modules were added and awareness of the program grew – a total of 1,456 participants completed at least 1 module in 2006-07. Also, thirty additional online facilitators were trained to further build capacity.

The Agency partnered with Canadian Institutes of Health Research (CIHR) to provide grants to fifteen successful Doctoral Research and Fellowship applicants, and to fund 20 universities for Master's in Public Health programs.

To prepare a comprehensive professional development plan for its staff, a working group was formed to look at training needed to support public health practice done by the Agency. Through interviews and focus groups, training needs were identified for key professional groups. The Agency created a pilot Public Health Practice Learning Calendar offering competency based training and education to staff. An intranet site, *Learning @PHAC*, was launched to consolidate learning and training resources at the Agency.

In summary, the Agency accomplished all activities planned for Building Public Health Human Resource Capacity in the 2006-07 Report on Plans and Priorities with the exception of developing databases on public health human resources.

Knowledge and Information Systems

Planned ($M)	Authorities ($M)	Actual ($M)
6.1	15.1*	15.1

* The difference between planned and authorities reflects the funding received for the National Collaborating Centres Contribution Program.

WHAT WAS PLANNED

The Agency planned to:

- keep the integrated Public Health Information System (iPHIS),in a pandemic-ready state, with new modules for outbreak management;
- work towards a seamless transition for users when the *Infoway* solution becomes available;
- promote the Public Health Map Generator (PHMG); and
- undertake the groundwork leading to the development of an annual report on the state of the public's health.

WHAT WAS ACHIEVED

All these plans were fulfilled as the Agency develop information about public health knowledge and information systems, to increase and exchange knowledge in this area, and to leverage the information and knowledge into effective action.

The Agency continued to maintain and support the iPHIS product, and made the Outbreak Management module available to jurisdictions across Canada. The Agency also worked to investigate a data migration strategy for iPHIS-deployed jurisdictions to the planned successor (Infoway Panorama) solution.

Throughout 2006-07 the Agency provided expert resources to the Infoway Electronic Public Health System (now known as Panorama) project. By participating in forums including Design working groups, Pan-

Canadian Standards Group, Implementation Working Group, Steering Committee, Product Management Committee, Joint Implementation Leads, the Agency transferred the knowledge gained by past work in the development of case management tools usage by federal, provincial, and territorial officials.

As of March 2007, the Agency's GIS Infrastructure (http://www.phac-aspc.gc.ca/php-psp/gis_e.html) tools, data, services and training supported 361 public health professionals ("clients") from 141 public health organizations across Canada. All 361 clients were members of the online GIS community known as the Map and Data Exchange. The Agency continued to support a variety of initiatives across Canada through the provision of data and spatial services.

The Public Health Agency of Canada Act mandates the Chief Public Health Officer to submit a report to parliament on the State of Public Health in Canada, with the first Report to be tabled by or before January 2008. During 2006-07, the Agency established working groups responsible for consultations, compilation of information for the Report, and provision of technical advice. The Agency hosted consultative meetings on Storyline Development, Lessons Learned and Health Inequalities, with internal and external stakeholders. Background research, framing exercises and content development were initiated and extensive stakeholder consultations were undertaken.

Surveillance and Information Expert Group

The Agency continued to provide the official federal representation as well as secretariat, policy, technical, and financial support to the Surveillance and Information Expert Group of the Public Health Network. This Expert Group is responsible for providing coordination and leadership for public health surveillance, information collection, analysis and sharing, and knowledge dissemination across Canada from a federal, provincial and territorial context.

All six of the Agency-funded National Collaborating Centres (NCCs) for Public Health were in place:

NCC focus	Location
Environmental health	BC Centre for Disease Control, Vancouver
Aboriginal health	University of Northern British Columbia, Prince George
Infectious diseases	International Centre for Infectious Diseases, Winnipeg
Public health methods and tools	McMaster University, Hamilton
Healthy public policy	Institut national de santé publique du Québec, Montréal
Determinants of health	St. Francis Xavier University, Antigonish

The NCCs connected with public health policy-makers, researchers and practitioners through environmental scans of stakeholders in their respective priority areas, and participated in educational and research fora to determine the knowledge needs of frontline public health practitioners, identify knowledge gaps, and develop knowledge communities. The NCCs collaborated with each other and external partners to synthesize existing research, develop reports and tools for their user groups, and develop knowledge transfer approaches through participation in events such as Annual Canadian Public Health Conference and the 5th Annual Cochrane Symposium. As part of their mandate of transferring knowledge among public health stakeholders, the NCCs will hold their 2nd Annual Summer Institute in Nova Scotia, August 2007.

Public Health Law and Information Policy

Planned ($M)	Authorities ($M)	Actual ($M)
3.3	3.3	3.2

WHAT WAS PLANNED

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.

During 2006-07 the Agency planned to continue to take an active role with its provincial and territorial partners in harmonizing legislation and developing and implementing policies, 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.

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 for Canada's capacity to respond to new and re-emerging public health threats. To address this, the Agency planned to undertake activities such as specialized workshops and discussions for the dissemination of targeted research and analysis in public health law.

WHAT WAS ACHIEVED

These plans were completed. The Agency developed information about public health law, and information policies, increased and exchanged knowledge in this area, and leveraged the information and knowledge into effective action.

In November 2006, the Agency played a major role in delivering the first Canadian Conference on the Public's Health and the Law, which brought together some of the most respected Canadian and international public health law expertise to review progress and consider future challenges including planning for Pandemics. The conference strengthened public health capacity by promoting an enhanced understanding of the application of various legal and policy instruments in public health, and by fostering professional linkages across disciplines.

The Agency held specialized workshops and discussions with key provincial, territorial and international agencies and stakeholders to collaborate on common challenges, identify common problems and disseminate the results of targeted research and analysis in public health law. The Agency also collaborated with leading researchers in public health law and shared the results of this research through the Public Health Law Improvement Network.

The Agency took an active role in enhancing the integration of ethical considerations into public health decision-making by collaborating and taking the first steps to facilitate a National Roundtable on Public Health and Ethics.

Strategic and Developmental Initiatives

Planned ($M)	Authorities ($M)	Actual ($M)
12.9	12.8	12.3*

* Actual spending was $0.5 million lower than authorities due to capacity and technical constraints.

The Public Health Agency of Canada recognizes that strategic and developmental initiatives are required to support the achievement of its priorities and advance the work of improving public health.

WHAT WAS PLANNED

The Agency intended:

- in collaboration with other organizations including the Canadian Institute for Health Information (CIHI), to continue to deliver crucial surveillance programs;
- continue to support the Pan-Canadian Public Health Network, including establishment of intersectoral working groups in priority areas, and continued development of agreements for sharing of information, facilities, and personnel during health emergencies;
- to develop a profile of the public health environment in Canada, in preparation for collaborative development of a Pan-Canadian Public Health Strategy;
- to collaborate with Health Canada to further strengthen partnership with the World Health Organization in support of the WHO's new Commission on the Social Determinants of Health (SDOH);
- to coordinate the establishment of a Health Portfolio plan with Health Canada and the Canadian Institutes for Health Research to advance an intersectoral federal government approach; and
- to continue to develop an international strategic framework for coherence of efforts, and to expand the Agency's capacity for international policy development and global partnerships.

WHAT WAS ACHIEVED

All the planned initiatives were undertaken.

Health surveillance supports disease prevention, and enables public health professionals to manage outbreaks and threats. Public Health Surveillance – the ongoing, systematic use of routinely-collected health data to guide public health actions – has been identified as a priority area for the Agency in its Strategic Plan, and a senior multidisciplinary task group was launched during March 2007 to begin the review of the Agency's surveillance infrastructure components.

The Agency continued to provide key surveillance programs during 2006-07. In collaboration with the Canadian Institute for Health Information and the Canadian Population Health Initiative and many other organizations, the Agency delivered surveillance programs including:

- Canadian Creutzfeldt-Jakob Disease Surveillance System (CJDSS)
- Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP)
- Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS)
- Canadian Laboratory Surveillance Network (PulseNet and other DNA fingerprinting outbreak surveillance systems)
- Canadian Nosocomial Infection Surveillance Program (CNISP)
- Canadian Nosocomial Infection Surveillance Program (CNISP)
- Canadian Tuberculosis Laboratory Surveillance System (CTBLSS/GRID)
- HIV/AIDS Surveillance program

- National Diabetes Surveillance System (NDSS)
- National Enteric Surveillance Program (NESP)
- National West Nile Virus Surveillance program
- Surveillance of Vaccine Escape mutants of Meningococci, H. influenzae and B. pertussis

The Agency continued to represent the Federal government in the Pan-Canadian Public Health Network and to provide secretariat, policy, technical, and financial support to it. The Network, whose creation was announced by the Federal-Provincial-Territorial Ministers of Health in April, 2005, was established to provide a new, more collaborative approach to public health. Improved communication and collaboration, particularly critical during public health emergencies such as SARS or pandemic influenza, will also assist Canada in addressing serious public health issues such as obesity and non-communicable disease.

The Agency's Chief Public Health Officer is the federal co-chair of the Public Health Network's governing Council. In addition, Agency personnel represent the federal government on each of the groups reporting to the Network.

In 2006-07 the Public Health Network focussed on three key areas:

- Preparing for and responding to emergencies and communicable disease control and prevention;
- Building public health infrastructure and organization; and
- Promoting health and healthy living.

The Public Health Network has proven to be a key mechanism for collaboration between federal, provincial and territorial governments, and an effective vehicle for advancing a Canadian public health agenda. Progress made during 2006-07 included:

- Agreement on recommended size, composition and use of the national antivirals stockpile to provide for early treatment of those with pandemic influenza;
- Release of the 2006 *Canadian Pandemic Influenza Plan for the Health Sector*;
- Analysis and refinement of the Network's organizational structure to provide greater precision on the mandate and authority of the Public Health Network, resulting in improved linkages between groups within the Public Health Network and increased operational efficiency.

In addition, significant progress was made on development of joint agreements respecting roles and responsibilities in pandemic preparedness and response, information sharing, and the sharing of resources, facilities and personnel.

Actions to create a foundation for the development of a Pan-Canadian Public Health Strategy, to be overseen by the Pan-Canadian Public Health Network, included strengthening the policy base in the Agency's regions to contribute to the intelligence cycle. The expanded regional work of gathering, analyzing and providing advice on public health information within the provincial and territorial jurisdictions allowed the Agency to develop an emerging profile and understanding of the public health environment in Canada, and contributed to the Agency's ability to identify current initiatives, gaps, and vulnerabilities.

The Agency strengthened its partnership with the World Health Organization (WHO) Commission on Social Determinants of Health through contributing knowledge and expertise that helped to shape the direction and recommendations to be contained in its Interim Statement and Final Report, and also by funding two Knowledge Networks to synthesize global evidence for policy and action. Further, the Agency collaborated with the Commission on the planning of the 8th WHO Commission meeting (to be held in Canada). The Agency contributed to Canada's leadership role with WHO and member states on intersectoral action, reporting on cross-government and cross-sectoral approaches to advance policy and action on health inequalities, and also in engaging other countries and WHO in an initiative to examine the economic benefits of investing in the determinants of health.

The Agency supported the work of the Canadian Reference Group (CRG) to contribute to the WHO Commission's plan of work and to advance related initiatives here in Canada. During 2006-07, the CRG has initiated work on Canadian case studies of effective intersectoral action, led the development of case studies in 23 other countries, and engaged with Civil Society on how to best address the social determinants of health.

As a step towards the establishment of a Health Portfolio Plan, the Agency developed a draft action framework to outline its leadership role in advancing federal action on the social determinants of health and the beginning of an integrated approach within the Health Portfolio. This work, when enhanced through the knowledge to be gained from the WHO Commission and Canadian Reference Group work, will lead to further interdepartmental collaboration. The Agency initiated working relationships and knowledge sharing with other departments, private sector partners and other levels of government through its participation in the Conference Board of Canada's Roundtable on the Socio-Economic Determinants of Health.

The Agency supported preparations for the World Conference on Health Promotion and Education (to be held in Vancouver in June 2007). During 2006-07, the Agency coordinated the Health Portfolio's lead role in this event and organized sessions and speakers to profile Canadian experiences with a global audience and learn from other countries.

The Agency continued developing an international strategic framework to support internationally focused initiatives to strengthen public health security, strengthen international efforts to build capacity in public health systems, and reduce the global burdens of disease and health disparity.

Other Programs and Services

Planned ($M)	Authorities ($M)	Actual ($M)
109.0	120.5*	119.0

* The $11.5 million difference between planned and authorities represents primarily *operating budget carry forward* received in the Supplementary Estimates (A). The Agency was able to use of $11.0 million of this to address IM/IT infrastructure requirements, comply with mandatory government-wide IT security policy, and respond to a computer malware infection.

Other Agency programs and services consisted primarily of corporate support and administration in the National Capital Region, Winnipeg and the Agency's regional offices (Atlantic, Quebec, Ontario & Nunavut, Manitoba & Saskatchewan, Alberta & Northwest Territories, British Columbia & Yukon). Under an interdepartmental agreement, Health Canada's Northern Region office was also responsible for administering some of the Agency's programs in Canada's territories. Planned expenditures included $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. Planned funding also included $10.4 million held in a frozen allotment pending approval for a one-year extension.

Actual expenditures included $37.1 million for the facility services and the support of the National Microbiology Laboratory; $69.3 million for the corporate support in Human Resources, Communications, Legal, Finance, Real Property and Administration Services, Information Technology and Management; and $11.1 million for regional support operations across Canada.

Supplementary Information

Section III

Table 1: Comparison of Planned to Actual Spending (including Full-Time Equivalents)

(in millions of dollars)

This table offers a comparison of the Main estimates, Planned Spending, Total Authorities and Actual Spending for the recently completed fiscal year, as well as historical figures for Actual Spending.

			2006–07			
	2004-05 Actual	2005-06 Actual	Main Estimates	Planned Spending	Total Authorities	Total Actuals
Population and Public Health	586.7	477.2	506.6	629.7	536.2	510.8
Total	**586.7**	**477.2**	**506.6**	**629.7****	**536.2*****	**510.8******
Less: Non-respendable revenue	0.0	0.2	0.0	0.0	0.0	0.3
Plus: Cost of services received without charge	11.4	17.6	0.0	20.2	20.2	21.0
Total Departmental Spending	**598.1**	**494.6**	**506.6**	**649.9**	**556.4**	**531.5**
Full-time Equivalents	**1,666**	**1,801**	**2,119**	**2,119**	**2,119**	**2,050**

* Full-time equivalents (FTE) are a measure of human resource consumption based on average levels of employment. FTEs are not subject to Treasury Board control but are disclosed in Part III of the Estimates in support of personnel expenditure requirements specified in the Estimates.

** The $123.1 million increase from Main Estimates to Planned Spending is due to increased funding for initiatives announced in Federal budgets such as: Avian and Pandemic Influenza Preparedness ($66.3 million); Canadian Strategy for Cancer Control ($52 million); Strengthening Canada's Public Health Systems ($4.2 million); one year extension for the Centre of Excellence for Children's Well Being ($1.8 million); offset by savings in procurement resulting from the ERC exercise ($1.2 million).

*** The $93.5 million decrease from Planned Spending to Total Authorities is mainly due to funding for Avian and Pandemic Influenza Preparedness deferred to subsequent fiscal years ($44 million); and funding for Canadian Strategy for Cancer Control provided to Health Canada instead of the Agency ($51 million).

**** The $25.4 million difference between Total Authorities and Actual Spending is mainly the result of lapses in operating expenditure of $20.5 million and transfer payments of $4.9 million.

Table 2: Resources by Program Activity

This table reflects how resources were used within the Public Health Agency of Canada by appropriation and by program activity.

(in millions of dollars)

	2006–07 Budgetary					
	Operating	Grants	Contributions and other Transfer Payments	Total: Gross Budgetary Expenditures	Less: Respendable Revenue	Total: Net Budgetary Expenditures
Population and Public Health						
Main Estimates	327.4	33.1	146.2	506.7	(0.1)	506.6
Planned Spending	392.7	89.1	148.0	629.8	(0.1)	629.7
Total Authorities	349.3	22.6	164.4	536.3	(0.1)	536.2
Actual Spending	328.7	21.0	161.2	510.9	(0.1)	510.8

Table 3: Voted and Statutory Items

(in millions of dollars)

		2006–07			
Vote or Statutory Item	Truncated Vote or Statutory Wording	Main Estimates	Planned Spending	Total Authorities	Total Actuals
35	Operating expenditures	299.3	363.4	326.0	305.4
40	Grants and contributions	179.3	237.1	187.0	182.2
(S)	Contributions to employee benefit plans	28.0	29.2	23.2	23.2
(S)	Spending of proceeds from the disposal of surplus Crown assets Actual = $1,286.81	0.0	0.0	0.0	0.0
	Total	**506.6**	**629.7**	**536.2**	**510.8**

Table 4: Services Received Without Charge

(in millions of dollars)

	2006–07 Actual Spending
Accommodation provided by Public Works and Government Services Canada	9.4
Contributions covering the employer's share of employees' insurance premiums and expenditures paid by the Treasury Board of Canada Secretariat.	11.5
Salary and associated expenditures of legal services provided by the Department of Justice Canada	0.1
Total 2006-07 Services received without charge	21.0

Table 5: Sources of Respendable and Non-respendable Revenue

Respendable Revenue (in millions of dollars)

			2006-07			
	Actual 2004-05	Actual 2005-06	Main Estimates	Planned Revenue	Total Authorities	Actual
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	0.1	0.1
Spending of proceeds from the disposal of surplus Crown assets	0.0	0.0	0.0	0.0	0.0	0.0
Total Respendable Revenue	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**

Non-respendable Revenue (in millions of dollars)

			2006-07			
	Actual 2004-05	Actual 2005-06	Main Estimates	Planned Revenue	Total Authorities	Actual
Population and Public Health						
Sale of first aid kits / net vote revenue surplus	0.0	0.1	0.0	0.0	0.0	0.0
Royalties and other miscellaneous revenues	0.0	0.0	0.0	0.0	0.0	0.1
Sundries – credit cards rebate	0.0	0.1	0.0	0.0	0.0	0.2
Total Non-respendable Revenue	**0.0**	**0.2**	**0.0**	**0.0**	**0.0**	**0.3**

Table 6: Resource Requirements by Branch

(in millions of dollars)

	Population and Public Health
Agency Executive, Chief Public Health Officer*	
Planned Spending	8.8
Actual Spending	4.8
Infectious Disease and Emergency Preparedness Branch**	
Planned Spending	219.1
Actual Spending	161.8
Health Promotion and Chronic Disease Prevention Branch***	
Planned Spending	153.7
Actual Spending	81.9
Strategic Policy, Communications and Corporate Services Branch****	
Planned Spending	64.5
Actual Spending	81.0
Public Health Practice and Regional Operations Branch	
Planned Spending	183.6
Actual Spending	181.3
Agency Total	
Planned Spending	629.7
Actual Spending	510.8

The major differences between Planned and Actual spending are:

* Agency Executive, Chief Public Health Officer: The $4.0 million lapse was due to capacity and technical constraints in staffing coupled with deferment of Pandemic initiatives to future years.

** Infectious Disease and Emergency Preparedness Branch: Funding for Avian and Pandemic Influenza Preparedness deferred to subsequent fiscal years of $44 million; and funding reallocated to other branches $6.6 million leaving a small lapse of $6.7 million.

*** Health Promotion and Chronic Disease Prevention Branch: $51 million of funding for the Canadian Strategy for Cancer Control was approved under Health Canada as opposed to the Agency as originally envisioned; $15.4 million was allocated to other branches for new unplanned priorities; $5.4 million lapsed due to delays and timing changes; and uncertainty of funding by Governor General Special Warrants earlier in the fiscal year included the need to cash manage close to $3 million to operate the Centre of Excellence for Children which was not funded.

**** Strategic Policy, Communications and Corporate Services Branch: Operating Budget carry forward from 2005-06 provided $11.7 million, and funding transferred from other branches provided $4.8 million to cover new emerging pressures.

Table 7A: User Fees Act

						2006–07			Planning Years		
	Fee Type	Fee-setting Authority	Date Last Modified	Forecast Revenue ($000)	Actual Revenue ($000)	Full Cost ($000)	Performance Standard	Performance Results	Fiscal Year	Forecast Revenue ($000)	Estimated Full Cost ($000)
A. User Fee											
Fees charged for the processing of access requests filed under the Access to Information Act (ATIA)	Other products and services (O)	*Access to Information Act*	1992	See Section C – Other Information Note 1	See Section C – Other Information Note 1	See Section C – Other Information Note 1	Response provided within 30 days following receipt of request: response time may be extended pursuant to section 9 of the ATIA. Notice of extension to be sent within 30 days of receipt of request.	See Section C – Other Information Note 1	2007-08	0.7	580
									2008-09	0.8	580
									2009-10	0.9	580
B. Date Last Modified											
C. Other Information											
1. Access to Information requests filed for the Public Health Agency of Canada in 2006-07 were processed by Health Canada. Accordingly, associated revenues and costs are reported under Health Canada for 2006-07.											

Table 7B: Policy on Service Standards for External Fees

Information on Service Standards for External Fees can be found at: http://www.tbs-sct.gc.ca/est-pre/estime.asp.

Table 8: Details on Transfer Payment Programs (TPPs)

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

1. Population Health Fund
2. Community Action Program for Children
3. Canada Prenatal Nutrition Program
4. Federal Initiative to Address HIV/AIDS in Canada
5. Aboriginal Head Start in Urban and Northern Communities / Early Childhood Development
6. Canadian Health Network
7. Canadian Diabetes Strategy
8. National Collaborating Centres Contribution Program

Supplementary information on these Transfer Payment Programs can be found at http://www.tbs-sct.gc.ca/est-pre/estime.asp.

Table 9: Conditional Grants (Foundations)

- The Agency provided a one-time conditional grant of $100 million to Canada Health Infoway in 2004-05 to support health surveillance.

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 and 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 of Canada's portion under this collaboration is the Health Surveillance Program. Health Canada has provided the Supplementary Information on their and the Public Health Agency of Canada's conditional grants to Infoway.

Further information on this Conditional Grant can be found at: http://www.tbs-sct.gc.ca/est-pre/estime.asp.

Table 10: Financial Statements

The following Financial Statements have been prepared in accordance with accrual accounting principles. The information presented in the other financial tables of this Performance Report were prepared on a modified cash basis of accounting in order to be consistent with appropriations-based reporting. Footnote 3 of the financial statements reconciles these two accounting methods.

Statement of Management Responsibility

PUBLIC HEALTH AGENCY OF CANADA

Responsibility for the integrity and objectivity of the accompanying financial statements for the year ended March 31, 2007 and all information contained in these statements rests with the agency's management. These financial statements have been prepared by management in accordance with Treasury Board accounting policies which are consistent with Canadian generally accepted accounting principles for the public sector.

Management is responsible for the integrity and objectivity of the information in these financial statements. Some of the information in the financial statements is based on management's best estimates and judgment and gives due consideration to materiality. To fulfil its accounting and reporting responsibilities, management maintains a set of accounts that provides a centralized record of the agency's financial transactions. Financial information submitted to the *Public Accounts of Canada* and included in the agency's *Departmental Performance Report* is consistent with these financial statements.

Management maintains a system of financial management and internal control designed to provide reasonable assurance that financial information is reliable, that assets are safeguarded and that transactions are in accordance with the *Financial Administration Act*, are executed in accordance with prescribed regulations, within Parliamentary authorities, and are properly recorded to maintain accountability of Government funds. Management also seeks to ensure the objectivity and integrity of data in its financial statements by careful selection, training and development of qualified staff, by organizational arrangements that provide appropriate divisions of responsibility, and by communication programs aimed at ensuring that regulations, policies, standards and managerial authorities are understood throughout the agency.

The financial statements of the agency have not been audited.

David Butler-Jones
Chief Public Health Officer
Ottawa, Canada

Date AUG 10 2007

Luc Ladouceur
Acting Chief Financial Officer
Ottawa, Canada

Date AUG 0 9 2007

Statement of Operations (unaudited)

PUBLIC HEALTH AGENCY OF CANADA

For the year ended March 31 (in dollars)	**2007**	2006
Expenses		
Salaries and employee benefits	**183,791,847**	170,341,797
Transfer payments	**181,361,341**	175,244,575
Professional and special services	**70,287,779**	55,138,587
Utilities, material and supplies	**37,356,355**	41,351,299
Travel and relocation	**17,485,034**	15,793,168
Accommodation	**12,884,158**	11,961,621
Purchased repair and maintenance	**8,887,103**	6,019,930
Information	**8,623,347**	4,599,372
Amortization of tangible capital assets	**6,920,987**	6,263,550
Communication	**5,287,798**	4,748,297
Rentals	**1,428,167**	1,307,661
Other	**1,784,117**	1,180,989
	536,098,033	**493,950,846**
Revenues		
Sales of goods and services		
Rights and Privileges	**28,377**	25,376
Services of a Non-Regulatory Nature	**88,871**	125,742
Interest	**7,948**	11,890
Other	**216,299**	105,106
	341,495	**268,114**
Net cost of operations	**535,756,538**	**493,682,732**

The accompanying notes form an integral part of the financial statements

Statement of Financial Position (unaudited)

PUBLIC HEALTH AGENCY OF CANADA

At March 31 (in dollars)	**2007**	2006
Assets		
Financial assets		
Accounts receivable and advances (Note 4)	**8,067,818**	5,884,928
Total financial assets	**8,067,818**	5,884,928
Non-financial assets		
Tangible capital assets (Note 5)	**63,517,725**	65,742,171
Total non-financial assets	**63,517,725**	65,742,171
TOTAL	**71,585,543**	**71,627,099**
Liabilities and Equity of Canada		
Liabilities		
Accounts payable and accrued liabilities	**94,035,266**	79,975,372
Vacation pay and compensatory leave	**8,432,076**	7,387,369
Employee severance benefits (Note 6)	**28,512,678**	24,109,715
Other liabilities	**2,763,581**	2,402,497
	133,743,602	113,874,953
Equity of Canada	**(62,158,058)**	(42,247,854)
TOTAL	**71,585,543**	**71,627,099**

Contractual Obligations (Note 7)

The accompanying notes form an integral part of the financial statements

Statement of Equity (unaudited)

PUBLIC HEALTH AGENCY OF CANADA

For the year ended at March 31 (in dollars)	**2007**	2006
Equity of Canada, beginning of year	**(42,247,854)**	(10,242,764)
Net cost of operations	**(535,756,538)**	(493,682,732)
Current year appropriations used (Note 3)	**510,812,401**	477,166,397
Refund of previous year expenditures	**(3,259,280)**	(6,413,953)
Revenue not available for spending (Note 3)	**(296,270)**	(193,247)
Change in net position in the Consolidated Revenue Fund (Note 3)	**(10,828,711)**	(26,481,555)
Services provided without charge by other government departments (Note 8)	**19,418,194**	17,600,000
Equity of Canada, end of year	**(62,158,058)**	**(42,247,854)**

The accompanying notes form an integral part of the financial statements

Statement of Cash Flow (unaudited)

PUBLIC HEALTH AGENCY OF CANADA

For the year ended March 31 (in dollars)	**2007**	2006
Operating activities		
Net cost of operations	**535,756,538**	493,682,732
Non-cash items:		
Amortization of tangible capital assets (Note 5)	**(6,920,987)**	(6,263,550)
Gain (loss) on disposal of tangible capital assets	**(14,112)**	12,367
Services provided without charge by other government departments (Note 8)	**(19,418,194)**	(17,600,000)
Variations in Statement of Financial Position:		
Increase (decrease) in accounts receivable and advances	**2,182,890**	5,052,368
Increase (decrease) in accounts payable and accrued liabilities	**(14,059,894)**	(31,934,371)
Decrease (increase) in other liabilities	**(361,084)**	(397,025)
Decrease (increase) in vacation pay and compensatory leave	**(1,044,707)**	(763,019)
Decrease (increase) in employee severance benefits	**(4,402,963)**	(4,374,271)
Cash used by operating activities	**491,717,487**	**437,415,231**
Capital investment activities		
Acquisitions of tangible capital assets (Note 5)	**4,711,940**	6,674,778
Proceeds on disposal of tangible capital assets	**(1,287)**	(12,367)
Cash used by investment activities	**4,710,653**	**6,662,411**
Financing activities		
Net cash provided by Government of Canada	**(496,428,140)**	**(444,077,642)**

The accompanying notes form an integral part of the financial statements

Notes to the Financial Statements (unaudited)

PUBLIC HEALTH AGENCY OF CANADA

1. Authority and Objectives

The Public Health Agency of Canada (PHAC) was created as a new agency by orders in council on September 24, 2004 in response to growing concerns about the capacity of Canada's public health system to anticipate and respond effectively to public health threats. Its creation is the result of wide consultation with the provinces, territories, stakeholders and Canadians. It also follows recommendations from leading public health experts - including Dr. David Naylor's report, Learning from SARS: Renewal of Public Health in Canada, as well as other Canadian and international reports - for clear federal leadership on issues concerning public health and improved collaboration within and between jurisdictions. The Public Health Agency of Canada Act, assented to December 12, 2006, provides a statutory foundation for the new agency.

The agency is mandated to work in collaboration with its partners, to lead federal efforts and to mobilize pan-Canadian action in preventing disease and injury, and to promote and protect national and international public health through the following:

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

2. Summary of significant accounting policies

The financial statements have been prepared in accordance with Treasury Board accounting policies which are consistent with Canadian generally accepted accounting principles for the public sector.

Significant accounting policies are as follows:

(a) Parliamentary appropriations

The agency is financed by the Government of Canada through Parliamentary appropriations. Appropriations provided to the agency do not parallel financial reporting according to Canadian generally accepted accounting principles since appropriations are primarily based on cash flow requirements. Consequently, items recognized in the statement of operations and the statement of financial position are not necessarily the same as those provided through appropriations from Parliament. Note 3 provides a high-level reconciliation between the two bases of reporting.

(b) Net Cash Provided by Government

The agency operates within the Consolidated Revenue Fund (CRF), which is administered by the Receiver General for Canada. All cash received by the agency is deposited to the CRF and all cash disbursements made by the agency are paid from the CRF. The net cash provided by Government is the difference between all cash receipts and all cash disbursements including transactions between departments of the federal government.

2. Summary of significant accounting policies (continued)

(c) Change in net position in the Consolidated Revenue Fund

The change in net position in the Consolidated Revenue Fund is the difference between the net cash provided by Government and appropriations used in a year, excluding the amount of non respendable revenue recorded by the agency. It results from timing differences between when a transaction affects appropriations and when it is processed through the CRF.

(d) Revenues

Revenues are accounted for in the period in which the underlying transaction or event occurred that gave rise to the revenues.

(e) Expenses

Expenses are recorded on an accrual basis:

- Grants are recognized in the year in which the conditions for payment are met. In the case of grants which do not form part of an existing program, the expense is recognized when the Government announces a decision to make a non-recurring transfer, provided the enabling legislation or authorization for payment receives parliamentary approval prior to the completion of the financial statements.
- Contributions are recognized in the year in which the recipient has met the eligibility criteria or fulfilled the terms of a contractual transfer agreement.
- Vacation pay and compensatory leave are expensed as the benefits accrue to employees under their respective terms of employment.
- Services provided without charge by other government departments for accommodation, the employer's contribution to the health and dental insurance plans and legal services are recorded as operating expenses at their estimated cost.

(f) Employee future benefits

i) Pension benefits: Eligible employees participate in the Public Service Pension Plan, a multiemployer plan administered by the Government of Canada. The agency's contributions to the Plan are charged to expenses in the year incurred and represent the total obligation to the Plan by the agency. Current legislation does not require the agency to make contributions for any actuarial deficiencies of the Plan.

ii) Severance benefits: Employees are entitled to severance benefits under labour contracts or conditions of employment. These benefits are accrued as employees render the services necessary to earn them. The obligation relating to the benefits earned by employees is calculated using information derived from the results of the actuarially determined liability for employee severance benefits for the Government as a whole.

(g) Accounts receivable

Accounts receivable are stated at amounts expected to be ultimately realized. They are mainly comprised of amounts to be recovered from other government departments and the recovery is considered certain. As a result, no provision has been recorded as an offset against these amounts.

(h) Contingent liabilities

Contingent liabilities are potential liabilities which may become actual liabilities when one or more future events occur or fail to occur. To the extent that the future event is likely to occur or fail to occur, and a reasonable estimate of the loss can be made, an estimated liability is accrued and an expense recorded. If the likelihood is not determinable or an amount cannot be reasonably estimated, the contingency is disclosed in the notes to the financial statements.

2. Summary of significant accounting policies (continued)

(i) Tangible Capital Assets

All tangible capital assets having an initial cost of $10,000 or more are recorded at their acquisition cost. The agency does not capitalize intangibles, works of art and historical treasures that have cultural, aesthetic or historical value, assets located on Indian Reserves and museum collections.

Amortization of tangible capital assets is done on a straight-line basis over the estimated useful life of the asset as follows:

Asset Class	
Buildings	25 years
Works and infrastructure	25 years
Machinery and equipment	8-12 years
Computer equipment	3-5 years
Computer software	3 years
Other Equipment	10-12 years
Motor Vehicles	4-7 years
Other Vehicles	10 years

(j) Measurement uncertainty

The preparation of these financial statements in accordance with Treasury Board accounting policies which are consistent with Canadian generally accepted accounting principles for the public sector requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses reported in the financial statements. At the time of preparation of these statements, management believes the estimates and assumptions to be reasonable. The most significant items where estimates are used are the liability for employee severance benefits and the useful life of tangible capital assets. Actual results could significantly differ from those estimated. Management's estimates are reviewed periodically and, as adjustments become necessary, they are recorded in the financial statements in the year they become known.

3. Parliamentary Appropriations

The agency receives most of its funding through annual Parliamentary appropriations. Items recognized in the statement of operations and the statement of financial position in one year may be funded through Parliamentary appropriations in prior, current or future years. Accordingly, the agency has different net cost of operations for the year on a government funding basis than on an accrual accounting basis. The differences are reconciled in the following tables:

(a) Reconciliation of net cost of operations to current year appropriations used:

(in dollars)	**2007**	2006
Net cost of operations	**535,756,538**	493,682,732
Adjustments for items affecting net cost of operations but not affecting appropriations:		
Add (Less):		
Amortization of tangible capital assets	**(6,920,987)**	(6,263,550)
Services provided without charge by other government departments	**(19,418,194)**	(17,600,000)
Revenues not available for spending	**296,270**	193,247
Refund/Adjustment of previous years expenses	**3,259,280**	6,413,953
Gain (loss) on disposal of tangible capital assets	**(14,112)**	12,367
Proceeds on disposal of tangible capital assets	**(1,287)**	(12,367)
Allowance for Contingent Liabilities	**(350,000)**	0
Vacation pay and compensatory leave	**(1,044,707)**	(763,019)
Decrease (increase) in severance benefits	**(4,402,963)**	(4,374,270)
Justice Canada legal fees	**(1,022,689)**	(808,786)
Other non appropriated amounts	**(36,688)**	11,312
	(29,656,077)	(23,191,113)
Adjustments for items not affecting net cost of operations but affecting appropriations:		
Add (Less):		
Acquisitions of tangible capital assets	**4,711,940**	6,674,778
	4,711,940	6,674,778
Current year appropriations used	**510,812,401**	477,166,397

3. Parliamentary Appropriations (continued)

(b) Appropriations provided and used:

(in dollars)	2007	2006
Operating expenditures - Vote 35 (2006 Vote 30)	**299,278,000**	234,719,000
Supplementary Vote 35a	**30,730,105**	0
Supplementary Vote 35b	**0**	0
Governor General's Special Warrants	**0**	59,164,660
Grants and contributions - Vote 40 (2006 Vote 35)	**179,306,000**	164,009,000
Supplementary Vote 40a	**6,018,366**	0
Supplementary Vote 40b	**0**	0
Governor General's Special Warrants	**0**	645,000
Transfer from Treasury Board - Vote 5	**293,605**	15,415,000
Transfer from TB - Vote 10	**(62,500)**	0
Transfer from TB - Vote 15	**(1,635,000)**	0
Total Voted Parliamentary Appropriations	**513,928,576**	473,952,660
Lapsed appropriations:	**(26,306,443)**	(19,842,269)
Total Voted Parliamentary Appropriations Used	**487,622,133**	454,110,391
Contributions to employee benefit plans	**23,188,745**	23,043,639
Spending of proceeds from the disposal of surplus Crown assets	**1,287**	12,367
Collection Agency Fees	**236**	0
Current year appropriations used	**510,812,401**	477,166,397

(c) Reconciliation of net cash provided by Government to current year appropriations used:

(in dollars)	2007	2006
Net cash provided by Government	**496,428,140**	444,077,642
Revenue not available for spending	**296,270**	193,247
Refund/Adjustment of previous years expenses	**3,259,280**	6,413,953
Change in net position in the Consolidated Revenue Fund		
Variation in accounts receivable and advances	**(2,182,890)**	(5,052,368)
Variation in accounts payables and accrued liabilities	**13,709,894**	31,934,371
Variation in other liabilities	**361,084**	397,025
Justice Canada legal fees	**(1,022,689)**	(808,786)
Other adjustments	**(36,688)**	11,313
Change in net position in the Consolidated Revenue Fund	**10,828,711**	26,481,555
Current year appropriations used	**510,812,401**	477,166,397

4. Accounts receivable and advances

(in dollars)	2007	2006
Receivables from other Federal Government departments and agencies	**6,667,560**	4,724,495
Receivables from external parties	**1,376,712**	1,142,623
Employee advances	**23,546**	17,810
	8,067,818	5,884,928

5. Tangible capital assets

Cost (in dollars)	Opening Balance	Acquisitions	Disposals and write offs	Closing balance
Land	604,137	0	0	**604,137**
Buildings	71,681,239	60,000	0	**71,741,239**
Works and Infrastructure	564,425	0	0	**564,425**
Machinery and Equipment	35,725,663	3,838,279	(439,289)	**39,124,653**
Computer Equipment	2,957,453	116,879	0	**3,074,332**
Computer Software	896,107	145,954	0	**1,042,061**
Other Equipment	1,749,379	550,828	0	**2,300,207**
Motor Vehicles	129,190	0	0	**129,190**
Other Vehicles	84,253	0	0	**84,253**
	114,391,846	4,711,940	(439,289)	**118,664,497**

Accumulated Amortization (in dollars)	Opening Balance	Amorization	Disposals and write offs	Closing balance
Buildings	25,795,047	2,866,990	0	**28,662,037**
Works and Infrastructure	24,479	22,577	0	**47,056**
Machinery and Equipment	20,312,096	3,069,295	(423,890)	**22,957,501**
Computer Equipment	1,524,612	543,163	0	**2,067,775**
Computer Software	571,080	182,238	0	**753,318**
Other Equipment	296,249	219,823	0	**516,072**
Motor Vehicles	41,859	16,901	0	**58,760**
Other Vehicles	84,253	0	0	**84,253**
	48,649,675	6,920,987	(423,890)	**55,146,772**

Net Tangible Capital Assets (in dollars)	Opening Balance	Closing balance
Land	604,137	**604,137**
Buildings	45,886,192	**43,079,202**
Works and Infrastructure	539,946	**517,369**
Machinery and Equipment	15,413,567	**16,167,152**
Computer Equipment	1,432,841	**1,006,557**
Computer Software	325,027	**288,743**
Other Equipment	1,453,130	**1,784,135**
Motor Vehicles	87,331	**70,430**
Other Vehicles	0	**0**
	65,742,171	**63,517,725**

Amortization expense for the year ended March 31,2007 is $6,920,987 (2006: $6,263,550)

6. Employee benefits

(a) Pension benefits

The agency's employees participate in the Public Service Pension Plan, which is sponsored and administered by the Government of Canada. Pension benefits accrue up to a maximum period of 35 years at a rate of 2 percent per year of pensionable service, times the average of the best five consecutive years of earnings. The benefits are integrated with Canada/Québec Pension Plans benefits and they are indexed to inflation.

Both the employees and the agency contribute to the cost of the Plan. The expense presented below represents approximately 2.2 times the contributions by employees.

(in dollars)	**2007**	2006
Expense for the year	**17,090,105**	17,052,293

The agency's responsibility with regard to the Plan is limited to its contributions. Actuarial surpluses or deficiencies are recognized in the financial statements of the Government of Canada, as the Plan's sponsor.

(b) Severance benefits

The agency provides severance benefits to its employees based on eligibility, years of service and final salary. These severance benefits are not pre-funded. Benefits will be paid from future appropriations. Information about the severance benefits, measured as at March 31, is as follows:

(in dollars)	**2007**	2006
Accrued benefit obligation, beginning of year	**24,109,715**	19,735,444
Expense for the year	**5,019,311**	5,268,011
Benefits paid during the year	**(616,348)**	(893,740)
Accrued benefit obligation, end of year	**28,512,678**	24,109,715

7. Contractual Obligations

The nature of the agency's activity results in multi-year contracts and obligations whereby the agency will be committed to make some future payments when the services/goods are received. Contractual obligations that can be reasonably estimated are as follows:

(in dollars)	**2007**	**2008**	**2009**	**2010**	**2011 and thereafter**	**Total**
Transfer payments	**25,800,000**	**4,700,000**	**50,650,000**	**4,750,000**	**45,900,000**	**131,800,000**

8. Related party transactions

The agency is related as a result of common ownership to all Government of Canada departments, agencies, and Crown corporations. The agency enters into transactions with these entities in the normal course of business and on normal trade terms. Also, during the year, the agency received services which were obtained without charge from other Government departments as presented in part (a).

(a) Services provided without charge

During the year the agency received services without charge from other departments. These services without charge have been recognized in the agency's Statement of Operations as follows:

(in dollars)	**2007**	2006
Accommodation	**7,800,000**	7,000,000
Employer's contribution to the health and dental insurance plans	**11,547,800**	10,600,000
Legal services	**70,394**	0
	19,418,194	17,600,000

The Government has structured some of its administrative activities for efficiency and cost-effectiveness purposes so that one department performs these on behalf of all without charge. The costs of these services, which include payroll and cheque issuance services provided by Public Works and Government Services Canada, are not included as an expense in the agency's Statement of Operations.

(b) Payables and receivables outstanding at year-end with related parties:

(in dollars)	**2007**	2006
Accounts receivable with other government departments and agencies	**6,667,560**	4,724,495
Accounts payable to other government departments and agencies	**6,555,838**	5,484,462

9. Comparative information

Comparative figures have been reclassified to conform to the current year’s presentation.

Table 11: Response to Parliamentary Committees, and Audits and Evaluations

Response to Parliamentary Committees
The Standing Committee on Health tabled a report on September 18, 2006 entitled, *Even One is too Many: A call for a comprehensive action plan for Fetal Alcohol Spectrum Disorder.* The four recommendations in the report focus on: 1) the development of a comprehensive federal and national FASD action plan; 2) addressing issues around leadership, coordination and implementation of an FASD plan; 3) improving data collection and incidence and prevalence reporting; and, 4) putting in place a mechanism for evaluating and reporting to Parliament on FASD activities. For more details: http://cmte.parl.gc.ca/cmte/CommitteePublication.aspx?COM=10481&Lang=1&SourceId=169974 On March 27, 2007, the Standing Committee on Health (HESA) tabled a report on childhood obesity, entitled *Healthy Weights for Healthy Kids*. Calling childhood obesity an "epidemic", HESA seeks immediate federal action to halt and reverse the increasing number of overweight/obese children in Canada. The Report recognizes that underlying determinants of health affect children and their parents and their ability to make healthy choices. HESA calls upon all stakeholders to collaborate on comprehensive, coordinated, multi-sectoral measures to promote healthy weights for children through increased access to healthy food choices and quality physical activity. Throughout the Report, HESA encourages the Government of Canada (GoC) to collaborate with First Nations and Inuit people (FN/I) to prevent childhood obesity. For more details: http://cmte.parl.gc.ca/cmte/CommitteePublication.aspx?COM=10481&Lang=1&SourceId=199309

Response to the Auditor General including to the Commissioner of the Environment and Sustainable Development (CESD)

The May 2006 status report of the Auditor General included one Chapter which referred to the Public Health Agency of Canada. Chapter 6, Management of Voted Grants and Contributions. The objective of this audit was to determine the extent to which the government has ensured effective government-wide management and control of the spending of public money through grants and contributions. In terms of coverage for the Agency, the Community Action Program for Children was audited. Overall, Canadian Heritage, SSHRC and the Agency met the OAG audit criteria, and found their processes for assessing applicant's eligibility to be satisfactory. The OAG concluded that the Agency's progress in terms of monitoring was satisfactory.

The February 2007 status report of the Auditor General included one Chapter implicating Health Canada and the Public Health Agency of Canada. Chapter 1: Advertising and Public Opinion Research. The audit looked at a sample of advertising and public opinion research campaigns to see whether the departments administering them were exercising adequate management and control and whether changes made in response to the 2003 audit recommendations were effective.

The OAG found that in all but one case the departments had obtained the necessary approval from Cabinet before initiating the campaign. With the Public Health Agency of Canada pandemic influenza campaign, there was no Cabinet decision for the campaign. The Agency explained that a proposal was not submitted for PCO approval and that an advertising agency was hired to develop a campaign that would only be launched in case of a pandemic. The Government Advertising Committee was informed of this and acknowledged this course of action in the Committee's records of proceedings. Due to the nature of the campaign, the OAG was satisfied with the explanation provided by the department.

There was one recommendation: Departments should ensure that the required notification of planned research is provided to PWGSC prior to contacting research firms. Agency management agrees with the recommendation and the Agency's processes have been amended to ensure that we comply with the requirement.

External Audits (conducted by the Public Service Commission of Canada or the Office of the Commissioner of Official Languages.)

There was no external audit performed by the Public Service Commission or the Commissioner of Official Languages in 2006-07.

Internal Audits

While a number of projects were started, no Internal Audits were completed in 2006-07. The Agency's Chief Audit Executive was hired in December 2006 and most efforts in the last quarter of 2006-07 were devoted to the infrastructure of the newly created Audit Services Division.

Evaluations

The following evaluations were completed in 2005-06:

- Aboriginal Head Start in Urban and Northern Communities
- Canadian Health Network
- Canadian Diabetes Strategy
- Centres of Excellence for Children's Well-Being

Evaluations Completed in 2006-07:

- Hepatitis C Prevention, Support and Research Program
- National Health Surveillance Infostructure Initiative

The status of the remaining evaluation reports are as follows:

- Fetal Alcohol Spectrum Disorder – Scheduled for 2008-09
- Canadian Strategy for Cancer Control – Not an Agency program, cancer-related programs are included in the Integrated Strategy for Health Living and Chronic Disease
- Canadian Breast Cancer Initiative – Community Capacity Building Initiative – Scheduled for 2008-09
- Bovine Spongiform Encephalopathy (BSE) – Completed. Health Canada was the lead department.
- Falls Prevention Initiative – No longer has program authority – ended in 2004.
- National Immunization Strategy – Scheduled for 2007-08

(Note: some evaluation reports' due dates have changed from those planned in the 2006-07 Report on Plans and Priorities)

Table 12: Sustainable Development Strategy

Topic	Departmental Input
1. What are the key goals, objectives, and/or long-term targets of the SDS?	During 2006-07, the Agency was still contributing to the Health Canada Sustainable Development Strategy 2004-2007. Health Canada will be reporting on those goals and objectives. Under that Strategy, the Agency had one target, which was completed in 2005-2006. Also during 2006-07, as part of its planning process and to support the federal government's sustainable development (SD) initiative, the Agency developed and tabled in Parliament two Sustainable Development Strategies: the first in August, to meet legislative obligations; and the second, in December to offer a more robust plan and to coordinate with some 30 other departments. During the development of the SDS, the Agency assessed how best to further incorporate SD principles and values into its policy and operations. The following SDS goals were identified: 1. Incorporate SD considerations into the planning and implementation of Agency activities 2. Ensure that the Agency conducts its operations in a sustainable manner. 3. Build capacity to implement Goals 1 and 2.
2. How do your key goals, objectives, and/or long-term targets help achieve your department's strategic outcomes?	The focus for 2006-07 was on exploring the link between sustainable development and public health. The Agency's SD Strategy 2007-2010 states that SD cannot be achieved without a healthy population, and the health of the population cannot be maintained without a healthy environment. The SD Strategy, therefore, supports the Agency's 2006-07 strategic outcome: *'Healthier population by promoting health and preventing disease and injury'*. The following objectives support the SDS goals: 1.1 Contribute to building healthy and sustainable communities 1.2 Improve the health status of Canadians by fostering preventive and collaborative approaches to SD among the Agency and its partners 2.1 Maximize the use of green procurement 2.2 Minimize the generation of hazardous waste in Agency-occupied facilities 2.3 Increase resource efficiencies in the operations of Agency buildings 3.1 Develop knowledge, commitment and action to implement SD approaches to health public policy 3.2 Develop and use the tools to support the achievement of Goal 1 and 2. 3.3. Establish management systems, roles and responsibilities, authorities and accountabilities to support SDS.

Topic	Departmental Input
3. What were your targets for the reporting period?	The target for the reporting period was to meet the legislated requirement to table an SDS within two years of the establishment of the Public Health Agency of Canada. This target was met on August 16.
4. What is your progress to date?	The focus for 2006-07 was on establishing targets for the Agency's first SD Strategy. In its full strategy, the Agency published 23 SD targets for the 2007-2010 reporting period.
5. What adjustments have you made, if any?	Development of the Agency's first Strategy involved analysis of past targets from the former Population and Public Health Branch and of audit findings and expectations provided by the Commissioner of the Environment and Sustainable Development. The Agency's second Strategy built upon the first Strategy by presenting a more comprehensive set of targets and by providing a management framework with performance indicators.

Table 13: Procurement and Contracting

Information on Procurement and Contracting can be found at http://www.tbs-sct.gc.ca/est-pre/estime.asp.

Table 14: Horizontal Initiatives

The Public Health Agency of Canada participates in the following horizontal initiatives:

1. Federal Initiative to address HIV/AIDS in Canada
2. Preparedness for Avian and Pandemic Influenza

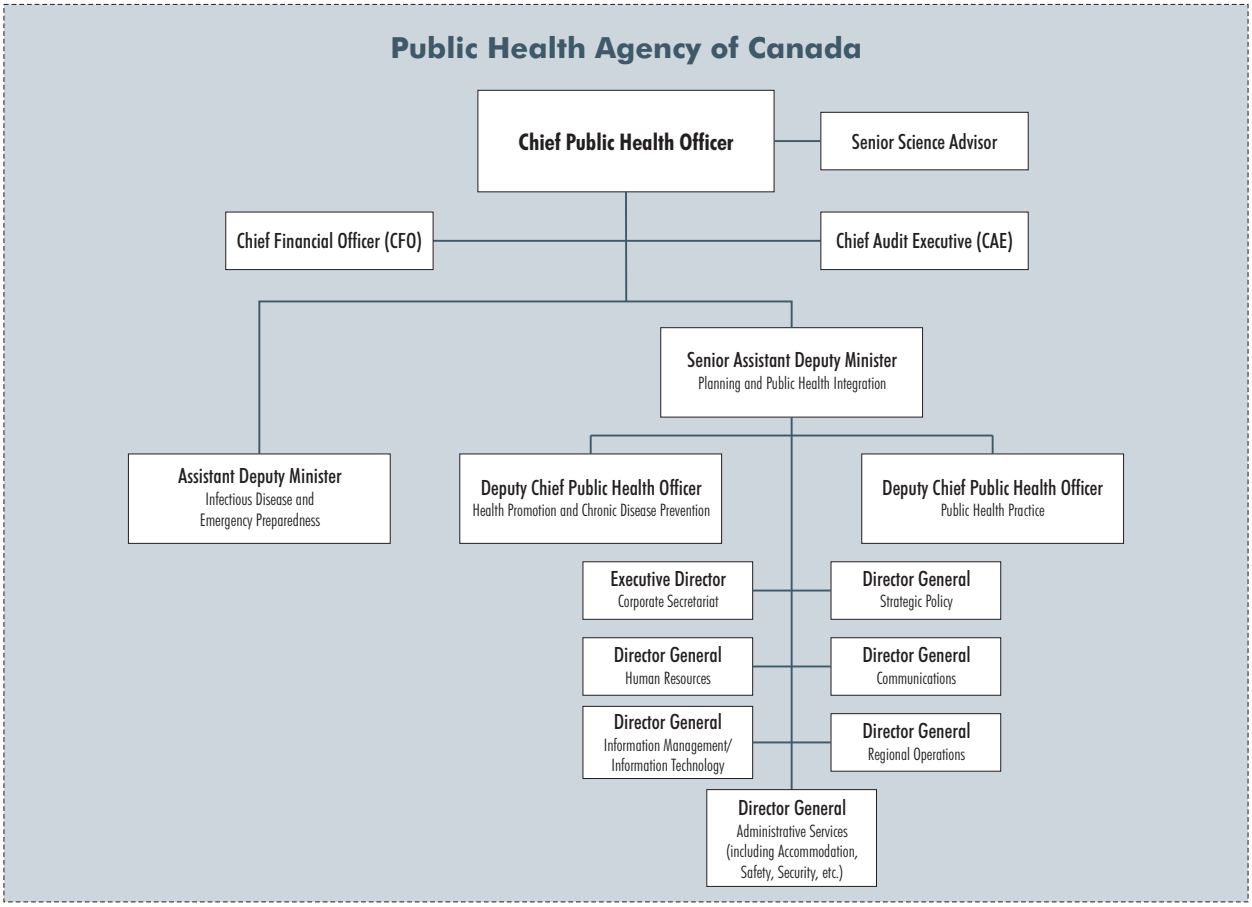
Supplementary information on these horizontal initiatives can be found at http://www.tbs-sct.gc.ca/est-pre/estime.asp.

Table 15: Travel Policies

Information on the Agency's travel policies can be found at http://www.tbs-sct.gc.ca/est-pre/estime.asp.

Other Items of Interest

Organizational Chart



Strategic Plan 2007-2012: *Information, Knowledge, Action*

The Agency developed its first ever Strategic Plan in 2006-07. The Strategic Plan will guide the Agency's directions over the next five years by establishing its policy and programming priorities, and defining the areas where it needs to align its efforts and resources to support these priorities. Clear strategic directions and priorities will provide the policy overlay to ensure that annual business plans are well-integrated, resources are aligned accordingly, and the entire effort is supported by integrated human resources planning and clear accountabilities. The Plan also provides the foundation for the Agency to critically review all of its programs and make decisions concerning rationalization, reallocation, adjustment and re-engineering, with a view to enhance the management and effective delivery of the Agency's programs.

In its Strategic Plan, the Agency has set out three objectives:

1. *Anticipate and respond to the health needs of Canadians*

   In support of this strategic objective, the Agency will focus on a number of priorities that are critical to its abilities to reduce health disparity and contribute to a stronger public health capacity. Central to this objective will be the ability of the Agency to effectively fulfill its mandate, maintaining credibility and enhancing its already strong reputation. The policy and program priorities in this section represent specific areas where the Agency has made a clear decision to make significant headway over the next five years in addressing major public health challenges, key determinants of health, health disparities among Aboriginal peoples, children, and seniors, and gaps in public health capacity.

2. *Ensure actions are supported by integrated information and knowledge functions*

   Programs and research in the Agency will be aligned to support the priorities identified under the first objective. Key to the success of the alignment will be better linkages between the Agency's information and knowledge development functions and its actions.

3. *Further develop* the Agency's *dedicated, professional workforce by providing it with the tools and leadership it needs and by ensuring a supportive culture*.

   To continue providing high quality public health programming, research and advice, the Agency needs to ensure that the organization and its people have the necessary organizational, management and cultural supports. The objective is about making sure that the Agency is well-positioned and equipped to address the first two objectives. Simply put, it is about managing to deliver on priorities.

In meeting these objectives, the Agency will strive to reach new levels of engagement of its many partners, including Health Canada and the rest of the Health Portfolio, other federal departments, the provinces and territories, stakeholders, and non-governmental organizations. By working collaboratively to deliver on the priorities outlined in the Strategic Plan, the Agency will be well-positioned to make an effective contribution to achieving the unified vision of the Minister of Health and the Government of Canada of healthier Canadians and communities in a healthier world.

Corporate Business Planning

In 2006-07, the Agency made progress with its initial Corporate Business Plan, an important initiative designed to assist in moving forward the five-year Strategic Plan. The Agency's program and support areas identified their objectives, challenges, and strategies in developing the Agency's initial business plan, and laid the foundation for an effective annual business planning process.

In addition, an integrated human resources and business planning methodology was developed to aid the Agency in addressing current and future human resource needs through review of the current workforce, forecasting work requirements and the use of gap analysis to assess the Agency's capacity to deliver on plans and priorities. The planning approach stimulated considerable analysis and strategic thinking within organizational units inside the Agency. When the integrated business and human resources planning methodology was developed the Agency was in an organizational review and restructuring phase, and was still in the process of finalizing its five-year Strategic Plan. Generation of a cohesive and comprehensive integrated business and human resources plan for the Agency is planned for 2007-08.

Human Resources Management

The Agency developed an infrastructure to support effective labour-management consultation and communication so that by the end of the 2006-07 it had two consultation fora for labour and employee issues: the National Labour-Management Consultation Committee (NLMCC) and the Human Resources Labour Consultation Committee (HRLCC). The NLMCC met once in 2006-07 following its creation and the HRLCC also met to discuss various matters and was able to address and advance several key issues.

Since the establishment of the two committees there was clear evidence of a change in management's position vis-à-vis consultation and communication with bargaining agents. In the past, managers had been hesitant to consult with and inform bargaining agents on issues affecting their members. However, after committee establishment, there was a steady transition towards transparency and openness, not only in dialogue, but also in better acceptance of the bargaining agent's involvement in decision-making and co-development of policies and procedures.

The Agency made considerable progress in training managers on the new staffing regime established through the Public Service Modernization Act as a requirement for delegation of staffing authorities. Subsequent to this training an openness was seen on the part of managers to be more closely engaged in the appointment process, to take greater accountability for staffing decisions, and to receive training and information on new trends and approaches.

Also in connection with staffing, departmental policies developed to govern the application of the new Public Service Employment Act in the Agency were reviewed for their applicability and effectiveness. As a consequence, a policy related to acting appointments was introduced and related staffing policies were amended to maintain internal consistency.

As part of building its internal capacity to meet its mandate, during 2006-07, a comprehensive review of the human resources services provided by Health Canada under the Memorandum of Understanding between the Agency and Health Canada was undertaken. This was the first review since the creation of the Public Health Agency of Canada in September 2004 and included the National Capital Region, the Winnipeg pillar and the regional offices across Canada. Its purpose was to ensure that the services provided made good business sense

for both organizations under the Health Portfolio in terms of effectiveness, accountability and cost efficiency. As a result of this review, the Agency made further progress in establishing its own infrastructure to deliver human resources services from within the Agency so that, by end of year, corporate human resources policies, labour relations, and human resources planning became the sole responsibility of the Agency and were managed independently of Health Canada.

Sustainable Development

The Auditor General of Canada has called for better leadership and management in relation to horizontal issues. The Agency's first comprehensive sustainable development (SD) strategy responds to federal leadership on Sustainable Development matters by aligning its commitments with federal SD goals, objectives and guidelines. Within SD Strategy 2007-2010, the Agency incorporates recommendations by the Commissioner of the Environment and Sustainable Development for demonstrated progress in sustainable development and a result-based approach to the management of sustainable development initiatives. In addition, the strategy furthers the concept of horizontality by demonstrating the integration of economic, social and environmental considerations within a public health context. In its sustainable development strategy, the Agency commits to coordinating and collaborating with other departments such as Health Canada, Transport Canada's Active Transportation Initiatives and with the partners in the Northern Antibiotic Resistance Partnership.

Completion of the SD strategy contributed to the Agency's risk management activities by identifying opportunities for risk mitigation through sustainable development commitments.

Risk Communications Framework

The *Strategic Risk Communications Framework and Handbook* was launched by the Chief Public Health Officer, and is a new and unique tool designed to enable the Agency to integrate strategic risk communications into effective risk management.

The Framework and Handbook gives Agency employees involved in risk management and risk communications a science-based process to support effective decision-making. It provides the essential tools and techniques needed to enable us to plan and conduct effective risk communication as an integral component of good decision-making with stakeholders and ultimately the Canadian public.

Work on the Framework and Handbook had been underway for three years. A pilot project was successfully conducted at Health Canada in 2005 and subsequently the Agency's Executive Committee approved the Framework and its implementation at the Agency.

As the group responsible for promoting the Agency-wide adoption and implementation of strategic risk communications, the Communications Directorate began providing support and guidance on how to apply the Framework. Risk communications training began for communications, policy and program employees working together on risk issues. Plans for full implementation through training and application were put in place with the intention of integrating risk communications into the Agency approach to effective decision-making and communications.

Centre for Excellence in Evaluation and Program Design

In 2006-07, the Agency's Centre for Excellence in Evaluation and Program Design established an Agency Evaluation Advisory Committee. The Committee has a chair at the Deputy Chief Public Health Officer level, and is composed of five additional voting members. The Chief Audit Executive also participates as a non-voting member. Members' key responsibilities include reviewing and recommending evaluation reports for Chief Public Health Officer (CPHO) approval, reviewing the accompanying management response and action plans and recommending them for CPHO acceptance, overseeing the development and implementation of an Agency evaluation policy, reviewing the effectiveness of the Agency's evaluation function, and reviewing the Agency's risk-based evaluation plan and recommending it for CPHO approval. In 2006-07, the Committee reviewed five Agency program evaluation reports and recommended them for approval by the Chief Public Health Officer and subsequent submittal to the Treasury Board Secretariat.

The Centre for Excellence in Evaluation and Program Design also initiated significant development work on a five-year risk based evaluation plan which is a requirement of the Treasury Board Secretariat. The evaluation plan will also ensure Agency programs will be provided with appropriate levels of advice and guidance based on the timing of their upcoming evaluations and the estimated level of risk associated with the program.

Economics and Social Science Services Group (ES) Development Program

The implementation of the ES Development program continued. It is a career development and recruitment program targeting the Agency's ES workforce. The first external recruitment was completed and qualified candidates were scheduled to start their ESDP placements in the new fiscal year.

New Program Activity Architecture for 2007-08

During 2005-06 the Agency had a single strategic outcome and a single program activity. An enhanced Program Activity Architecture, to take effect during fiscal year 2007-08, was developed to reflect the Agency's responsibilities, and to enable a more detailed reporting on accomplishments and resource use. Plans to develop additional components of the Agency's Management Results and Reporting Structure were rescheduled to align with a government-wide process to be completed during 2007-08.

CROSSWALK		
	2006-07	2007-08
Strategic Outcome	Healthier Population by promoting health and preventing disease and injury	Healthier Canadians and a stronger public health capacity
Program Activity(ies)	Population and Public Health	Health Promotion
		Disease Prevention and Control
		Emergency Preparedness and Response
		Strengthen Public Health Capacity
		Program Management and Support

Program Activities for 2007-08	Program Activity Descriptions
Health promotion	In collaboration with partners, the Public Health Agency of Canada supports effective actions to promote healthy living and address the key determinants of health and major risk factors for chronic disease, by contributing to knowledge development, fostering collaboration, and improving information exchange among sectors and across jurisdictions.
Disease prevention and control	In collaboration with its partners, the Agency leads federal efforts and mobilizes domestic efforts to protect national and international public health. These include: ■ monitoring, researching and reporting on diseases, injuries, health risks and the general state of public health in Canada and internationally; and ■ supporting development of knowledge; intersectoral and international collaboration; and developing policies and programs to prevent, control and reduce the impact of disease and injury
Emergency Preparedness and Response	The Public Health Agency of Canada provides a national focal point for anticipating, preparing for, responding to and facilitating recovery from threats to public health, and/or the public health complications of natural disasters or human caused emergencies. The Agency applies the legislative and regulatory provisions of *The Quarantine Act*. It collaborates with international partners to identify emerging disease outbreaks around the globe. Providing leadership in identifying and addressing emerging threats to the health and safety of Canadians through surveillance, risk analysis and risk management activities, the Agency partners with Health Canada, other federal departments, the provinces and territories, international organizations and the voluntary sector to identify, develop and implement preparedness priorities. The Public Health Agency of Canada manages and supports the development of health-related emergency response plans for natural and human caused disasters including the National Influenza Response Plan. The Agency is actively engaged in developing and sponsoring training in emergency preparedness, and coordinates counter-terrorism preparations to respond to accidents or suspected terrorist activities involving hazardous substances. The Agency is a leader on biosafety related issues. It stands ready to provide emergency health and social services, and manages the National Emergency Stockpile System with holdings ranging from trauma kits to complete 200 bed emergency hospitals.
Strengthen Public Health Capacity	Working with national and international partners, the Agency develops and provides tools, applications, practices, programs and understandings that support and develop the capabilities of front-line public health practitioners across Canada. The Agency facilitates and sustains networks with provinces, territories, and other partners and stakeholders to achieve public health objectives. The Agency's work improves public health practice, increases cross-jurisdictional human resources capacity, contributes to effective knowledge and information systems, and supports a public health law and policy system that evolves in response to changes in public needs and expectations.

Abbreviations Used in This Report

Abbreviations	Meaning
AHSUNC	Aboriginal Head Start in Urban and Northern Communities program
APEC	Asia-Pacific Economic Cooperation
C. difficile	Clostridium difficile
CAREID	Canada-Asia Regional Emerging Infectious Diseases
CARMEN	Conjunto do Acciones para la Reduccion Multifactorial de las Enfermedades No Tranmisibles (PAHO initiative)
CBCI	Canadian Breast Cancer Initiative
CBCRA	Canadian Breast Cancer Research Alliance
CCDPC	Centre for Chronic Disease Prevention and Control
CDCEG	Communicable Disease Control Expert Group
CDS	Canadian Diabetes Strategy
CEPR	Centre for Emergency Preparedness and Response (Agency sub unit)
CFLRI	Canadian Fitness and Lifestyle Research Institute
CFTC	Child Fitness Tax Credit
CHIRPP	Canadian Hospitals Injury Reporting and Prevention Program
CHN	Canadian Health Network
CHP	Centre for Health Promotion (Agency sub unit)
CIDA	Canadian International Development Agency
CIDPC	Centre for Infectious Disease Prevention and Control (Agency sub unit)
CIHI	Canadian Institute for Health Information
CINDI	Countrywide Integrated Non-communicable Disease Intervention
CIPARS	Canadian Integrated Program for Antimicrobial Resistance Surveillance
CNCD	Chronic Non-communicable Disease
CNISP	Canadian Nosocomial Infection Surveillance Program
CPAC	Canadian Partnership Against Cancer
CPHN	Canadian Public Health Network
CPHO	Chief Public Health Officer
CRG	Canadian Reference Group
CSCC	Canadian Strategy for Cancer Control
EOC	Emergency Operations Centre
EURO	Regional Office for WHO for Europe
FASD	Fetal Alcohol Spectrum Disorder

Abbreviations	Meaning
GPHIN	Global Public Health Intelligence Network
HBSC	Health Behaviours of School-aged Children
HERT	Health Emergency Response Team
HLIG	Healthy Living Issue Group
HPV	Human Papillomavirus
IDEP	Infectious Disease and Emergency Preparedness Branch (Agency sub unit)
iPHIS	Integrated Public Health Information System
JCSH	Joint Consortium for School Health
LFZ	Laboratory for Foodborne Zoonoses (Agency sub unit)
NACI	National Advisory Committee on Immunization
NAS	National Antiviral Stockpile
NCC	National Collaborating Centres
NCD	Non-communicable Disease
NDSS	National Diabetes Surveillance System
NESP	National Enteric Surveillance Program
NESS	National Emergency Stockpile System
NGO	Non-governmental Organization
NML	National Microbiology Laboratory (Agency sub unit)
NVHO	Financial Assistance to National Voluntary Health Organizations
PACP	Physical Activity Contribution Program
PAHO	Pan-American Health Organization (Regional Offices for WHO for the Americas)
PHAC	Public Health Agency of Canada
PHMG	Public Health Map Generator
PHPRO	Public Health Practice and Regional Operations Branch (Agency sub unit during 2006-07)
PPS	Pandemic Preparedness Secretariat (Agency sub unit)
PSC	Public Safety Canada
SARS	Severe Acute Respiratory Syndrome
SDOH	Social Determinants of Health
STI	Sexually Transmitted Infection
TBS	Treasury Board of Canada Secretariat
TPSAD	Transfer Payment Services and Accountability Division (Agency sub unit)
WHO	World Health Organization
WNV	West Nile Virus