

Public Health Agency of Canada

2007-2008

Report on Plans and Priorities

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Tony Clement
Minister of Health

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Section I – Overview

Message from the Minister of Health

I am pleased to present the Public Health Agency of Canada's *2007-2008 Report on Plans and Priorities*, an outline of the organization's corporate direction for the coming year. Health and access to a strong and effective health care system continue to be among the highest priorities for Canadians. These are priorities that are shared by Canada's New Government, and they continue to be my paramount concerns as Minister of Health.



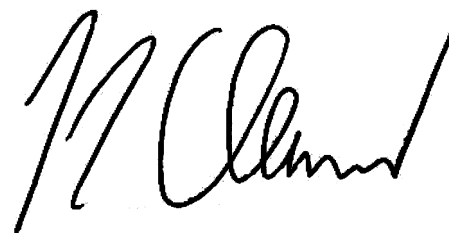
In this role, I recognize the key contributions of the Public Health Agency of Canada and the Chief Public Health Officer to improving health and strengthening the health care system. This is why my first piece of federal legislation was the introduction of Bill C-5, *The Public Health Agency of Canada 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 not only enhances the federal government's ability to plan for and respond to public health emergencies, such as SARS or pandemic influenza, but it ensures ongoing leadership in, and a strengthening of, the public health infrastructure in Canada.

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, is working to address health promotion and chronic disease prevention and control through a combination of integrated and disease specific strategies and programs.

The Public Health Agency is also helping our government provide Canadians with safe and secure communities by effectively reducing the threat of infectious diseases and chemical and biological agents. In particular, the *Canadian Pandemic Influenza Plan for the Health Sector*, developed by federal, provincial and territorial governments, provides guidance regarding 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 Public Health Agency and its federal partner departments will continue to build on the plan and enhance other initiatives already underway.

While leading on federal efforts to prevent disease and injury and to promote and protect national and international public health, the Public Health Agency of Canada will continue 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 plans and priorities of the Public Health Agency of Canada.

A handwritten signature in black ink, appearing to read 'Tony Clement', written in a cursive style.

Tony Clement
Minister of Health

Message from the Chief Public Health Officer

Public health is truly the foundation of a prosperous society. It is the vital role of the Public Health Agency of Canada to help create and assure the conditions that strengthen this foundation by ensuring that we, as a society, are constantly moving to eliminate the disparities and inequalities in our health and health status. This is one way in which we are fulfilling our mission of promoting and protecting the health of all Canadians.



As Canada's Chief Public Health Officer, it is my role 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.

This role of the Chief Public Health Officer and the status of the Public Health Agency of Canada as a separate entity in the health portfolio were approved by Parliament in the *Public Health Agency of Canada Act* which entered into force on December 15, 2006. This legislation will allow the Agency to continue with its mandate to assist the Minister of Health in fulfilling his public health responsibilities while it builds on its many concrete achievements since its creation in 2004.

Public health often receives its greatest attention during times of crisis, and one of the Public Health Agency's highest priorities is to prepare and plan for such events, including pandemic influenza. The federal, provincial and territorial governments have worked together to develop the *Canadian Pandemic Influenza Plan for the Health Sector*, and the recent \$1 billion investment in pandemic preparedness announced in Budget 2006 will enable the Public Health Agency to continue to work closely with its partners to build on our collective success.

In addition to its role in preparing and planning for emergencies, the Public Health Agency also works to improve the overall health and quality of life of Canadians through programs such as healthy eating and physical activity, thereby reducing the health, social and economic burden of chronic disease in Canada. Ultimately, this will be a vital contribution to the Government's commitment to achieving meaningful reductions in patient wait times.

Public health is complex, and success requires a comprehensive team approach that brings in partners from across all sectors of society. Therefore the Public Health Agency will continue to actively engage 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. And through the plans, priorities and programs outlined in this report, I know we will make real progress in achieving the unified vision of the Minister of Health, the Government of Canada, and the Public Health Agency, of healthier Canadians and communities in a healthier world.

A handwritten signature in black ink, reading "David Butler-Jones". The signature is fluid and cursive, with a prominent flourish at the end.


Dr. David Butler-Jones
Chief Public Health Officer

Management Representation Statement

I submit for tabling in Parliament, the 2007-2008 Report on Plans and Priorities (RPP) for the Public Health Agency of Canada.

This document has been prepared based on the reporting principles contained in the *Guide for the Preparation of Part III of the 2007-2008 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 Agency's Strategic Outcome 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 planned spending numbers from the Treasury Board Secretariat in the RPP.



Dr. David Butler-Jones
Chief Public Health Officer

Program Activity Architecture (PAA) Crosswalk

In 2005-2006, the Agency had a single strategic outcome and a single program activity. An enhanced Program Activity Architecture (PAA), to take effect in fiscal year 2007-2008, has been developed to reflect the Agency's responsibilities, and to enable more detailed reporting on accomplishments and resource use. The following tables present the new strategic outcome and program activities, as well as the previous structure. Additional layers of the activity architecture have also been developed.

CROSSWALK		
	APPROVED (June 22, 2006)	PREVIOUS
Strategic Outcome	Healthier Canadians and a Stronger Public Health Capacity	Healthier Population by Promoting Health and Preventing Disease and Injury
Program Activities	Health Promotion Disease Prevention and Control Emergency Preparedness and Response Strengthen Public Health Capacity Program Management and Support	Population and Public Health

The Public Health Agency of Canada (PHAC) required amendments to the previously approved PAA to reflect structural changes which followed the Agency's creation as a separate government entity. The amendment to the Strategic Outcome (SO) better reflects the enduring benefits to Canadians of the Agency's expanded mission and role, by adding wording that identifies the benefit of increased public health capacity. At the Program Activity level, the existing Program Activity (PA) is split into five PAs. These changes, together, provide parliamentarians and the Canadian public with a clearer picture of the scope of the Agency's work, and support better accountability. The proposed five PAs provide the best possible framework by which expected results and performance measures can be linked to each activity and at all levels, and against which actual results and financial information can be reported.

Management, Resources and Results Structure				
SO and PA Changes Affecting 2007-2008 Estimates, Future Year Estimates and Public Accounts Displays as Well as Reference Levels for 2008-2009 and for Future Years				
Ministry	Department	Changed Strategic Outcomes	Changed Program Activities	Changed Program Descriptions
Health Canada	Public Health Agency of Canada	Healthier Canadians and a Stronger Public Health Capacity	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.

Management, Resources and Results Structure				
SO and PA Changes Affecting 2007-2008 Estimates, Future Year Estimates and Public Accounts Displays as Well as Reference Levels for 2008-2009 and for Future Years				
Ministry	Department	Changed Strategic Outcomes	Changed Program Activities	Changed Program Descriptions
			Disease Prevention and Control	<p>In collaboration with its partners, the Agency leads federal efforts and mobilizes domestic efforts to protect national and international public health. These include:</p> <ul style="list-style-type: none"> • monitoring, researching and reporting on diseases, injuries, health risks and the general state of public health in Canada and internationally; and • supporting the 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	<p>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 <i>Quarantine Act</i>. 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 Canadian Pandemic Influenza Plan for the Health Sector. 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.</p>

Management, Resources and Results Structure					
SO and PA Changes Affecting 2007-2008 Estimates, Future Year Estimates and Public Accounts Displays as Well as Reference Levels for 2008-2009 and for Future Years					
Ministry	Department	Changed Strategic Outcomes	Changed Program Activities	Changed Program Descriptions	
			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.	
			Program Management and Support		

Summary Information

Our Vision – Healthy Canadians and communities in a healthier world

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

Financial Resources (in millions of dollars)		
2007-2008	2008-2009	2009-2010
669.8	582.9	633.1

Human Resources (FTEs)		
2007-2008	2008-2009	2009-2010
2,376	2,415	2,428

Departmental Priorities	
	Type
1. To develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease	On-going
2. To develop, enhance and implement integrated and disease- or condition-specific strategies and programs within the Health Portfolio to promote health and prevent and control chronic disease and injury	On-going
3. To increase Canada’s preparedness for, and ability to respond to, public health emergencies, including pandemic influenza	On-going
4. To strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity	On-going
5. To lead several government-wide efforts to advance action on the determinants of health	On-going
6. To develop and enhance the Agency’s internal capacity to meet its mandate	Previously committed

Program Activities by Strategic Outcome					
	Expected Results	Planned Spending (in millions of dollars)			Contributes to the following priority
		2007-2008	2008-2009	2009-2010	
Strategic Outcome:	Healthier Canadians and a Stronger Public Health Capacity				
Health Promotion	<ul style="list-style-type: none"> · Improved health and well-being. · Improved health behaviours. · Reduced health disparities. 	186.5	187.2	187.2	Priorities 2, 4 and 5
Disease Prevention and Control	<ul style="list-style-type: none"> · Decreased proportion of Canadians who develop or acquire disease. · Maintained and enhanced quality of life; fewer complications and premature deaths in those with disease. · Decreased personal, social and economic burden of disease for individuals and society. · Strengthened response to managing diseases in Canada. 	311.8	285.2	331.6	Priorities 1, 2 and 4
Emergency Preparedness and Response	<ul style="list-style-type: none"> · Canada is one of the countries best prepared to respond to the public health risk posed by natural and human-caused disasters, such as infectious disease outbreaks, hurricanes, floods, earthquakes, and criminal or terrorist acts such as explosions and the release of toxins. 	115.9	54.7	57.9	Priority 3
Strengthen Public Health Capacity	<ul style="list-style-type: none"> · Strengthened public health capacity in Canada through enhancements to the public health workforce, public health information and knowledge systems, and public health law and ethics. 	55.6	55.8	56.4	Priority 4

Operating Environment

Public Health Context

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

Public health focuses on the entire population at both the individual and the community level. It encompasses a range of activities performed by all three levels of government in collaboration with a wide variety of stakeholders and communities across the country. Public health is brought to the forefront in times of crisis, as was observed during the outbreak of SARS (Severe Acute Respiratory Syndrome), and plays a key role in preparedness and planning for crises such as an influenza pandemic. It also includes day-to-day activities (such as immunization campaigns, nutrition counselling and restaurant inspections) that require policy, scientific and analytical support (e.g. laboratory research and analysis, epidemiology, surveillance, knowledge translation). The federal government plays a key role in public health, in conjunction with provincial, territorial and local governments. Federal interests which help to define the federal role in public health include a safe public, equity and solidarity, economic performance and advantage, global citizenship and strengthening federalism. The federal role is based on its responsibility for public health issues (and their causal factors) of national concern and for certain populations, including certain First Nations and Inuit populations, and its direct mandate for infectious disease control at international borders (e.g. quarantine).

The Public Health Agency of Canada

In September 2004, the Public Health Agency of Canada was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians and to increase its focus on public health. The Agency's role is to help build an effective public health system in Canada – one that allows Canadians to achieve better health and well-being in their daily lives, while protecting them from threats to their health security. On December 15, 2006, the *Public Health Agency of Canada Act* came into force. The Act continues the strong tradition of cooperation and collaboration that has been a part of Canada's approach to public health for decades. The Act formally establishes the position of the Chief Public Health Officer (CPHO) and recognizes his unique dual role as deputy head of the Agency and as Canada's lead public health professional.

Dual Role of Chief Public Health Officer

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. In addition to his role as deputy head, the *Public Health Agency of Canada Act* also recognizes that the CPHO is Canada's lead public health professional, with demonstrated expertise and leadership in this field. As such, 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. Stakeholders have made it clear that they want the CPHO to be a credible and trusted voice. Providing the CPHO with authority to speak out on public health matters and ensuring that the CPHO has qualifications in the field of public health will confirm this credibility with stakeholders and with Canadians.

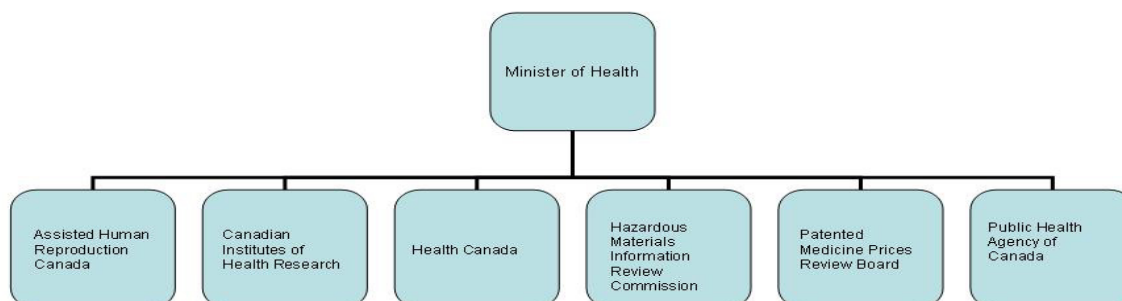
Health Portfolio Overview

The Minister of Health, through the work of the Health Portfolio, is responsible for maintaining and improving the health of Canadians. The Health Portfolio consists of approximately 11,400 employees and an annual budget of over \$4.5 billion.

The Public Health Agency of Canada is a key component of the Government of Canada's Health Portfolio which consists of the following organizations:

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

The following chart illustrates the various components that make up the Health Portfolio:



The Public Health Agency of Canada’s Mandate

The Agency’s primary role is to lead in collaboration with its partners, federal efforts and mobilize pan-Canadian action in preventing disease and injury and promoting and protecting national and international public health through the following:

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

Links to the Government of Canada Outcome Areas

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

Canada’s Performance 2006 – The Public Health Agency of Canada’s Contribution

The Public Health Agency of Canada contributes to the following Government of Canada outcomes noted in *Canada’s Performance 2006*:

Theme	Government of Canada Outcome	Department Strategic Outcome	Program Activities
Social Affairs	Healthy Canadians	Healthier Canadians and a Stronger Public Health Capacity	<ul style="list-style-type: none"> • Health Promotion • Disease Prevention and Control • Emergency Preparedness and Response • Strengthen Public Health Capacity • Program Management and Support

In a manner consistent with the World Health Organization’s definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease, the

Agency focuses on promoting health and minimizing the extent and impact of infectious and chronic diseases, injuries and emergencies. The Agency also seeks to better understand and address the underlying factors leading to health disparities among Canadians. A healthy population and the prevention of disease are requirements for a strong and productive labour force and for reduced pressures on the health care system.

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

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

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

The Agency has made significant progress on a number of fronts, including the role of the updated Canadian Pandemic Influenza Plan for the Health Sector, the National Immunization Strategy and the development of comprehensive, disease-specific approaches to address chronic disease, particularly the Canadian Strategy for Cancer Control. The Agency has also established, with the provinces and territories, the Pan-Canadian Public Health Network as a key mechanism for inter-jurisdictional collaboration and coordination and has provided financial support for the successful start-up of six National Collaborating Centres for Public Health.

The Agency’s laboratories reinforce Canada’s reputation for conducting world-class research, particularly in microbiology and the control of infectious diseases. The Agency has earned praise for the excellent work of its researchers in developing a promising vaccine against Ebola, Marburg and Lassa fevers. Recent studies have demonstrated the effectiveness of the Marburg vaccine as a post-exposure treatment.

Factors Affecting the Health of Canadians

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

Infectious Disease Factors

Increasing globalization has profound and multiple implications for Canada:

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

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

Other factors such as climate change and international terrorism are challenging the health security of Canadians and increasing the risk of national disasters. Events such as the December 2004 Indian Ocean tsunami and Hurricane Katrina in 2005 have highlighted the need for Canada’s public health system to anticipate emergencies and to be prepared to respond effectively when needed. To address the health impacts of such events, public health strategies require an all-hazards approach using robust measures coordinated with provinces and territories, including their Chief Medical Officers of Health. The Agency will continue to make progress towards collaborative, pan-Canadian surveillance and emergency response and will work with international partners to strengthen global collaboration on these issues. The Agency supports an integrated approach to the prevention and control of infectious diseases, associated risk factors and health determinants through the development of evidence-based interventions and public policies.

Chronic Disease Burden

Health is determined by a number of factors, some of which include conditions in society and personal health practices and behaviours. Each person is influenced by factors that determine their risk of chronic disease. Some of these, such as genetics, age and gender, cannot be changed. More and more Canadians, however, are directly associated with one or more risk factors such as smoking, unhealthy eating and physical inactivity that often lead to the major chronic diseases: cardiovascular disease, cancer, diabetes, and respiratory disease.

Over time, 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. Health promotion and associated efforts to reduce or manage risk factors can often prevent or delay the onset of chronic diseases such as cancer, cardiovascular disease and diabetes, and so reduce the number of Canadians waiting for treatment for these diseases.

As identified by the Kirby and Naylor reports on Canada's health system, there is a need to balance investments in traditional health care, health promotion, and chronic disease prevention if the overall burden on the health care system is to be reduced. Experience shows that early investments in health promotion and prevention are needed to control current upward trends and address unhealthy lifestyles. And, when chronic disease cannot be avoided, it can be caught early and managed so people can live better with their condition and avoid complications.

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

Changes in Canadian society have resulted in shifts in consumption patterns and in living and working conditions. These changes have the potential to intensify key risk factors for the leading chronic diseases in Canada and to impose significant costs on the country's economy and society. In 2004, 23.1% of Canadians aged 18 or older, or an estimated 5.5 million adults, were obese.¹ This is much higher than estimates compiled from self-reported data collected in 2003 and earlier.

Chronic diseases such as cardiovascular disease, cancer and diabetes account for two-thirds of all deaths in Canada. In 2005, their toll was approximately 160,000 lives. The WHO estimates that over the next 10 years, over 2 million people will die in Canada from a chronic disease, and it evaluates the economic cost of these premature deaths at more than \$10 billion. In addition, an estimated 3% of Canadians suffer from severe and chronic mental disorders that can cause serious functional limitations and social and economic impairment.

However, a significant portion of this disease burden can be prevented and controlled through public health interventions and knowledge translation and transfer, e.g. by putting knowledge into action. For example, federal, provincial and territorial Health Ministers have set a target to reduce obesity rates by 20% and an objective of increasing physical activity through public health policies and effective action. As well, the Agency was represented on the Governing Council of the Canadian Strategy for Cancer Control (CSCC), and provided the secretariat support for the development and initial implementation of the CSCC. On November 24, 2006,

¹ 2004 Canadian Community Health Survey: Nutrition, Statistics Canada.
<http://www.statcan.ca/Daily/English/050706/d050706a.htm>

the Prime Minister announced the creation of a not-for-profit organization, the Canadian Partnership Against Cancer Corporation (CPACC), which will implement the eight strategic priorities of the CSCC. The CPACC is a platform for knowledge development and transfer that is expected to provide evidence-based knowledge across the cancer continuum, e.g. from prevention to palliative care. With the creation of the Canadian Partnership Against Cancer Corporation (CPACC), the Agency's role in the CSCC will be to serve as a bridge between CPACC and other federal public health activities for chronic diseases.

Determinants of Health and Risk Factors

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

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

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

The Agency Within the Public Health System

As the lead federal organization responsible for public health issues, the Public Health Agency of Canada has a clear leadership role to play in developing and coordinating efforts to meet these challenges. A strong public health system requires a deep, cross-jurisdictional human resources capacity, effective dissemination of knowledge and information systems, and a public health law and policy system that evolves in response to changes in public needs and expectations. Canadians expect engagement, discussion, and quick and effective problem solving. They also expect transparency and accountability, so that they can evaluate the effectiveness of public organizations in meeting their mandates.

The field of public health is continually evolving and includes a wide variety of governments and stakeholders. While the Agency has forged stronger linkages and partnerships, it faces very high expectations. The dynamics of working with provincial and territorial governments pose both challenges and opportunities. The Agency has made significant strides in the establishment of the Pan-Canadian Public Health Network as a key mechanism for collaboration between federal, provincial and territorial governments. The Agency's efforts in 2007-2008 must ensure that this mechanism is optimized and ensure its ongoing capacity to be an effective vehicle for advancing a Canadian public health agenda.

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

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

Building on Success

The Public Health Agency of Canada will continue to meet its responsibilities in providing federal leadership in public health, building domestic and international partnerships to improve health outcomes and building capacity and expertise to meet new challenges that threaten the health of Canadians. Recognizing that the public health system is a jigsaw puzzle where all of the pieces need to fit together, the Agency's focus for the next three years will be on developing and delivering integrated approaches that cross sectors and jurisdictions to promote health, to prevent and control infectious and chronic diseases and injuries, to prepare for and respond to public health emergencies, and to develop public health capacity in a manner consistent with a shared understanding of the determinants of health and of the common factors that maintain health or lead to disease and injury.

The Agency's Priorities

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

The Agency will develop proposals to achieve a more integrated and coordinated approach to managing infectious disease and to improving the health status of those who become infected. This will be done by assessing national capacity to prevent, reduce and control infectious disease; greater integration of policy, research, surveillance and program

interventions; and more effective and efficient use of resources expended to improve health outcomes.

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

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

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

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

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

Building on initial successes such as the establishment of the Pan-Canadian Public Health Network, the Agency will continue to work closely and cooperatively with all of its partners toward a seamless and comprehensive pan-Canadian public health system. Through partnerships and initiatives at the local, regional, national and international levels, and with the help of the National Collaborating Centres for Public Health, the Agency will support public health professionals and stakeholders in their efforts to keep pace with rapidly evolving conditions, knowledge and practices. The Agency will also assist in strengthening the public health workforce.

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

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

will continue to take a broad, determinants-of-health approach in making tangible progress on the Health Goals for Canada.

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

Over the next three years, the Agency will create a framework for results, with a view to providing Canadians with the best guidance and information on what it is trying to achieve, as well as supporting the federal government's sustainable development initiative. The Agency has reviewed its Program Activity Architecture and will develop a performance measurement framework in 2007-2008. The Agency continues work on its corporate risk profile, which will include risk mitigation and risk management strategies, and will respond to increasing requirements for transparency by undertaking a strategic and integrated business and human resource planning processes. During the reporting period the Agency will continue to address capacity issues related to delivering on and supporting day-to-day business; clarifying its roles; further developing its Winnipeg headquarters and its vitally important network of regional offices; and expanding its world-class laboratory capacity.

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

Section II – Analysis of Program Activities by Strategic Outcome

Health Promotion and Chronic Disease Prevention and Control

Health is determined by a number of factors including conditions in society, personal health practices and behaviours. Each person has factors that determine their risk of chronic disease. Some of these, such as genetics, age and gender, cannot be changed. More and more Canadians, however, have one or more risk factors like smoking, unhealthy eating and physical inactivity that often lead to the major chronic diseases: heart disease and stroke, cancer, diabetes and respiratory disease.

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

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

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

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

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

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

Program Activity - Health Promotion

Financial Resources (in millions of dollars)		
2007-2008	2008-2009	2009-2010
186.5	187.2	187.2

Human Resources (FTEs)		
2007-2008	2008-2009	2009-2010
416	425	424

Health promotion is the process of enabling people to increase control over their health and its determinants and thereby improve their health. At the same time, the population health approach

emphasizes the broader determinants of health and related interventions to address root causes of health, and factors for addressing health inequities. The Agency's health promotion activities take a population health approach, recognizing that health promotion must address broader determinants if it is to have an impact in improving Canadians' health outcomes. Over the past 30 years and more, Canada has continued to play a role internationally in developing a comprehensive understanding of health promotion.

The enhancement of partnerships is a central part of the work in health promotion. There are constant efforts to develop instruments that will further leverage partnerships and resources, such as grants and contributions. Collaboration has also become a way of working with various stakeholders at varying levels. There are ongoing efforts to strengthen the knowledge infrastructure to enhance the knowledge development cycle of research, policy and practice, as evidence provides the foundation for effective public policy and health promotion.

In 2007-2008, the Agency will continue to promote health through multi-sectoral and multi-jurisdictional approaches to evidence-based decision-making, both domestically and internationally.

Health Promotion Initiatives

Agency's Priorities

Health promotion initiatives contribute to these Agency RPP priorities:

- Priority 2: Develop, enhance and implement integrated and disease- or condition-specific strategies and programs within the Health Portfolio to promote health and prevent and control chronic disease and injury;
- Priority 4: Strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity; and
- Priority 5: Lead several government-wide efforts to advance action on the determinants of health.

Healthy Living and Healthy Eating

The Agency will continue 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, reduce the impact of chronic disease in Canada and address the key determinants of health.

The collaborative strategy, which includes disease-specific initiatives, will focus on three pillars:

- 1) Promoting health by addressing the conditions that lead to unhealthy eating, physical inactivity and unhealthy weight;
- 2) Preventing chronic diseases; and
- 3) Supporting early detection and management of chronic diseases.

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

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

The Agency will also undertake the following healthy living/healthy eating activities during the three-year planning period:

- The Healthy Living Fund will promote integrated approaches to healthy living by supporting knowledge development and exchange, and will strengthen capacity to achieve an impact at the regional, national and international levels. In 2007-2008, funding will be provided through contribution agreements to support and engage the voluntary sector, and to build partnerships and permit collaborative action among governments, non-governmental organizations and other agencies (e.g. the dissemination and an ongoing assessment of *Canada's Physical Activity Guide to Healthy, Active Living* for children, youth, adults and older adults and their supplementary resources).
- The Intersectoral Healthy Living Network will continue to foster collaboration and improve information exchange among sectors and across jurisdictions.
- The Physical Activity Benchmarks/Monitoring Program will provide important knowledge for decision makers to help understand the health of the population and to measure progress in affecting health outcomes.
- As a member of the Joint Consortium for School Health, the Agency will continue working with provinces and territories to facilitate a comprehensive and coordinated approach to school health by building the capacity of the health and education sectors to work together.

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

Childhood and Adolescence

Over the planning period, the Agency will continue to promote evidence-based practice and practice-based evidence through the design and support of community interventions including the Canada Prenatal Nutrition Program, the Community Action Program for Children and Aboriginal Head Start in Urban and Northern Communities. These programs help to reduce the health disparities experienced by vulnerable children and families living in conditions of risk.

The Fetal Alcohol Spectrum Disorder Initiative will continue to partner across the Health Portfolio, other sectors and jurisdictions to build capacity among stakeholders to prevent alcohol-affected births and mitigate the impact on those affected through professional awareness and education, the development of tools and resources, and collaboration on standards and guidelines. The Agency will host a roundtable meeting to develop an economic impact model of fetal alcohol syndrome disorder (FASD), and invite a second round of proposals for projects to be funded under the FASD National Strategic Projects Fund.

The Centres of Excellence for Children's Well-Being Program consists of four centres that generate and disseminate the latest knowledge on children's well-being to a broad network of audiences. The Centres will continue to translate knowledge into practical tools for parents and into evidence-based advice for service providers and policy makers from all levels of government, for various government departments, as well as for international organizations to improve the health and well-being of children.

On behalf of the Minister of Health, the Agency co-leads, with the Department of Justice, the federal government's efforts 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 will continue to work with the Canadian International Development Agency to contribute to the implementation of the Convention throughout the Americas.

Other programs administered by the Agency will continue to contribute to the development and exchange of knowledge concerning the health of children and adolescents, including the Health Behaviour in School-Aged Children Study – a cross-national, school-based survey conducted in collaboration with the World Health Organization's Regional Office for Europe. The survey will continue to monitor patterns in factors that influence the health of youth, as well as selected trends in their health behaviours.

In 2007-2008, the Agency will also work with the World Health Organization to develop a Policy Framework for the Prevention of Chronic Diseases in Schools. Member states would use the Framework to develop policies and programs that promote healthy eating, increase levels of physical activity and prevent tobacco use among children and youth in schools.

Injury and Violence

Preventing injuries contributes to a healthier society, reduces health care utilization and shortens wait times. The Agency will continue to work with injury and violence prevention stakeholders on a range of activities to address this important public health issue.

The Agency will continue to conduct surveillance of unintentional injury (with a focus on children) and child maltreatment. The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP), which is carried out in partnership with 14 hospitals across the country, collects data on the nature and circumstances of the injuries that are seen in emergency departments.

- In 2007-2008 CHIRPP will complete its program modernization and will release an annual report.

The Agency will also continue its planning for the third cycle of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008). The CIS provides estimates of the national incidence of child maltreatment investigated by child welfare services and information about the circumstances of the affected children and their families, using the population health approach. Other efforts include the continuation of an interactive Web site that provides current Canadian injury data, entitled Injury Surveillance On-Line (http://dsol-smed.hc-sc.gc.ca/dsol-smed/is-sb/index_e.html).

In addition, the Agency will continue to lead and coordinate the Family Violence Initiative (FVI), a partnership of 15 federal departments, agencies and Crown corporations and to operate the National Clearinghouse on Family Violence on behalf of the Initiative. The FVI works on issues such as child maltreatment, intimate partner violence and the abuse of older adults. Over the three-year planning period, the Agency will continue to play a central role in knowledge and policy development, research, education and information dissemination in this area.

Aging and Seniors

The Agency is the federal government's centre of expertise and focal point on seniors' health, and will continue to provide leadership on healthy aging through policy development, health promotion, research and education, partnerships and dissemination of information. The Agency will also be closely involved with work of the National Seniors Council reporting to the Minister of Human Resources and Social Development and the Minister of Health. In addition, collaborative work on the four priorities of healthy aging falls prevention, seniors' mental health, and emergency preparedness will contribute to knowledge and capacity development, both nationally and internationally.

The Agency is working towards integrating more fully the needs of seniors into emergency management. This initiative, which is being coordinated with federal, provincial and territorial governments as well as the World Health Organization and other key stakeholders, will strengthen policies and operational protocols aimed at maintaining the health and safety of older people in emergencies of all types. Emergencies planned for will include infectious disease outbreaks as well as extreme weather events associated with climate change.

Focus for RPP Reporting Period:

- Achieve a common understanding of current evidence and on the status of seniors with regard to emergency planning activities in Canada and internationally.
- Identify key policy options to address gaps and encourage use of better practices.
- Identify opportunities for further collaborative action across jurisdictions.
- Provide a vulnerability/resiliency framework to address the needs of other vulnerable groups such as persons with disabilities, children and youth.

Mental Health and Mental Illness

Approximately 20% of Canadians will experience a mental illness during their lifetime, and the remaining 80% will be affected by mental illness in family members, friends or colleagues. The Agency will continue to review the Standing Senate Committee on Social Affairs, Science and Technology's final report and recommendations on mental health and mental illness in Canada – particularly those recommendations related to mental health promotion, mental illness prevention and surveillance efforts – and work to advance mental health issues across government.

Canadian Health Network

The Canadian Health Network is an Agency-led health information and promotion tool that informs Canadians about health promotion and chronic disease prevention and enables them to make healthy choices. The Canadian Health Network and its network of networks support the Agency's work in helping to build healthy communities.

Program Activity - Disease Prevention and Control

Financial Resources (in millions of dollars)		
2007-2008	2008-2009	2009-2010
311.8	285.2	331.6

Human Resources (FTEs)		
2007-2008	2008-2009	2009-2010
1,282	1,326	1,336

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 the development of knowledge; intersectoral and international collaboration; and developing policies and programs to prevent, control and reduce the impact of disease and injury.

In the long term, the Agency expects the following results from its activities:

- A decrease in the proportion of Canadians who develop or contract disease;
- Maintenance and enhancement of quality of life, with fewer complications and premature deaths in those with disease;
- A decrease in the personal, social and economic burden of disease for individuals and society; and
- Stronger management of disease in Canada.

Agency Priorities

The majority of the Agency's work on infectious disease falls under Priority 1: To develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease.

The Agency's work on chronic disease falls under the following priorities:

- Priority 2: Develop, enhance and implement integrated and disease- or condition-specific strategies and programs within the Health Portfolio to promote health and prevent and control chronic disease and injury; and
- Priority 4: Strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity.

Important contributions are also made toward:

- Priority 5: Lead several government-wide efforts to advance action on the determinants of health; and
- Priority 6: Develop and enhance the Agency's internal capacity to meet its mandate.

Context for Chronic Disease Prevention and Control

Studies show the following risks and challenges:

- 72% of Canadians aged 12 and over have reported one or more risk factors for chronic disease.²
- Chronic disease and injury account for more than 75% of deaths and 87% of disabilities each year.³
- The associated economic burden to Canada is estimated at \$70 billion per year or about 62% of direct health care costs.⁴
- Two in five Canadian males and one in three Canadian females face a cancer diagnosis in their lifetimes.⁵
- When overweight and obesity are considered together, 65% of men and 53% of women have excess weight, with the most dramatic increases among children and adolescents.⁶ As an individual's body mass index increases, so does the likelihood of developing high blood pressure, diabetes, and heart disease.

One of the Agency's key functions is risk assessment, which involves identifying, generating, collecting, evaluating, synthesizing, translating and sharing evidence on established and emerging risk factors, protective factors and determinants for chronic diseases. This work includes conducting research on key risk factors and their measures of risks, with a focus on preventable behavioural and environmental risk factors and social determinants of health, both at the individual and community levels.

The Agency also continues to actively monitor and respond to emerging issues in public health and chronic disease, e.g. obesity, respiratory diseases, mental illness, and models for chronic disease management. In part, this is facilitated by the Agency's enhanced, overarching surveillance approach to chronic disease in general which also focuses on disease-specific surveillance activities for diabetes, cancer, and cardiovascular disease.

² 2005 Canadian Community Health Survey.

³ Public Health Agency of Canada, using 2003 vital statistics data from Statistics Canada, 2006.

⁴ Health Canada (2002), *Economic Burden of Illness, 1998*.

⁵ Canadian Cancer Statistics, 2006.

⁶ 2004 Canadian Community Health Survey: Nutrition, Statistics Canada; <<http://www.statcan.ca/Daily/English/050706/d050706a.htm>>

Collectively, the Agency informs the development of policies, programs and strategies by policy makers and health practitioners who are working to prevent chronic disease and assist in the management and reduction of its burden on the health of Canadians. To support this work, the Agency focuses on the following programs for chronic disease prevention and control.

Key Programs

1) Engagement and Network Management for Chronic Disease Prevention and Control

Improved inter-organizational, inter- and intra-sectoral, and multi-jurisdictional engagement is crucial to achieving expected results. This program supports internal coordinating structures, broader coordination across the Health Portfolio, and linkages between the federal, provincial and territorial governments. There is a particular focus on the Chronic Disease and Injury Prevention and Control Expert Group of the Pan-Canadian Public Health Network, which reports to the Conference of Federal-Provincial-Territorial Deputy Ministers of Health.

Focus for RPP Reporting Period:

- Enhance internal coordination, management and accountability mechanisms to implement the Healthy Living and Chronic Disease initiative.
- Enhance networks within the Health Portfolio, with other government departments and agencies and across sectors and organizations.
- Engage chronic disease stakeholder organizations such as the Chronic Disease Prevention Alliance of Canada (CDPAC) and expert groups such as the Chronic Disease and Injury Prevention and Control Expert Group.

2) Observatory of Best Practices in Chronic Disease Prevention

In collaboration with experts and stakeholders from the research, policy and practice communities, the Agency continues to develop the Observatory of Best Practices to more effectively produce and disseminate information on best practices for chronic disease interventions. The Canadian Best Practices System (http://cbpp-pcpe.phac-aspc.gc.ca/system/index_e.cfm) has evolved to address three purposes: to facilitate knowledge exchange about best practices among decision makers in research, policy development and practice; to build consensus about best practices approaches; and to provide a centralized access point with respect to these approaches. The Canadian Best Practices Portal, launched in November 2006, offers an online database of evidence-based best practices for health promotion and chronic disease prevention. The Portal's content focuses on community interventions addressing cardiovascular disease, cancer, diabetes and their key risk factors as well as healthy living promotion.

The Agency continues to support the revitalization of the Canadian Task Force on Preventive Health Care (<http://www.ctfphc.org>) and combine this renewal with broader efforts for knowledge development and exchange. The creation of a new infrastructure for the Task Force will lead to increased capacity of health professionals and the community for evidence-based practice, and healthier public policy.

Focus for RPP Reporting Period:

- Increase capacity for practice-based research and policy uptake, e.g. knowledge development and translation of best practices.
- Develop cost-impact and cost-effectiveness economic models for various policy options, e.g. explore the cost-effectiveness of specific screening strategies for preventing type 2 diabetes among high-risk, pre-diabetic target groups as well as screening options regarding early detection and interventions for hypertension.

3) Demonstration Projects on Chronic Disease Prevention

The capacity to generate and use practice-based evidence to support chronic disease prevention and healthy living interventions at the population level is needed throughout the country. A series of demonstration projects enhance provincial and territorial capacity for and activities in the area of knowledge development and exchange for chronic disease prevention and healthy living promotion; and identify the optimal methods to implement interventions identified as (but not limited to) best practices. Each project is required to set targets and apply standard scientific assessment techniques to evaluate progress. The first phase of the demonstration projects is currently being supported in Manitoba. As knowledge from this initial pilot is developed and disseminated, new sites planned for 2007 will build on existing systems, infrastructure and program successes.

Focus for RPP Reporting Period:

- Expand demonstration projects to other provinces and territories, using information from the initial pilot (Manitoba's Chronic Disease Prevention Initiative).

4) Enhanced Surveillance for Chronic Disease

Surveillance information on chronic diseases, their risk factors and determinants, and their impact and outcomes, is needed to guide programs, policies and services. In response to the Auditor General of Canada's recommendation to increase capacity for the surveillance of chronic disease and to increase its ability to work with international, federal, provincial and territorial partners (<http://www.oag-bvg.gc.ca/domino/reports.nsf/html/20020902ce.html>), the Agency is developing an enhanced approach to chronic disease surveillance which will increase access to and use of surveillance information, expand data sources, and improve the planning, coordination and evaluation of surveillance activities.

This approach supports evidence-based decision-making on health promotion and chronic disease prevention and control, along with a disease-specific focus on diabetes, cancer and cardiovascular disease, as well as risk factors. Surveillance gaps in the areas of chronic respiratory disease, arthritis and musculoskeletal disease, and mental illness will also be addressed.

Focus for RPP Reporting Period:

- Provide ongoing and timely health statistics and indicators by updating the Agency's dissemination tools and resources and including the Agency's Web site and chronic disease indicator reports.
- Develop and publish a chronic disease supplement to Statistics Canada's Canadian Community Health Survey.

- Advance policy development on cardiovascular disease, respiratory disease, arthritis and mental illness through the Surveillance Advisory Committee.
- Develop new sources of data for mental illness surveillance with non-governmental organizations and industry.
- Explore new areas for surveillance initiatives, including autism, arthritis and other chronic diseases.

5) Diabetes

Approximately 2 million Canadians of all ages live with diabetes, and one in three of them are unaware of having the disease. The proportion of the Canadian population who reported having type 2 diabetes has increased by 27% between 1994 and 2000. As the Canadian population ages and rates of obesity rise, this trend is expected to continue. Type 2 diabetes rates are three to five times higher in Aboriginal communities than in the general population.

The evidence shows that a substantial proportion of cases of type 2 diabetes, which is the predominant type, can be prevented or delayed through targeted and sustained lifestyle modification efforts among high-risk populations. Diabetes is largely fuelled by obesity, poor diet and physical inactivity.

Since 1999, the Government of Canada has led the Canadian Diabetes Strategy (CDS), a federal initiative targeting the prevention and control of diabetes in partnership with the provinces and territories and a range of organizations such as the Canadian Diabetes Association. The CDS has raised awareness of diabetes and its risk factors and created the National Diabetes Surveillance System (NDSS), which reports national data on diabetes incidence, prevalence, mortality and co-morbidity and projection data. The CDS has also contributed to the development of a national framework to address diabetes.

Focus for RPP Reporting Period:

- The expansion of the National Diabetes Surveillance System to: increase knowledge about diabetes through the collection of aggregate data and analysis; conduct data quality assurance and validation; and expand the Aboriginal component of the Canadian Diabetes Strategy in partnership with Health Canada with First Nations, Métis and Inuit participation.
- Through partnerships with provinces, territories and stakeholders, continue to provide grants and contributions for community-based programs that target those at high risk of developing diabetes.
- Through partnerships with provinces, territories and stakeholders, focus on at-risk populations, especially those who are overweight or obese or have pre-diabetes, through diabetes knowledge development and exchange activities.
- Begin planning for the International Diabetes Federation 20th World Diabetes Congress to be held in Montréal in 2009.
- Foster broader linkages across the Health Portfolio and the diabetes community, particularly those involving Health Canada, the Canadian Institutes of Health Research (research activities) and partner organizations such as the Canadian Diabetes Association, The Kidney Foundation of Canada and the Canadian National Institute for the Blind.
- Work with key stakeholders to undertake a value-for-money review of the CDS. The review will examine current status, determine lessons learned and plan for future directions.

6) Cancer

It is estimated that more than 153,100 Canadians were diagnosed with cancer and 70,400 died from the disease in 2006. By 2020, population aging is expected to contribute to more than double the number of new cases of cancer in Canada. Better cancer survival rates due to advances in cancer screening and treatment mean that a greater proportion of the adult population is living with the burden of cancer.

Prevention activities targeting high-risk individuals can significantly impact on the number of new cases of cancer, although risk factors, detection, and management issues specific to this disease remain.

Breast Cancer

One in 9 women in Canada will develop breast cancer in her lifetime, and one in 27 will die from it.⁷ It is the most frequently diagnosed type of cancer in Canadian women. By monitoring and evaluating organized breast cancer screening programs in the country, it is possible to promote high-quality screening, leading to reductions in breast cancer mortality and morbidity, while keeping the potential harm of screening to a minimum.

Childhood Cancer

Close to 1,300 children and adolescents are diagnosed with cancer every year in Canada, of which nearly 300 die from their disease.

Focus for RPP Reporting Period:

- Work with the new Canadian Partnership Against Cancer Corporation (CPACC), announced in November 2006, to implement the Canadian Strategy for Cancer Control (CSCC). As a knowledge translation platform, CPACC will coordinate communities of practice to reduce the number of new cases of cancer, improve the quality of life of those living with cancer, and reduce the number of deaths from cancer. Eight strategic priorities (primary prevention; screening and early detection; standards; clinical practice guidelines; rebalancing the focus; health human resources; research; and surveillance and analysis) will provide the knowledge platform for cancer control.
- Work to link the Agency's other cancer programs and efforts to CPACC's efforts on the CSCC and with international organizations such as the World Health Organization.
- Work with CPACC, stakeholders, and provinces and territories to develop an enhanced national cancer surveillance system. The Agency and CPACC will provide national leadership in this endeavour.
- Continue to work with the National Cancer Institute of Canada (NCIC), the Canadian Cancer Society (CCS) and Statistics Canada to publish *Canadian Cancer Statistics*, an annual publication distributed across the country.
- As part of the Canadian Childhood Cancer Surveillance and Control Program, produce a report entitled *Treatment and Outcomes for Childhood Cancer in Canada, 1995 to 2000* (winter 2008), and revise the on-line data management and entry system for the national surveillance study (winter 2007).

⁷ Canadian Cancer Society and National Cancer Institute of Canada. *Canadian Cancer Statistics 2006*, p. 54.

- Continue funding the Canadian Breast Cancer Initiative (CBCI) by providing \$7 million annually for research, care and treatment, professional education, early detection programs, and access to information. Also, on behalf of the CBCI, continue to manage and maintain the Canadian Breast Cancer Screening Database, which facilitates the monitoring and evaluation of organized breast cancer screening programs across Canada, and publish the associated bi-annual national performance report (winter 2008).
- Work with stakeholders through the Cervical Cancer Prevention and Control Network on issues such as vaccination, prevention and control of sexually transmitted infections, and population screening to reduce the morbidity and mortality related to cervical cancer.

7) Cardiovascular Disease

Cardiovascular disease (CVD) is the leading cause of death in Canada, responsible for 32% of deaths in men and 34% of deaths in women, and is the country's most costly disease. It is linked to such risk factors as hypertension, tobacco use, stress, obesity, and diabetes. Symptoms can be absent which poses a significant challenge for early diagnosis and long-term control.

Focus for RPP Reporting Period:

- Continue to develop the pan-Canadian Heart Health Strategy, announced in October 2006 by the Minister of Health (http://www.phac-aspc.gc.ca/media/nr rp/2006/2006_09_e.html). Key partners (e.g. Canadian Institutes of Health Research, Health Canada, Heart and Stroke Foundation of Canada, Canadian Cardiovascular Society) are engaged in this process, which will be coordinated with other national initiatives related to cardiovascular health such as stroke and diabetes strategies. Initial activities are to:
 - Develop a strategic framework and an action plan for CVD, in collaboration with provinces, territories and stakeholders;
 - Establish a steering committee, eight thematic working groups, and a secretariat housed in the Heart and Stroke Foundation's office in Ottawa; and
 - Provide a CVD action plan and recommendations to the Minister (by fall 2008).
- As part of the development of a comprehensive approach for cardiovascular health surveillance for Canada, develop collaborative surveillance on hypertension to define and evaluate special strategies and target populations. In addition, the Expert Advisory Committee on Hypertension advises the Agency on modifications to diagnosis and management guidelines.
- Publish the sixth report on heart disease and stroke in Canada, which will have a new chapter on hypertension and stroke.

Infectious Disease Prevention and Control

Avian/Pandemic Influenza

The federal government made significant investments (December 2006) in preparedness and response capacity activities in anticipation of a potential influenza pandemic. The Agency has the lead for the prevention and control of infectious diseases as well as public health emergencies in Canada, and it therefore leads the Health Portfolio's pandemic influenza preparedness activities. Preparedness for avian and pandemic influenza is being managed as a horizontal initiative for which the Public Health Agency of Canada (PHAC) is establishing an appropriate

governance framework in collaboration with Health Canada, the Canadian Institutes of Health Research (CIHR) and the Canadian Food Inspection Agency (CFIA).

The Agency established a Pandemic Preparedness Secretariat which provides a focal point for the Agency, the Health Portfolio and the Government of Canada on human health aspects of avian and pandemic influenza, domestically and internationally.

The *Canadian Pandemic Influenza Plan for Health Sector* (www.influenza.gc.ca) was developed as a collaborative effort between federal, provincial and territorial public health officials, as well as, in consultation with the non-governmental organizations, external technical experts, local governments, emergency planners and bioethicists. The Plan maps out how the health sector is preparing for and will respond to pandemic influenza in Canada, by outlining the actions that should be taken during the different phases of a pandemic and by clarifying the roles and responsibilities of the health sector at all levels of governments. First released in 2004, the Plan was updated in December 2006 and remains an evergreen document.

Focus for RPP Reporting Period:

- Continue to use the latest scientific literature, international trends and policy decisions to update the Canadian Pandemic Influenza Plan for the Health Sector and technical annexes.
- Publish an updated Plan and annexes as needed, using the latest scientific information.
- Review and publish Annex F of the Plan, the *Infection Control and Occupational Health Guidelines during Pandemic Influenza in Traditional and Non-Traditional Health Care Settings*, which addresses the broad components of infection control practices during a pandemic.
- Establish a process to evaluate and make recommendations on personal protective equipment and on existing and new scientific literature and expert information.

Key public health interventions to mitigate the impact of a pandemic include immunization with a pandemic influenza vaccine and the use of antiviral drugs to treat those who need them in addition to general community-based and individual infection control measures.

Strengthening Vaccine Research and Development Capacity in Canada

The Agency is working with a domestic pandemic vaccine supplier to increase production capacity in order to immunize the entire Canadian population against pandemic influenza in the shortest time possible. Prior to a pandemic, development of a prototype or “mock” vaccine allows us to gain scientific knowledge and experience in rapid vaccine development, testing and approval of new technologies for rapid vaccine production.

Canada's vaccine capacity will be increased, with the aim of reducing its reliance on foreign laboratories and the private sector, by establishing a rapid vaccine development and testing service. During the reporting period, the National Microbiology Laboratory (NML) will begin a program dedicated to the development and testing of new influenza vaccines using different vaccine platforms, including one that the NML has already successfully employed in the development of highly promising candidate vaccines for Ebola, Marburg and Lassa hemorrhagic fevers.

The Agency spearheaded an additional federal investment in Intervac of \$25 million in reallocation from the Agency, Agriculture and Agri-Food Canada and the Canadian Food Inspection Agency over 5 years. InterVac is a project to build high containment vaccine research labs at the University of Saskatchewan. InterVac will enhance domestic capacity for the development of vaccines. The unique value of InterVac is in its focus on pathogens of both, animal and humans as well as its unique capacity for experimentation in large animal models. Investment in this project is also linked to pandemic influenza, since influenza is one of the key infectious disease threats that affect both animals and humans.

Focus for RPP Reporting Period:

- Clinical trials on a H5N1 mock vaccine will begin in 2007-2008, using a pandemic vaccine produced in Canada. This work will provide needed evidence on pandemic influenza vaccines, before a pandemic occurs.
- Real-time vaccine safety and effectiveness pilot studies during the regular annual influenza season to increase our capacity to gather knowledge and evidence for use during a pandemic.
- Ground breaking of the Intervac project to build high-containment vaccine research laboratories at the University of Saskatchewan will begin and continue well over the reporting period.

Antivirals: A component of the preparation for an influenza pandemic is establishing an adequate reserve of antiviral medications. The Agency and the provinces and territories have contributed to the creation of a national antiviral stockpile, which was recently increased to a target of 55 million doses to provide early treatment for Canadians in need. The stockpile will be diversified to include 2 drugs and will include formulations to treat children and pregnant women.

The Agency is also active on the issues of avian and pandemic influenza from an emergency preparedness perspective. The National Emergency Stockpile System will be augmented with additional antivirals and other supplies such as gowns and masks. These supplies will provide for a response capacity where current supplies fall short and additional resources are needed. This capacity reflects the fact that an outbreak may affect different areas to different degrees.

Focus for RPP Reporting Period:

- Complete public and professional consultations on the use of antivirals for prophylaxis (prevention).
- Complete the work of the Task Group on antiviral prophylaxis that is currently developing recommendations, for the Public Health Network Council and the federal, provincial and territorial (F/P/T) Deputy Ministers of Health, regarding the use of antivirals for prophylaxis.
- Conduct F/P/T stakeholder meetings to facilitate the development of an operational strategy for the distribution of antiviral medication to the public in the event of an influenza pandemic.
- Increase the national antiviral stockpile to 55 million doses.

Emergency Preparedness

The quarantine program will be further supported through the posting of quarantine officers at major marine ports. This will strengthen the current system, which operates primarily at high-traffic air entry points. In conjunction with the recently revised *Quarantine Act*, this measure will improve Canada's ability to deal with the very mobile populations that travel wide distances.

Additional activities include: adding engineering support to increase the capacity of the laboratory certification process; strengthening F/P/T coordination and involving Health Canada's First Nations and Inuit Health Branch, in part through a series of table-top and command post exercises; and improving the videoconferencing capability of the Emergency Operations Centre. An office will also be established to support the development of a national incident command system.

Research: A priority of the Agency is to strengthen influenza research through the following three elements: establishing a national research priority-setting and coordination mechanism; creation of an influenza research network that is rapidly accessible for investigating questions of importance to public health; and building a comprehensive public health research program in partnership with CIHR and other key stakeholders.

Focus for RPP Reporting Period:

- Establish a Research Advisory Council to identify influenza research priorities.
- Support intra-mural and extra-mural research projects based on knowledge gaps identified at the September 2005 Influenza Research Priorities Workshop, through the Canadian Institutes of Health Research's Pandemic Preparedness Strategic Research Initiative, and the Research Advisory Council.
- Establish an influenza research network to conduct applied influenza research as directed by the Agency.
- Undertake knowledge management and translation activities to ensure that research findings are used to improve decision-making related to public health policies, programs and practices.

Surveillance: The Agency is supporting activities to better prepare front-line physicians and public health professionals to rapidly detect and respond to suspected cases of influenza, and it will work with an expanded influenza surveillance network (which includes First Nations and Inuit communities) to conduct real-time surveillance of hospitalizations and deaths. In addition, the Agency will initiate appropriate dialogue with responsible F/P/T agencies and with the blood regulators and manufacturers in order to assess the impact of human, avian and pandemic influenza on blood safety.

Focus for RPP Reporting Period:

- Develop training materials for front-line physicians and public health professionals to assist in rapid detection and response.
- Strengthen real-time data reporting and analysis, risk assessments and communication of results.
- Evaluate and improve seasonal influenza surveillance through ongoing and timely reports, and continuous coordination at the F/P/T and international levels.

- Enhance response capacity through the placement of surveillance officers in local jurisdictions.
- Improve linkages between epidemiological and laboratory data.
- Assess the effectiveness of public health actions in managing the spread of disease.
- Set up surveillance of the transmission of influenza for clients/patients in acute care hospitals.
- Conduct training for front-line physicians and public health professionals to assist in rapid detection and response.
- Continue with regular surveillance reporting (e.g. FluWatch) and Web site information for professionals and the public.

Laboratory Capacity

The National Microbiology Laboratory (NML) houses and supports the Secretariat for the Canadian Public Health Laboratory Network (CPHLN – <http://www.cphln.ca/CPHLN/src>), a national forum of public health laboratories that provides a unified federal, provincial and territorial response to naturally occurring infections through the promotion of standardized laboratory procedures and quality assurance methods and facilitates training to improve laboratory protocols, best practices and emerging technologies.

Focus for RPP Reporting Period:

- During 2007-2008, CPHLN will develop a process to identify and address gaps in laboratory capability and capacity through the creation of the Pandemic Influenza Laboratory Preparedness Network (PILPN). This network will coordinate and operationalize laboratory preparedness for pandemic influenza in support of the Canadian Pandemic Influenza Plan for the Health Sector and will assist Canadian public health laboratories in delivering consistent, effective and coordinated diagnostics, results, surveillance and communication during an influenza pandemic.
- CPHLN will also use this preparedness work to build common templates and processes for other public health emergencies requiring a national laboratory response.

The NML carries out fundamental and applied research relating to the diagnosis and pathogenesis of respiratory viruses, including the influenza virus. It conducts surveillance and develops and evaluates methods for the diagnosis, prevention and effective management of viral respiratory diseases. A designated WHO influenza reference centre, the NML participates in global surveillance of influenza viruses.

Focus for RPP Reporting Period:

- During 2007-2008, the NML will further develop and validate new diagnostic tests for rapid molecular and serological typing of influenza A viruses.
- The NML will continue antigenic and molecular surveillance of circulating influenza A and B strains in Canada as well as carrying out newly developed in-house testing to monitor emerging strains for resistance to both classes of antiviral drugs licensed for use against influenza in Canada.
- The NML will continue to develop additional recombinant reagents for rapid detection of novel influenza strains, such as H5N1 and H7N3 subtypes, as well as candidate vaccine

vectors in addition to providing proficiency and reference services to public health laboratories for molecular typing of influenza A viruses.

- The NML will also host additional influenza diagnostic laboratory training workshops for provincial and territorial clients.

The national capacity to identify and respond to novel influenza viruses will be enhanced by establishing a federal-provincial laboratory network for influenza surveillance, detection, and diagnosis. Under the direction of the NML, the Agency's Laboratory Liaison Technical Officers will be placed within federal and provincial laboratories or regional hospitals (where appropriate) to provide decentralized, coordinated, standardized surveillance and diagnostic capability and capacity. This approach will increase local expertise, support integration of laboratory and epidemiological information, and provide a system of coordinated and networked operations for performing influenza diagnostics. While this approach is being developed for influenza diagnostics, it will also support other Agency/NML national surveillance activities.

Immunization

The Agency has been providing federal leadership on the National Immunization Strategy (NIS), which was accepted by the Conference of Federal, Provincial and Territorial Deputy Ministers of Health in 2003 to strengthen Canada's immunization capacity. The NIS is a means for governments and other key stakeholders to work in partnership to address immunization issues with a national perspective. The main objectives of the NIS are to work with provincial and territorial partners to:

- Ensure equitable and timely access to recommended vaccines;
- Optimize program safety and effectiveness;
- Improve the coordination and cost-effectiveness of immunization programs;
- Ensure the security of the vaccine supply;
- Provide rapid and effective national interventions in emergency situations and in response to international requests when required; and
- Promote professional and public acceptance of recommended programs.

There has been a great deal of progress on the NIS over the past three years, and work continues through F/P/T committees and working groups to assess, evaluate, and improve our activities.

The Agency will continue to strengthen Canada's ability to manage and respond to emerging and re-emerging infectious diseases and respiratory infections through the prevention, reduction or elimination of vaccine-preventable and infectious respiratory diseases. In addition, the Agency will continue to reduce the negative impact of emerging and re-emerging respiratory infections, and maintain public and professional confidence in immunization programs in Canada. In collaboration with provincial and territorial counterparts, the Public Health Agency of Canada undertakes key initiatives in immunization.

Focus for RPP Reporting Period:

- Develop national scientific and programmatic recommendations on three new vaccines approved for use in Canada: human papillomavirus (HPV); rotavirus; and meningococcal disease (i.e. Menactra).

- Release of the *Canadian Immunization Guide* (7th edition) and the *Canadian Report on Immunization*.
- Evaluation of the National Immunization Strategy (NIS).
- In partnership with the provinces and territories, development of a model for ongoing support of new immunization programs to ensure continued harmonization of programs and equitable access to vaccines for all Canadians.
- Continue to work toward the establishment of a network of immunization registries through the Canadian Immunization Registry Network and Canada Health Infoway.
- Progress toward establishing national public health research priorities, in partnership with the Canadian Institutes of Health Research, the Canadian Association for Immunization Research and Evaluation and other research partners.
- Endorsement of national vaccine-preventable disease reduction goals and objectives for six vaccine-preventable diseases (rubella, varicella, pertussis, invasive pneumococcal disease, invasive meningococcal disease, influenza) and implementation of strategies to realize the goals.
- Through the F/P/T Vaccine Supply Working Group, the Agency will establish a National Vaccine Supply strategy to enhance the security of vaccine supply in Canada. The purpose of such a strategy is to avoid or mitigate the potential effect of vaccine supply problems, such as vaccine shortages, delays, and other issues that may affect the production and delivery of vaccines.
- Through the F/P/T public and professional education working groups, emphasis on improving professional and public immunization awareness through:
 - Completing core competency definitions for the education of health professionals and working toward their integration into core curricula;
 - Facilitating the development of Web-based continuing education modules for health professionals and other providers;
 - Organizing the bi-annual Canadian Immunization Conference (2008); and
 - Conducting multi-faceted public education campaigns including national social marketing strategies.
- Enhancements to the Canadian Adverse Events Following Immunization Surveillance System through the F/P/T Vaccine Safety Network to enhance vigilance with monitoring and reporting of adverse events following immunization.
- Enhance vaccine-preventable disease surveillance capacity; improve surveillance systems and the coordination of surveillance systems and reporting mechanisms.

HIV/AIDS

The Agency has the lead for federal action in the prevention of HIV/AIDS in Canada.

The number of Canadians living with HIV was estimated to be 58,000 in 2005, an increase of 16% from 2002 estimates. About 27% of these individuals were unaware of their infection at the end of 2005. This “hidden” aspect of the epidemic means that at the end of 2005 there were an estimated 15,800 infected individuals who had not had the opportunity to access treatment, support or prevention services.

The Federal Initiative to Address HIV/AIDS in Canada is a partnership among the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research and Correctional Service Canada. Through the Federal Initiative, the Agency supports activities that will prevent

new HIV 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.

Over the planning period, the Agency will:

- Advance knowledge of the factors that contribute to the spread of HIV infection through:
 - Augmented HIV and risk behaviour surveillance;
 - Targeted epidemiologic studies and development of programs for at-risk populations;
 - Enhanced HIV laboratory reference services;
 - Improved knowledge and characterization of the transmission of drug-resistant HIV in Canada; and
 - Interdepartmental collaborations to advance the research and development of HIV vaccines.
- Develop HIV/AIDS status reports to provide an overview of current surveillance data, research and current responses and identify emerging issues and gaps for Aboriginal peoples, gay men, people who use injection drugs, youth, women at risk, people living with HIV/AIDS, people from countries where HIV/AIDS is endemic and prisoners. These reports will guide research, policy development and front-line interventions.
- Further develop and implement a national HIV/AIDS social marketing campaign to expand and improve Canadian's knowledge of HIV/AIDS, to address community and societal attitudes, and to reduce stigma and discrimination.
- Conduct an implementation evaluation of the roll-out of the Federal Initiative in 2007-2008, and an impact evaluation of the Federal Initiative in 2008-2009.

In collaboration with provinces and territories, the Agency will:

- Develop a framework that will assist all jurisdictions in making decisions regarding HIV testing policies. This framework will be based on informed consent, counselling, and confidentiality. It will address a range of issues, such as testing during pregnancy, testing of marginalized groups, ethical and human rights considerations and ways to increase the proportion of people who know their HIV status.

The Agency recognizes the strategic importance of collaboration and engagement with civil society, stakeholders from other sectors and government as crucial to achieving expected results. The Federal Initiative supports internal coordinating structures, broader coordination across the Health Portfolio, and linkages across the federal, provincial and territorial governments.

The Agency will also continue to support its existing committees on:

- The Federal/Provincial/Territorial Advisory Committee on AIDS;
- The Government of Canada Assistant Deputy Ministers Committee on HIV/AIDS;
- The National Aboriginal Council on HIV/AIDS (NACHA); and
- The Ministerial Council on HIV/AIDS.

Through national and regional funding programs, the Agency will:

- Support programs that focus on HIV prevention, and improve access to more effective care, treatment and support for people living with HIV/AIDS;

- Develop a knowledge exchange service to strengthen the response of organizations delivering front-line services, and work with its partners to develop a knowledge exchange framework;
- Increase public awareness of HIV/AIDS and factors that fuel the epidemic, such as stigma and discrimination;
- Engage other federal departments in addressing factors that influence the determinants of health, such as housing and poverty;
- Provide policy and technical expertise to increase Canadian participation in the global response to HIV/AIDS; and
- Integrate, when appropriate, HIV/AIDS programs and services with those addressing other related diseases, such as sexually transmitted infections.

Sexually Transmitted Infections (STIs) and Blood-Related Issues, Health Care Acquired Infections and Foodborne, Waterborne and Zoonotic Diseases

The Agency undertakes research, surveillance, policy and national coordination activities on sexually transmitted infections (STIs) and other blood-related issues, health care acquired infections and zoonotic diseases. These issues will remain significant infectious disease priorities for the Agency over the planning period.

The infection rates for the three nationally reportable STIs, (gonorrhea, genital chlamydia and infectious syphilis) declined in the early 1990s until reaching their lowest point in 1997. Since then, the rates have significantly increased and they continue to do so unabated. The reported chlamydia rate has seen an increase greater than 70% between 1997 and 2004. The reported rate of gonorrhea in 2004 had increased 94% from its lowest level 1997. Infectious syphilis, which was near the point of elimination in 1997 has also seen drastic increases over the same time period, with the national rate in 2004 increasing to almost 9 times the rate reported in 1997 (3.5 vs. 0.4 per 100,000).

The 2006 edition of the *Canadian Guidelines on Sexually Transmitted Infections* was released in the fall of 2006. It is an evidence-based, best practice guideline document, which is used by health care professionals across the country for the prevention, management and control of STIs.

Focus for RPP Reporting Period:

- Continue efforts to support and facilitate the development, implementation and evaluation of strategies, programs and resources that help Canadians to improve and maintain their sexual and reproductive health. This will include working with provinces, territories, non-governmental organizations and academic institutions on a number of strategic initiatives.
- The redevelopment and re-launch of the Agency's *Canadian Guidelines for Sexual Health Education* so that they can continue to be used as an up-to-date resource for health and educational organizations in developing new programs and curriculum or evaluating existing programs and curriculum.
- The development of an assessment model that incorporates a comprehensive set of sexual health indicators that will be used to assess the sexual health of Canadians across their lifespan regardless of their demographic characteristics such as sex, ethnicity or education level.

- The identification of “best practice” models of school-based curricula and research on sexual health promotion and the dissemination of these models to educators and policy makers through continued participation in working groups and education symposiums.
- The development of tools to improve public awareness of STIs and factors that influence sexual health, including an STI pamphlet and anti-homophobia resources and campaigns.
- The education of the general public and health and education professionals on HPV, its associated diseases and vaccine, facilitated by consistent messaging with a national focus.
- The development and dissemination of policy documents that address sexual and reproductive health issues identified through the Enhanced Surveillance of Canadian Street Youth Study.
- Continue to work towards strengthening the knowledge and capacity of health care professionals for the prevention, diagnosis, and treatment of STIs. The Quick Reference Guide of the 2006 *Canadian Guidelines on Sexually Transmitted Infections* will be released in early 2007. The Agency will continue to work with other groups on the development and delivery of associated training and knowledge dissemination.
- Continue to work in collaboration with the National Collaborating Centre for Infectious Diseases on initiatives for the promotion of sexual health.
- Ongoing collaborative efforts with federal, provincial, and regional government and non-governmental partners in the areas of STI surveillance and prevention in federal correctional facilities and behavioural research, and efforts to increase Canada’s participation in sexual health promotion internationally. For example, the Agency’s involvement in the World Association for Sexual Health, the World Congress on Sexual Health, and the International Symposium on School Sexual Health Education.
- Continued monitoring of rates of a wide range of sexually transmitted and bloodborne infections through routine and enhanced surveillance, including the initiation of sentinel surveillance projects for both HPV and antimicrobial-resistant gonorrhea.
- Continued improvements to the quality and timeliness of existing routine surveillance systems with the development of national data standards for reportable STIs and hepatitis B and C.
- Enhanced Surveillance of Canadian Street Youth will continue to provide a comprehensive picture of the health of Canadian street youth, including through surveillance related to risk factors for STIs and other determinants of health in this population. This will help in developing appropriate, innovative services and prevention programs in subsequent years.

The NML provides reference services for hepatitis A, B, C, D and E virus infections as well as consultation services on diagnostics issues. It also conducts research to address questions related to hepatitis infections in Canada and develops tests for the detection of other potential bloodborne pathogens.

Focus for RPP Reporting Period:

- During 2007-2008, the National Microbiology Laboratory (NML) will provide advanced laboratory reference services for hepatitis viruses and develop laboratory assays for identifying emerging pathogens with bloodborne potential.
- The NML will provide laboratory support for field investigations and molecular analysis of hepatitis virus strains associated with viral outbreaks in Canada.

- The NML will monitor the currently circulating strains of hepatitis B and C viruses currently in circulation for the emergence of drug resistance, and will monitor hepatitis B viruses for immune resistance to vaccination and gamma-globulin therapy.
- The NML will also conduct research on the molecular identification and characterization of hepatitis virus strains and carry out proteomic analysis to address questions related to the pathogenesis and chronic persistence of hepatitis C virus (HCV) infections.

During 2007-2008, the Agency will continue to foster meaningful citizen engagement and support services and programs that help Canadians infected and affected by the hepatitis C virus. Over the past few years, the scope of the epidemic has changed from those infected through the blood supply to vulnerable populations. This trend has required the Hepatitis C Prevention, Support and Research Program to shift its focus from care and treatment to prevention and awareness.

Focus for RPP Reporting Period:

- Continued collaboration with the First Nations and Inuit Health Branch (Health Canada), Correctional Service Canada and the Canadian Institutes of Health Research.
- Engage and support the Agency's regional offices to strengthen and coordinate program activities.
- Support enhanced research and surveillance activities among vulnerable and at-risk populations in partnership with provincial and territorial governments.
- Promote peer-based education and awareness among at-risk and vulnerable populations (e.g. youth).

Enhanced Hepatitis Strain Surveillance System (EHSSS)

With regard to hepatitis, additional plans for 2007-2008 involve intensifying the Agency's surveillance activities of hepatitis B virus (HBV) and hepatitis C virus (HCV) through the Enhanced Hepatitis Strain Surveillance System (EHSSS). EHSSS allows for the collection of detailed risk information on newly acquired viral hepatitis cases and provides evidence-based information for the development of hepatitis B and C prevention and control programs in Canada.

Focus for RPP Reporting Period:

- Data produced from the EHSSS will continue to be used for a number of public health policy purposes such as:
 - National hepatitis B vaccination guidelines and a blood safety program;
 - Modelling research (e.g. to project the future of hepatitis B and C infection) and risk assessment; and
 - Public information and education.
- Due to the variability in the prevalence and incidence of HBV infection across Canada among the different subpopulations (e.g. immigrants and Aboriginals), HBV public health policy needs to be modified on an ongoing basis.
- Moreover, in the absence of a hepatitis C vaccine, strategies such as risk reduction counselling and services for reducing or eliminating high-risk behaviours within the injection drug users and Aboriginal populations need to be more widely implemented.

Canadian Needle Stick Surveillance Network (CNSSN)

The Agency also plans to persist in its national activities to protect health care workers from bloodborne pathogen infections acquired by occupational exposures to blood or body fluids, through its Canadian Needle Stick Surveillance Network (CNSSN). The CNSSN, established in 2000, is collecting data on occupational exposures to blood, body fluids and bloodborne pathogens (including hepatitis B, hepatitis C and HIV) from 14 sentinel hospitals located in 10 provinces and territories. The CNSSN monitors health care workers' seroconversions for these pathogens and data on morbidity and mortality to help understand which technical procedures put health care workers at greatest risk of exposure and the level of risk involved (low, moderate and high as an accidental needle stick injury from a hollow bore, blood-filled needle would constitute a higher risk than an accidental stick injury from needles used on an intravenous line for an injection). In the past six years, a number of reports have been produced, among them the *Four-Year (2000-2004) Surveillance Report* (released in March 2006).

Focus for RPP Reporting Period:

- Many articles are planned for publication in scientific journals over the planning period. The information is intended for use by stakeholders and hospitals for their targeted prevention activities aiming health care workers or provincial legislatures on safety devices to prevent needle stick injuries.
- Over the planning period, the identification of risk associated to specific technical procedure will:
 - Allow hospitals to introduce safer products and implement safety policies and technical procedures; and
 - Help private companies to lobby hospitals to buy their safety-engineered devices.

Canadian Blood and Marrow Transplant Surveillance System (CBMTSS) Database

Another very useful database, with respect to monitoring the safety and quality of the care provided to patients and donors, is the Canadian Blood and Marrow Transplant Surveillance System (CBMTSS) database. The CBMTSS, successfully installed in eleven transplant programs in Canada, is intended to provide surveillance information related to infectious and non-infectious complications as well as adverse events among recipients of bone-marrow transplants and their donors.

Focus for RPP Reporting Period:

- In 2007-2008, in addition to establishing a specimen repository at the National Microbiology Laboratory, the Agency will finalize the National Registry Database and continue to convert the current system into a Web-based database. This national database contains important epidemiological and clinical information on patients undergoing blood and marrow transplantation and on the donors.
- The database and repository of specimens will be used jointly by the participating centres, with the principal aim of improving patient care; this will be particularly useful when patients with rare illnesses can only be properly analyzed and when compared with other patients having similar illnesses.

Blood Borne Pathogens Surveillance Project (BBPSP)

Hemophilic patients with HIV or hepatitis C resulting from treatment with blood products have informed the Canadian blood system of their status and continue to be at the forefront of innovative treatment.

Focus for RPP Reporting Period:

In 2007-2008, the Blood Borne Pathogens Surveillance Project (BBPSP) will contribute to:

- Providing comprehensive surveillance on hemophilic patients with HIV or hepatitis C in order to quickly gain knowledge of the outcomes of treatment with blood products; and
- Maintaining a secure bank of blood samples from these high-risk patients to be available for testing for newly emerging pathogens.

Safety of Blood and Cell, Tissues and Organs (CTOs)

National Transfusion Transmitted Injuries Surveillance System

Surveillance of transfusion transmitted injuries (TTIs), in all Canadian provinces and two territories, will continue in 2007-2008 through the strongly implemented National TTI Surveillance System (TTISS). To help sites, clinics, provinces and the Agency to capture data on moderate and serious adverse events related to the transfusion of blood, blood components and plasma derivatives, the Agency has created and developed an information system that has a number of key functions and features. TTISS produces information that enhances the ability of governments and the Agency to detect and prevent transfusion-associated adverse events and develop appropriate strategies to manage these risks.

Focus for RPP Reporting Period:

- TTISS will continue to be upgraded through:
 - A new definition of transfusion related lung injury (TRALI):
TRALI is a transfusion-related adverse event; in 2004, Canadian Blood Services and Héma-Québec held a consensus conference on TRALI, entitled, Towards an Understanding of TRALI; the consensus panel statement of the conference recommended a change in the definition of TRALI;
 - The development of standardized guidelines for the investigation of bacterial contamination cases;
 - The reconciliation of its data with that of blood manufacturers and Health Canada's Marketed Health Products Directorate (MHPD), Health Canada; and
 - A move to a Web-based database that is currently being planned.

Transfusion Error Surveillance System

The Transfusion Error Surveillance System (TESS) pilot project is scheduled for completion by 2008. The system will capture errors related to the transfusion of blood, blood components and plasma derivatives. It is anticipated that it will evolve into a sentinel surveillance system to be used by hospitals for benchmarking.

Cell, Tissue and Organ Surveillance System

Over the planning period, the Agency will develop a surveillance system for the adverse events resulting from the transplantation of cells, tissues and organs (CTOs).

Other CTO Issues

Defining the respective roles and responsibilities between federal, provincial and territorial partners may become at stake when dealing with public health issues such as CTO recalls. As there is an increased focus on transplantation in Canada, improving national capacity to share this type of information will constitute a huge challenge in the coming years.

Health Care Acquired Infections

It is estimated that about 5% to 10% of all patients who enter a Canadian health facility will develop a health care acquired (nosocomial) infection.

Health care infection surveillance - including risk factors, impacts and outcomes - is needed to guide programs, policy, and services nationally, regionally and locally. The Agency is developing an enhanced approach to expand nosocomial infection surveillance beyond acute care hospitals to health care situations in the broader community, based on the successful, collaborative approach utilized within the Canadian Nosocomial Infections Surveillance Program (CNISP). This approach will continue to focus on key health care acquired infectious agents such as methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococcus (VRE) and *Clostridium difficile*; invasive medical practices that increase the risk of health care acquired infections (e.g. surgery, dialysis and bloodstream access); and evaluation of common infection control practices used to prevent nosocomial infections.

Evidence-based decision making on nosocomial infection control policy and practices are crucial to preventing, limiting, containing and or controlling these infections. The Agency will continue to revise and expand its Infection Control Guideline Series to provide evidence-based decision-making for government departments, agencies and professionals in Canada.

Focus for RPP Reporting Period:

- Provide reports, on the Agency Web site, on the incidence of key, emerging infectious agents that cause health care acquired infections (e.g. community-acquired MRSA, *C. difficile*, other antibiotic-resistant organisms, and severe respiratory infections caused by emerging viruses).
- Continue providing timely, relevant infection control guidelines on the Agency Web site, to prevent, limit, contain and/or control health care acquired infections. These include Infection Control Guidelines for:
 - The prevention of health care-associated pneumonia;
 - Classic Creutzfeldt-Jakob disease in Canada (Quick Reference Guide);
 - Effective infection prevention and control programs;
 - Flexible gastrointestinal endoscopy and flexible bronchoscopy; and
 - Routine practice and additional precautions in health care.
- Expand health care acquired infections surveillance beyond acute care hospitals to health care situations in the broader community, based on the successful, collaborative approach utilized within the Canadian Nosocomial Infection Surveillance Program (CNISP).
- Provide updated, evidence-based recommendations on an ongoing basis to prevent, limit, contain and/or control the spread of pandemic influenza in health care settings, including recommendations to protect health care workers caring for patients infected with pandemic

influenza (e.g. update Annex F of the Canadian Pandemic Influenza Plan for the Health Sector), with a special focus on modes of transmission and the use of respiratory protection for health care workers, visitors and families.

- Establish and support new networks with the provinces and territories on health care acquired infection issues.
- Provide assistance (upon request) to provinces and territories and their health care agencies when health care acquired infection outbreaks occur.
- Provide support, coordination, analysis and advice to the Agency's Communicable Disease Committee Expert Group.
- Continue to support and coordinate the Infection Control Group Steering Committee and the Canadian Nosocomial Infections Surveillance Program.

A multi drug-resistant strain of *Acinetobacter baumannii* associated with wound infections in soldiers returning from Iraq and Afghanistan has been reported to have caused outbreaks in hospitals in the United Kingdom and the United States. A number of wounded Canadian soldiers have been infected with this bacterium and transported to Canadian hospitals. The National Microbiology Laboratory is working with National Defence to alert Canadian hospitals accepting these patients to limit the spread of this organism.

Foodborne, Waterborne and Zoonotic Diseases

Canadians are at risk from the threat of infectious disease that can be transmitted through other animals, food, and water. Foodborne and waterborne diseases cause numerous outbreaks in the Canadian population; however, the nature and extent of such events are changing. There is an inherent potential for outbreaks in changing patterns of food production and consumption, including globalization of the food supply; increased exposure during international travel; new, re-emerging or drug-resistant disease agents; mass distribution of food; the demand for fresher produce; large scale production; processing and distribution chains; highly variable water systems; and the daily exposure to potentially contaminated produce. It is estimated that 11 million episodes of foodborne illness occur within Canada each year. There are over 30 million episodes of acute gastroenteritis per year, of which some sections of the population are at increased risk for these diseases, including the very young, seniors, and individuals with suppressed immunity.

In addition, waterborne disease outbreaks are frequent in Canada. From 1974 to 1996 (most recent data), over 200 outbreaks of infectious diseases associated with drinking water were reported, resulting in more than 8000 confirmed illnesses. Additionally, food and water are potential targets for intentional contamination and terrorist attacks, and through these consumables Canada is increasingly linked with the activities and standards of other countries as a result of globalization.

The Agency plays a critical role in food and water safety through risk identification and management, horizontal integration and public health capacity. Key activities include enhancement of the national capacity to conduct surveillance; the investigation and coordination of foodborne and waterborne disease outbreaks; facilitation and coordination of risk identification, analysis and management activities; and the provision and coordination of

population-based and targeted research focused surveillance activities related to antimicrobial resistance, travelers and vulnerable sectors of the community and First Nations. Diseases that are transmitted to humans from animals also pose significant risks to human health. Nationally and internationally, many previously unknown human infectious agents have emerged from animal reservoirs, such as hantavirus, human immunodeficiency virus (HIV) and Ebola, or have emerged in North America, for example Hantavirus, Lyme disease and West Nile virus. There is every reason to believe that these infectious diseases, many of which are of animal origin, will continue to emerge due to a variety of factors, including closer proximity between humans and animals, travel to exotic locations, changing climatic conditions, social and behavioural factors, an increasing popularity of exotic pets and increasing urbanization. The elderly and immunosuppressed populations are generally the most vulnerable to these diseases. As such, the Agency plays a key role in ensuring a consistent approach to address these issues of national concern, including activities related to national surveillance programs, guidelines development, international information sharing and emergency response, diagnostic testing and collaboration with local public health authorities and jurisdictions.

Foodborne and Waterborne Outbreak Response and Surveillance

Focus for RPP Reporting Period

- Continue to provide leadership in the coordination of multi-provincial outbreaks and content expertise to the provinces, the Canadian Food Inspection Agency and Health Canada as requested.
- Continue to liaise with international partners in the investigation of international foodborne disease outbreaks.
- Launch a new tool for collecting summary data on foodborne and waterborne illness outbreaks.
- Enhance focus on waterborne disease and other environment related risks for enteric and zoonotic diseases.
- Enhance surveillance for travel-associated enteric (gastrointestinal) illness outbreaks.
- Conduct a population survey to better understand the economic costs and origins of acute gastroenteritis in the community.
- Continue to collect, and disseminate weekly, laboratory data on human gastrointestinal pathogens (bacterial, viral and parasitic) to facilitate timely outbreak detection, response and emergency preparedness through the National Enteric Surveillance Program (NESP).
- Continue development and application criteria to prioritize potential additions to the list of pathogens under surveillance in the NESP.
- Continue to coordinate antimicrobial resistance (AMR) surveillance human data under the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS).
- Continue implementing several targeted studies examining AMR in enteric pathogens (*Salmonella* Heidelberg, Typhi and Paratyphi and *Campylobacter* spp.) and antimicrobial use data validation which are in planning or underway.
- Continue coordination of C-EnterNet, a program for sentinel surveillance program of foodborne and waterborne pathogens across the food chain and in the environment including determining the feasibility of launching new sentinel sites.
- Determine the feasibility of launching one or two new C-EntreNet sentinel sites.

Policy Development

Focus for RPP Reporting Period:

- Ensure that epidemiological findings from disease surveillance, research and outbreak investigations are used to inform food safety policy.
- Complete a study on barriers to enteric disease outbreak prevention in childcare settings. Hold a consensus meeting on best practices and develop guidelines for the prevention of enteric outbreaks in childcare facilities.
- Contribute to strategies to reduce risks of contamination from raw produce. Raw fruits and vegetables have become an important source of many pathogens, causing widespread disease outbreaks.
- Complete national guidelines on:
 - The management of enteric pathogen shedders; and
 - Animal exhibitions, to reduce the risk of human infection.
- Continue to support Health Canada and the Canadian Food Inspection Agency (CFIA) in risk assessment related to product recall actions.
- Continue to contribute to federal, provincial and territorial, national and international fora on food safety.
- Develop evidence synthesis, research and methodology on targeted food policy issues with public health implications.

Diseases in Aboriginal Communities

Focus for RPP Reporting Period:

- Collaborate in studies of foodborne and waterborne illnesses in northern Aboriginal communities and the impact of climate change on these illnesses.
- Carry out a study of toxoplasmosis in the Arctic and sub-Arctic regions.
- Continue to support the implementation of Arctic initiatives on the impact of zoonotic infections (e.g. ArcticNet network).

Health and the Environment

Over the planning period, the Agency will continue to provide accurate and timely information on national and global public health events to Canadian and WHO officials through the Global Public Health Intelligence Network (GPHIN – http://www.phac-aspc.gc.ca/media/nr-rp/2004/2004_gphin-rmispbk_e.html). GPHIN is a secure, Internet-based “early warning” system that gathers preliminary reports of public health events of significance in seven languages (English, French, Chinese (simplified and traditional), Russian, Arabic and Spanish) on a real-time, 24 hour / 7 days a week basis. This system gathers and disseminates relevant information on disease outbreaks and other public health events by monitoring global media sources such as newswires and Web sites.

Climate Change

Focus for RPP Reporting Period:

- Initiate a process to identify and prioritize potential effects of climate change on a wide range of pathogens, including vector-borne, foodborne and waterborne pathogens, to guide research efforts.
- Establish an internal committee on climate change that will examine the public health impacts of climate and environmental change.
- Focus on identification of climate related risks and risk mitigation strategies for vulnerable groups (e.g. Seniors, First Nation communities).

Zoonoses

Focus for RPP Reporting Period:

- Continue the current surveillance program for West Nile virus.
- Continue current monitoring and emergency planning for avian influenza in partnership with CFIA and provincial and territorial partners.
- Complete a diagnostic guidance document for Lyme disease and facilitate the development of clinical guidelines with F/P/T partners.
- Expand disease modelling efforts for a variety of vector-borne infections, including Lyme disease.
- Facilitate the development of national coordination for a response to rabies in Canada.
- Carry out national coordination of initiatives on zoonotic diseases.
- Expand national surveillance and response to zoonotic diseases.

Technologies

The different technologies developed and utilized by the Agency are critical for maintaining adequate knowledge of the spread of disease both in Canada and globally. These technologies allow the Agency to rapidly respond and to coordinate activities with provincial, territorial and local public health authorities if required.

Focus for RPP Reporting Period:

- Using the latest molecular and cellular techniques, continue to conduct innovative research on pathogenic determinants and host responses; rapid identification of enteric pathogens; and novel interventions for the prevention and control of enteric diseases.
- Develop high performance modelling tools, such as Geographic Information Systems (GIS) and multi-criteria decision making tools that will provide analysis and options for public health issues related to the agro-environment.
- Take steps to establish a program in biotechnology, genomics and population health, which can contribute to strategies to prevent disease and improve health status based on the genetic and biologic endowment of individuals and populations, and the application of new genomic knowledge, products and biotechnologies.

The Agency continues to develop various surveillance systems to facilitate its ongoing activities. Some of its emerging technologies are used by many different programs to monitor a variety of both infectious and non-infectious diseases.

The Agency will continue its collaboration with provincial, territorial and regional health authorities across Canada in the implementation of the Canadian Network for Public Health Intelligence (CNPHI). CNPHI has become Agency's primary information management and information technology (IM/IT) platform for collaboration, surveillance, alerting and response. For instance, the NESP and CIPARS (mentioned above) utilize the CNPHI platform. CNPHI is used daily by more than 2000 public health stakeholders from across the country to facilitate infectious disease management. To date, CNPHI has successfully piloted a suite of Web-based resources including, a pan-Canadian alerting system, collaboration resource centres in use by over 50 domestic and international working groups, national disease surveillance systems, and a pilot syndromic surveillance system for the City of Winnipeg.

Focus for RPP Reporting Period:

- The CNPHI team will implement a nation-wide, Web-based surveillance system for over-the-counter pharmaceutical sales.
- A proprietary data collation infrastructure has been developed and will be implemented to integrate CNPHI with existing federal, provincial, and regional public health databases and systems as well as a public health information system being developed through Canada Health Infoway.
- CNPHI will continue to be expanded to provide additional Web-based resources, including a dynamic event management system, an infectious disease outbreak summaries reporting system, infectious disease mapping, modelling and tracking tools, and a laboratory quality management system.
- Efforts are currently underway to make CNPHI available to other federal, provincial and territorial government departments with public health links, and fostering broader intergovernmental and cross-jurisdictional integration. This integration will facilitate the collection and processing of surveillance data, the dissemination of strategic information, and the coordination of responses necessary to meaningfully address potential health threats.

Program Activity - Emergency Preparedness and Response

Financial Resources (in millions of dollars)		
2007-2008	2008-2009	2009-2010
115.9	54.7	57.9

Human Resources (FTEs)		
2007-2008	2008-2009	2009-2010
367	328	328

(<http://www.phac-aspc.gc.ca/cepr-cmiu/index.html>)

The Public Health Agency of Canada partners with Health Canada, other federal departments, the provinces and territories, international organizations and the voluntary sector to identify,

develop and implement preparedness planning priorities and to develop public health emergency response plans.

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

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

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

Emergency Preparedness Capacity

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

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

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

The Agency administers a hazardous waste management program for the Health Portfolio in the National Capital Region, and monitors the Health Portfolio's progress on laboratory safety. It collaborates with the World Health Organization (WHO) in the promotion of biosafety, biocontainment and biosecurity on the international stage.

The Agency has created Emergency Preparedness and Response Regional Coordinator positions across the country. These coordinators facilitate coordinated planning within the Health Portfolio and among federal departments to strengthen provincial and territorial partnerships in the response community.

The updated *Quarantine Act* received Royal Assent in May 2005 and came into force on December 12, 2006. This new quarantine legislation will offer enhanced protection to Canadians

by providing the Government of Canada with new authorities and modern tools to respond rapidly and effectively to the changing threat and risk environment in global public health at entry and departure ports in Canada.

Focus for RPP Reporting Period:

- Continue to support and strengthen its nationwide quarantine service 2007-2008, using well-trained, knowledgeable quarantine officers at six international airports accounting for 94% of international travel into Canada. This will allow the Agency to act quickly to protect the health of Canadians in the event of a global communicable disease outbreak.
- Respond to all reports of passengers whose presence aboard conveyances constitutes a risk factor.
- Assist authorities at entry points in the development of their respective emergency response protocols.
- Enhancement of emergency preparedness capacity to ensure that Canadians benefit from a more efficient and effective response that reduces the effects of health-related emergencies.

Emergency Response Capacity

In order to link the health sector's emergency preparedness and response activities within the Government of Canada's National Emergency Management Framework, the Agency is directly linked to Public Safety and Emergency Preparedness Canada.

Focus for RPP Reporting Period:

- Important liaison function will be enhanced to include operational links with the Agency's Emergency Operations Centre system.
- Create a permanent executive liaison function to strengthen the policy, program and emergency response linkage between the national health emergency management system and the government's National Emergency Response System.

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

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

The National Microbiology Laboratory's Office of Biorisk Management advances the public health agenda by promoting biorisk management for national and international laboratories and facilities working with infectious diseases. In 2007-2008, the Office will continue conducting its internationally recognized High Containment Biosafety Workshops. It will also chair the

European Committee for Standardization (CEN) workshops to work towards an international standard on laboratory biosafety and biosecurity.

The Agency, the Royal Canadian Mounted Police and the Department of National Defence are members of the National Capital Region's Joint Chemical, Biological, Radiological and Nuclear Response Team (http://www.phac-aspc.gc.ca/cepr-cmiu/ophs-bssp/links_index_e.html). The CBRN Team provides expertise, specialized equipment, facilities and scientific support in response to threatened, perceived or actual incidents involving biological weapons or agents. The Agency provides on-site mobile detection and response capability.

Focus for RPP reporting period:

- Continue to improve its laboratory response operations in both its first response laboratory and its mobile response units.
- The National Microbiology Laboratory will lead a CRTI exercise (BI-EX West). This exercise will allow municipal, provincial and federal agencies to engage in an integrated response to a simulated biological terrorist emergency event, thereby enhancing Canada's capability to secure Canadians against bioterrorist threats.
- Monitor the accidental release of biological materials from certified and non-certified facilities and instances of laboratory-acquired infections.
- Participates in the administration of the *Biological and Toxin Weapons Convention* in Canada. When required, the Agency will activate the Emergency Response Assistance Plan for national transportation emergencies involving Risk Group 4 human pathogens, or the National Capital Region plan for on-scene response to reports of suspicious packages and other bioterrorism events.
- Conduct scientific research in support of CBRN response decision-making, provide support to the Convention verification program, and offer guidance and assistance on biosafety and biosecurity to other government departments.

The Agency maintains three mobile laboratories that can be deployed anywhere in the world. These labs have advanced equipment which allows for rapid diagnoses and operations in rugged field conditions.

Focus for RPP Reporting Period:

- Develop enhanced field-usable techniques for the identification of potential bacterial bioterrorism agents.
- Enhance testing capacity at the Agency's Canadian laboratories.

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

The EOC consists of a national hub in Ottawa, a public health laboratory operations centre in Winnipeg, and a back-up facility. These three EOC units are well connected to their federal, provincial, territorial and external counterparts, such as the US Department of Health and Human

Services Command Center, the Centers for Disease Control and Prevention (CDC) in the United States, and the WHO.

Focus for RPP Reporting Period:

- The Agency will further connect the three EOC units to provincial, territorial and international networks.
- Start implementing a modular Emergency Management Software call E-Team. It allows the Emergency Management Team to task users, develop and publicize action plans and supporting reference documents and facilitates users' ability to review the history, location and status of any incident, provided\ for the sharing of data with related groups, enable communications between and alerting of users and partner agencies and record all data of an event for future review. The E-Team software has been used internationally to manage planned events with heightened security threats such as the 2002 Winter Olympics, the Super Bowl and has been used to manage responses to unplanned events, including the 2003 power blackout that affected Southern Ontario and the North Eastern United States and Hurricanes Katrina and Rita.

The Agency's National Emergency Stockpile System (NESS) maintains emergency supplies in a robust and versatile system. Items stored range from small backpack trauma kits to complete 165-bed emergency hospitals. They are kept at a central depot in Ottawa, eight federal warehouses located strategically across the country, and approximately 1,300 storage sites under federal, provincial and territorial care.

Focus for RPP Reporting Period:

- Increase the storage capacity as well as the inventory of supplies. NESS will continue to have the capability to respond 24 hours a day, 7 days a week, and to deliver needed supplies anywhere in Canada within 24 hours of receiving a request for assistance.
- By modernizing NESS, and by supporting and facilitating the national dialogue on emergency measures under an all-hazards approach, the Agency will continue to improve its influenza pandemic preparedness in 2007-2008.

The National Office of Health Emergency Response Teams (NOHERT – http://www.phac-aspc.gc.ca/cepr-cmiu/ophs-bssp/nohert_e.html) was established in December 2001. It is mandated with developing Health Emergency Response Teams (HERTs) to assist the provinces and territories in creating surge capacity for emergency situations. Located in Ottawa, Vancouver, Halifax and Winnipeg, these units will include medical, nursing and other personnel that will collaborate with provincial and territorial counterparts to assess and coordinate needed interventions. In June 2007, the Ottawa HERT unit will be operational. This requires that:

- The Medical Response Teams (MRT) and Mission Support Teams (MST) for the Ottawa Unit fully recruited and contracted;
- Arrangements for benefits, indemnification and compensation;
- All HERT unit Ottawa equipment and supplies purchased and validated;
- Transportation and logistical support arrangements contracted and in place;
- Completion of the training plan development; and
- Implementation of an exercise program.

Other units to be operational will be Vancouver and Halifax in 2008 and Winnipeg HERT units in 2008-2009.

The Agency helps to coordinate emergency health and social services through the Council of Health Emergency Management Directors and the Council of Emergency Social Services Directors (http://www.phac-aspc.gc.ca/emergency-urgence/index_e.html).

Focus for RPP Reporting Period:

- Continue to coordinate the activities of key emergency preparedness stakeholders.
- Promote evidence-based emergency preparedness practices across the country; and develop policies and strategies to establish a more integrated and comprehensive approach to managing health emergencies, including pandemic influenza. This will strengthen federal, provincial and territorial capacity to prepare for, respond to and recover from public health emergencies.
- Work in collaboration with the Pan-Canadian Public Health Network toward the establishment of a federal, provincial and territorial Public Health Mutual Aid Agreement. Continue working with Canada's Pandemic Influenza Committee to operationalize the Canadian Pandemic Influenza Plan for the Health Sector.
- Further develop a national health incident management system.
- Define the federal, provincial and territorial components of the National Health Emergency Management System.

In 2007-2008, the Agency's Travel Medicine Program will take steps to ensure that yellow fever vaccine is dispensed in Canada in accordance with national standards.

Global Health Security

The World Health Organization set up the Global Outbreak Alert and Response Network (GOARN) in April 2000 as a technical partnership to coordinate activities between existing institutions and networks in mobilizing and connecting global resources to control disease outbreaks. Canada, a founding member of GOARN, has deployed experts to be members of international teams assisting in dealing with various outbreaks of international concern. Agency experts participated in the assessment of affected areas to define needs before specific requests were issued for assistance to network partners.

Focus for RPP Reporting Period:

- Canada will continue to contribute (human) resources for GOARN activities and continue to be a strong supporter of this network.
- Canada will send experts to be members of international teams in response to GOARN requests for assistance in dealing with outbreaks of international concern.

Canada will work actively towards implementation of the *International Health Regulations*, which would see consistent measures applied around the globe with respect to issues surrounding the movement of people and goods. These standards would help enhance the standard of health security for people everywhere, by reducing or slowing the spread of disease.

Canada supports a four-year project entitled Canada-Asia Regional Emerging Infectious Disease (CAREID). This project is funded by the Canadian International Development Agency, whose minister (the Minister of International Cooperation), has selected the Public Health Agency of Canada as the Canadian Executing Agency. The Agency will provide short-term and long-term technical assistance and management services to implement the project in Southeast Asia and China. The project will support the Government of Canada priorities on public health security and will strengthen both regional collaboration and the capacity of selected national public health systems in the region to detect and respond to infectious disease emergencies.

The Agency is actively participating in a number of international initiatives on avian and pandemic preparedness, including collaboration with the World Health Organization (WHO) on the Global Action Plan to increase the supply of pandemic influenza vaccines; the provision of technical expertise to the Global Health Security Initiative (GHSI) involving the G7 countries plus Mexico; and participation in the development of a North American avian and pandemic influenza plan as well as other health-related pandemic activities under the Security and Prosperity Partnership of North America that links Canada, the United States and Mexico.

Program Activity - Strengthen Public Health Capacity

Financial Resources (in millions of dollars)		
2007-2008	2008-2009	2009-2010
55.6	55.8	56.4

Human Resources (FTEs)		
2007-2008	2008-2009	2009-2010
311	336	340

A strong and sustainable public health system is necessary to keep Canadians healthy. Only such a system would respond effectively in situations of health threats and emergencies and protect Canadians from disease. It would have the public health capacity to handle challenges posed by the increasing incidence of existing as well as emerging diseases in the population.

The Agency’s work under strengthening public health capacity involves working with national and international partners to develop and provide tools, applications, practices, programs and understandings that support the public health system, increase public health capacity 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.

Strengthening public health capacity means improved public health practice, increased cross-jurisdictional human resources capacity, effective knowledge and information systems, and support of the development of public health laws and an ethics framework that evolve in response to changes in public needs and expectations.

Agency's Priorities

Strengthening public health capacity initiatives contribute to Priority 4: Strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity.

Strengthen Public Health Capacity Initiatives

Building Public Health Human Resource Capacity

An improved capacity in public health human resources is essential for a stronger public health system in Canada. A lack of such capacity across the country has been cited in a number of reports published after the severe acute respiratory syndrome (SARS) outbreak of 2003. There is a need for a comprehensive strategy, which should build on the existing programs and include new ones. To contribute to this, the Agency collaborates and partners with stakeholders and plays a lead role in strategy development and implementation. Over the three year planning period, the Agency will deliver a range of programs that will strengthen public health human resource capacity.

In 2007-2008, the Agency will:

- Continue to participate in the development and implementation of the Pan-Canadian Framework for Public Health Human Resources Planning. It will do so in association with its federal, provincial and territorial partners;
- Continue to support the Public Health Human Resource task group of the Pan-Canadian Public Health Network;
- Continue to work with the Canadian Institute for Health Information (CIHI), Health Canada and Statistics Canada on the administrative databases to quantify the current workforce in this field, to help solidify workforce planning.

A skilled workforce within the Agency is a must for the effective delivery of programs and services. In 2007-2008, the Agency will finalize a comprehensive professional development plan for its staff, based on the groundwork previously carried out.

There are concerns across the country about the national shortage of public health staff. To address this, the Agency will continue the establishment of the National Public Health Service Program in consultation with provincial health departments during 2007-2008. This program will recruit and deploy qualified staff into permanent positions across Canada. It is anticipated that these public health officers will handle tasks associated with surveillance and epidemiological work, and will be prepared to deal with broader public health issues as well as outbreak or pandemic duty needs, when required.

The Agency will continue to play a major role in training field epidemiologists in Canada. The Canadian Field Epidemiology Program (CFEP) will accept ten trainees for its 2007-2008 cohort. They will start their training in September 2007, as federal employees, and will be posted at public health organizations across Canada. They will receive hands-on training in their host organization and will assist it in activities such as disease outbreak investigation and program evaluation.

The Agency's Skills Enhancement for Public Health Program will continue to contribute to enhancing the skills status of public health practitioners by providing on-line training modules in public health. The program will add three modules to its current suite, increasing the total to ten.

Through the Public Health Scholarships and Capacity Building Initiative, the Agency will:

- Improve readiness capacity in the public health system by increasing the capacity of people, systems and tools. This will be achieved by increasing the number and skills of public health professionals; enhancing relationships between university programs in public health and public health organizations; and developing public health training products and tools;
- Work with the Canadian Institutes of Health Research (CIHR) to provide grants to universities to develop and implement programs and courses that increase the number of graduates in the public health field. It will also award grants to health professionals who are willing to pursue their career in public health;
- Work with other partners in public health through a contribution program on tools for workforce development, including competency-based training.

Knowledge and Information Systems

Effective and efficient knowledge and information systems are required to strengthen public health capacity. Such systems are designed to help front-line public health stakeholders in obtaining the information required for public health practice in an effective manner. These systems help turn the data into useful knowledge in the shortest possible time through collection, compilation and presentation in a manner that is flexible and most suited to the user. The Agency works with its federal, provincial and territorial partners to develop information and knowledge management tools and products and to make them available to public health practitioners across Canada. As well, the Agency partners with its stakeholders to obtain consensus and common agreements on such tools and their use in practice.

Over the three year planning period, the Agency will:

- Deliver a range of programs that will strengthen knowledge and information systems. Building on the success of the last year;
- Continue to operate and maintain its Geographic Information Systems (GIS) program in 2007-2008. As the information technology becomes commonplace in public health, more practitioners will be able to access the GIS Infrastructure.

The program will continue to promote the use of a user-friendly, online tool for public health professionals called the Public Health Map Generator (PHMG). The PHMG will address current public health GIS needs for a cost-effective solution by providing a bilingual Web site for public health professionals to quickly and easily create their own maps. Public health professionals will map their health data using spatial data from an integrated data warehouse, with little or no previous GIS skills or knowledge required. The expedited output of the GIS products in the hands of front-line decision makers will accelerate response capacity.

Knowledge about the burden of illness in Canada is needed by all levels of government. In 2007-2008 the Agency will continue to research methods to improve the determination of the burden

of illness and will estimate the direct and indirect economic burden for the wide range of communicable and chronic diseases that affect Canadians.

Building on the groundwork undertaken in the previous year, in 2007-2008 the Agency will prepare the first Annual Report on the Public's Health. This assessment of the state of the public's health will benefit the Agency and its partners in program development and delivery.

In 2007-2008, the Agency will work to strengthen the six National Collaborating Centres for Public Health (NCCs), which were established with an overarching mission to "build on existing strengths and create and foster linkages among researchers, the public health community and other stakeholders to ensure the efficiency and effectiveness of Canada's public health system". The Agency provides guidance, advice and financial support to the NCCs; however, the latter are drawing on regional, national and international networks and expertise to collaborate on projects and activities with other organizations in the public health system.

Through their focus on the practice of public health, the NCCs are facilitating a better understanding of current research and knowledge-based evidence in public health and disseminating important information in the form of relevant, easy to use products and tools that can be readily accessed and applied at all levels of the Canadian public health system. Through this work the NCCs will connect with diverse audience of public health policy and program specialists, practitioners, governmental and non-governmental groups, academia and researchers. They will be engaged to listen to, collaborate on and respond to the needs and uses for methods and tools to make appropriate decisions within their respective areas of responsibility.

The Knowledge Translation Program aims to promote knowledge synthesis, transfer, exchange and application within the Agency specifically and between the Agency and the public health system more generally. The program will foster a focus on knowledge translation within the Agency through a seminar series held in conjunction with the University of Ottawa and the Canadian Institute for Health Information; a Public Health Agency of Canada evidence-based decision-making working group; the development of an organizational assessment of internal PHAC activities; internal and external consultations with key national and international organizations; and the development of an overall knowledge translation strategy.

Knowledge networks contribute to public health capacity. Such networks are spread across Canada but need to be better integrated. Strong performance of Canada's public health system requires that information systems be well-connected. The Agency will strengthen these networks through the Canadian Integrated Public Health Surveillance (CIPHS) program. This program will build bridges between Canadian jurisdictions and bring them together to discuss opportunities for coordination on the implementation of interoperable systems.

In 2007-2008, the Agency will be working, under the direction of the Surveillance and Information Expert Group (SIEG) of the Pan-Canadian Public Health Network, toward the ratification and implementation of memoranda of understanding pertaining to information sharing between and among jurisdictions during public health emergencies. As part of this work, the Agency will be participating in discussions concerning the policies and legal aspects of ownership, release and sharing across jurisdictions of individual records, while keeping in mind

the need to balance individual interests and societal interests in protecting the public's health. In 2007-2008, the Agency will work to improve policies, practices and tools associated with the collection, use, retention and disclosure of information about individuals.

The Agency will also ensure its staff and affiliates have easy access to library resources to effectively support their roles as world-class researchers, leaders and advisors. During 2007-2008, a pilot project will be undertaken by the National Microbiology Laboratory to make electronic databases, journals and other library resources available via a Web-based application, thereby ensuring 24/7 desktop access, irrespective of location.

Public Health Law and Ethics

Growing concerns about new and re-emerging diseases have prompted public health authorities to further clarify jurisdictional roles and responsibilities in the event that a disease like SARS or pandemic influenza should hit Canada. These concerns, raised in a number of reports from external advisory committees published after the SARS events of 2003, were reiterated by Canada's Health Ministers. The Agency is taking a lead federal role in collaborating with provinces and territories to address these concerns.

Modern and concise legislative and ethics frameworks are required to support improved population health and stronger public health practice. Combined to action of this front are efforts to review, analyze and assess laws and regulations intended to protect health and safety – which must reflect current scientific knowledge and best practices in fostering compliance. The Agency will conduct and support applied research in public health law and ethics and also organize workshops and meetings to help public health practitioners and policy makers keep abreast of legislative developments and their impacts on public health practice.

With the United Nations' Millennium Development Goals in mind, the Agency will also collaborate with the World Health Organization in developing public health legislative strategies and tools. Such strategies and tools, intended for tabling at the World Health Assembly in 2008, will serve to enhance public health through the development of consistent and interoperable legislation-based standards and approaches.

Building on the success of Canada's first ever Canadian Conference on the Public's Health and the Law in 2006, the Agency will plan for a follow-up conference in 2008, and continue to support the activities of the pan-Canadian Public Health Law Improvement Network.

Supported by its Public Health Ethics Working Group, the Agency will continue to foster inter-professional and intersectoral linkages in public health ethics. It will collaborate with Health Canada, the Canadian Institutes of Health Research, provincial and local public health authorities, and academia in planning and organizing a national roundtable on public health ethics in 2007. This event will bring together specialists from public health and research disciplines to identify issues and opportunities related to supporting the development of a national framework for public health ethics, and the development of methodologies and tools that enable prompt consideration of ethics in public health interventions.

Section III – Supplementary Information

Organizational Information

Role of the Public Health Agency of Canada

The role of the Public Health Agency of Canada is:

- To be a leader 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.
- To strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

The Agency participates in health surveillance - the ongoing, systematic use of routinely collected health data to guide public health actions. Surveillance supports disease prevention and enables public health professionals to manage outbreaks and threats. In collaboration with the Canadian Institute for Health Information, the Canadian Public Health Initiative, Statistics Canada and many other organizations, the Agency delivers surveillance programs, including the following:

- Pandemic Influenza program;
- HIV/AIDS Surveillance program;
- National West Nile Virus Surveillance program;
- Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS);
- Canadian Nosocomial Infection Surveillance Program (CNISP);
- National Enteric Surveillance Program (NESP);
- National Diabetes Surveillance System (NDSS);
- The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP);
- Cancer; and
- Exploring areas for possible surveillance activity, such as: mental health, autism, arthritis.

Mandate

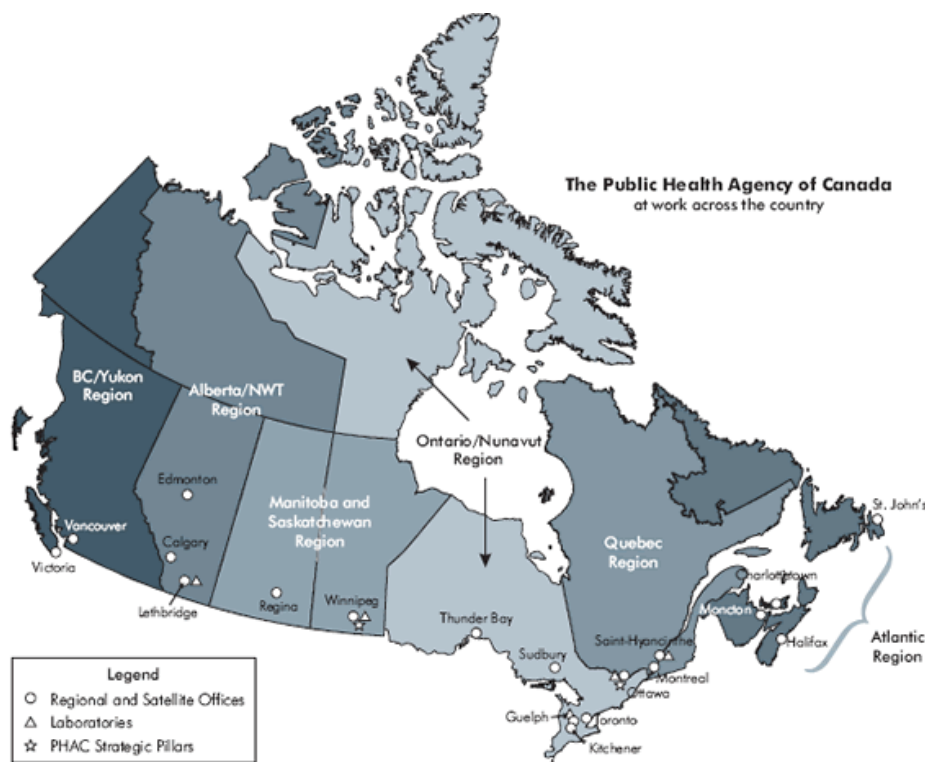
In collaboration with our partners, lead federal efforts and mobilize Pan-Canadian action in preventing disease and injury, and promoting and protecting national and international public health through the following:

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

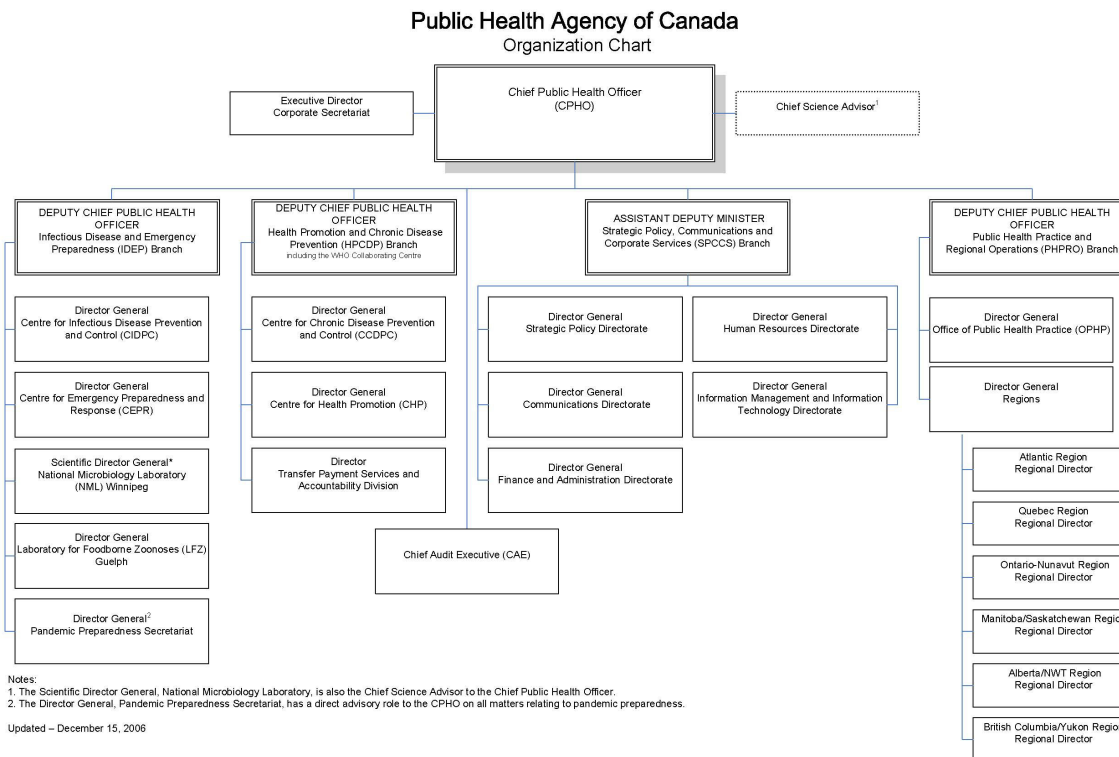
Operations Across Canada

To maintain sufficient knowledge and skills to develop and deliver the public health advice and tools required by Canadians and public health professionals, the Agency employs approximately 1,800 dedicated staff: 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 governments, federal departments, academia, voluntary organizations and citizens. Outside of Winnipeg and the National Capital Region, the Agency's Canada-wide infrastructure consists of six Regions and a Northern Secretariat, with approximately 275 employees in 17 locations. 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.



Dual Role of the Chief Public Health Officer

- As **Deputy Head of the Agency**, the Chief Public Health Officer (CPHO) is accountable to the Minister of Health for the daily operations of the Agency, and advises the Minister on public health matters. The CPHO can engage other federal departments to mobilize the resources of the Agency to meet threats to the health of Canadians.
- In addition to his role as Deputy Head, the CPHO is **Canada’s lead public health professional**, with demonstrated expertise and leadership in the field. As such, 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 an annual report on the state of public health in Canada, to be tabled in Parliament.

Reporting Directly to the Chief Public Health Officer

Deputy Chief Public Health Officer, Infectious Disease and Emergency Preparedness (IDEP) Branch

Enables the prevention and control of infectious diseases and improvement in the health of those infected. Branch staff is prepared for and ready to respond to public health emergencies, 365 days a year. Examples of specific challenges are HIV/AIDS, pandemic influenza preparedness, health-care acquired infections such as *C. difficile*, food-borne and water-borne disease, sexually transmitted infections, infections resulting from injection drug

use and illnesses resulting from the interface between humans, animals and the environment including West Nile virus infection and Creutzfeldt-Jakob disease (CJD).

Deputy Chief Public Health Officer, Health Promotion and Chronic Disease Prevention (HPCDP) Branch

Works with stakeholders at all levels to provide national and international leadership in health promotion, chronic disease prevention and control; coordinate the surveillance of chronic diseases, their risk factors and underlying determinants, and early disease detection; create and evaluate/measure programs addressing common risk factors and specialized issues focusing on vulnerable populations and regarding specific population groups (e.g. seniors, children); educate the public and professionals; and manage grants and contributions and the related Centre of Excellence on Program Evaluation.

Deputy Chief Public Health Officer, Public Health Practice and Regional Operations (PHPRO) Branch

Responsible for providing strategic direction in public health surveillance and in building the regional capacity of the Public Health Agency of Canada through the Director General of Regions. The Branch consists of the Office of Public Health Practice and the Agency's Regional offices.

Assistant Deputy Minister, Strategic Policy, Communications and Corporate Services (SPCCS) Branch.

Provides integrated and coordinated strategic direction, communication and human resources advice to identify and realize the Agency's priorities and commitments. The Branch supports the Agency across its operations and program activities by providing strategic policy leadership and advice, coordination and partnership development; delivering human resources operational and corporate services; developing and managing the Agency's communication plans, strategies and services; delivering comptrollership functions to assure probity, value for money and compliance with applicable federal legislation and policies; delivering Agency asset management and safety services; providing information management and technology expertise and leadership; and overseeing the audit function.

Chief Audit Executive, Office of the Chief Audit Executive

Provides assurance on the adequacy of internal controls for the Agency, in particular by assessing controls over financial management and financial reporting and the delivery of programs and activities with due regard to economy, efficiency and effectiveness.

Corporate Secretariat

The Corporate Secretariat is responsible for coordinating various services in support of the Minister of Health and the CPHO. It houses the Executive and Ministerial Services (EMS) division, which serves as a single point of contact between the Ministers' offices and the

Agency. EMS coordinates executive and ministerial correspondence and briefing requirements about PHAC programs and issues for the Minister of Health, as well as for the CPHO. EMS is also responsible for services related to the Agency's Cabinet and parliamentary business. The Corporate Secretariat also conducts the following operational functions on behalf of the Agency: coordination of Access to Information requests, provision of secretariat support to Agency governance and advisory committees, and management of horizontal projects within the Agency.

Chief Science Advisor

The Office of the Chief Science Advisor has an Agency-wide mandate related to science coordination and science policy integration, and works toward strengthening the Agency's scientific networks both internally and nationally.

Departmental Links to the Government of Canada Outcome Areas

2007-2008								
	Budgetary (in millions of dollars)							
	Operating	Grants	Contributions and Other Transfer Payments	Gross Budgetary Expenditures	Less: Respendable Revenue	Total Main Estimates	Adjustments (Planned Spending not in Main Estimates)	Total Planned Spending
Strategic Outcome: Healthier Canadians and a Stronger Public Health Capacity								
Program Activity: Health Promotion	55.9	10.1	120.4	186.4	0.0	186.4	0.1	186.5
Program Activity: Disease Prevention and Control	252.8	22.3	25.4	300.5	0.0	300.5	11.3	311.8
Program Activity: Emergency Preparedness and Response	115.9	0.0	0.0	115.9	(0.1)	115.8	0.1	115.9
Program Activity: Strengthen Public Health Capacity	44.5	1.7	9.4	55.6	0.0	55.6	0.0	55.6

All of the above program activities contribute to the achievement of the Government of Canada's "Healthy Canadians" outcome area.

Table 1: Departmental Planned Spending and Full Time Equivalent (FTE)

(in millions of dollars)	Forecast Spending 2006-2007	Planned Spending 2007-2008	Planned Spending 2008-2009	Planned Spending 2009-2010
Population and Public Health ¹	506.7	0.0	0.0	0.0
<i>Health Promotion</i>	0.0	186.4	187.1	187.2
<i>Disease Prevention and Control</i>	0.0	300.5	273.9	321.3
<i>Emergency Preparedness and Response</i>	0.0	115.9	54.6	54.6
<i>Strengthen Public Health Capacity</i>	0.0	55.6	55.7	56.4
Budgetary Main Estimates (gross)	506.7	658.4	571.3	619.5
Less: Respendable revenue	-0.1	-0.1	-0.1	-0.1
Total Main Estimates	506.6	658.3	571.2	619.4

<i>Adjustments:</i>				
<i>Procurement Savings:</i>				
Disease Prevention and Control	-1.2			
<i>Supplementary Estimates (A):</i>				
Funding to improve the capacity to detect and the readiness to respond to a potential pandemic influenza outbreak, including emergency preparedness, antiviral stockpiling and rapid vaccine development technology	20.3			
Operating budget carry forward	11.7			
Support to build a more effective and professional public health workforce in Canada through funding for graduate training, including master's and doctoral scholarships, additional community medicine residences and for in-service professional development resources	4.2			

One year extension of the Centres of Excellence for Children's Well-Being Program, a resource for parents and policy-makers providing sound and useful knowledge of key determinants of children's well-being	1.6
Transfer from Health - To continue the Government's plan to establish core genomics research and development capacity	1.4
Transfer from Canadian Heritage - Related to the development of Official Language Minority Communities (interdepartmental partnership with the Official Language Communities)	0.3
Transfer to the Canadian Institutes of Health Research - To build a more effective and professional public health workforce in Canada through funding for graduate training, including master's and doctoral scholarships, additional community medicine residences and in-service professional development services	-0.4
Transfer to the Canadian Institutes of Health Research - For the Hepatitis C Prevention, Support and Research Program	-1.3
Transfer to Health Canada - Related to government advertising program	-1.5
Transfer to Health Canada - To adjust for the allocation of resources following the transfer of the control and supervision of the Population and Public Health Branch	-2.4
<i>Supplementary Estimates (B):²</i>	
Funding to implement the Canadian Strategy for Cancer Control	1.0
Transfer from Health Canada - To adjust for the allocation of resources following the transfer of the control and supervision of the Population and Public Health Branch	0.2
Transfer from Health Canada - To support the Canadian Health Services Research Foundation's Community Health Nursing Study	0.1
Transfer to Health Canada - To implement the Canadian Strategy for Cancer Control	-0.7
Transfer to Health Canada (Chief Scientist Office) - To conduct ethical review of Public Health Agency of Canada research involving human subjects	-0.2
Transfer to the Canadian Institutes of Health Research - To fund health services and population health research relevant to the surveillance of diabetes	-0.1

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Transfer from Transport Canada – For public security measures	0.1			
<i>Other Adjustments:</i>				
Funding for the 2010 Vancouver Winter Olympics		0.0	0.1	0.7
Funding for the Winter Olympics (includes operations for Paralympics Games)		0.0	0.0	2.7
Renewed public health response to address Hepatitis C		10.4	10.4	10.4
Capacity to enhance Canada's feed ban and mitigate public health risks associated with BSE		0.8	0.8	0.0
Canadian Strategy for Cancer Control		-0.1	-0.1	-0.1
Transfer from TB vote 10 for internal audit - operations		0.4	0.5	0.0
Collective Bargaining Agreement	1.0			
Employee Benefit Plan (EBP)	1.4			
Less: Funds available internally from savings and other surpluses.	-15.0			
<i>Total Adjustments</i>	20.5	11.5	11.7	13.7
Total Planned Spending³	527.1	669.8	582.9	633.1

Total Planned Spending	527.1	669.8	582.9	633.1
Plus: Cost of services received without charge ⁴	20.1	22.7	22.9	21.9
Total Department Spending	547.2	692.5	605.8	655.0

Full Time Equivalent (FTEs)	2,202	2,376	2,415	2,428
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1. In 2006-2007, the Public Health Agency of Canada had one program activity named "Population and Public Health". In 2007-2008, this program activity has been replaced by four new program activities: (a) Health Promotion, (b) Disease Prevention and Control, (c) Emergency Preparedness and Response and (d) Strengthen Public Health Capacity.
2. Supplementary Estimates (B) are anticipated to be tabled in Parliament in February 2007.
3. The forecast spending for 2006-2007 mainly represents funding received in Main Estimates and items in Supplementary Estimates (A) and (B), adjusted to include adjustment for Employee Benefit Plans and anticipated surpluses. The increase between the forecast spending for 2006-2007 and the total planned

spending for 2007-2008 is due to increased funding for: Avian and Pandemic Influenza Preparedness; Integrated strategy on Healthy Living and Chronic Disease; Federal Initiative to address HIV/AIDS in Canada; and Aboriginal Health Transition Fund; and new funding for the Extending Climate Change Programming. The above increase is offset by reductions due to sunsetting programs at March 31, 2007 such as: the Centres of Excellence for Children Well-Being, the Government Advertising Campaign (healthy pregnancy); the Operating Budget carry-forward; combined with increased reductions directed by the Expenditure Review Committee (ERC).

The decrease between the total planned spending from 2007-2008 to 2008-2009 is mainly due to reduced requirements for Avian and Pandemic Influenza Preparedness; and the sunsetting of funding related to Extending Climate Change Programming; Genomics Research and Development three-years projects; and Agriculture Policy Framework. The reduction is offset by incremental funding received for the Integrated Strategy on Healthy Living and Chronic Disease; and the Federal Initiative to address HIV/AIDS in Canada.

The increase in total planned spending between 2008-2009 and 2009-2010 is mainly due to funding received, which is to be transferred to provinces and territories under the Hepatitis C Health Care Services Program; and the 2010 Vancouver Winter Olympics; offset by reduced requirement for Avian and Pandemic Influenza Preparedness and Bovine Spongiform Encephalopathy (BSE).

4. Services without charge include accommodations provided by Public Works and Government Services Canada; contributions concerning the employer's share of employee's insurance premiums and expenditures paid by Treasury Board of Canada Secretariat (TBS) and employer's contributions to employee's insured benefit plans and expenditures paid by TBS (see table 3).

Table 2: Voted and Statutory Items

Voted or Statutory Items	Truncated Vote or Statutory Wording	2007-2008	2006-2007
		Main Estimates (in millions of dollars)	Main Estimates (in millions of dollars)
35	Operating expenditures	438.4	299.3
40	Grants and contributions	189.3	179.3
(S)	Contributions to employee benefit plans	30.6	28.0
	Total - Agency	658.3	506.6

The change in operating expenditures vote consists of increased funding for: Avian and Pandemic Influenza Preparedness (Budget 2006); Integrated Healthy Living Strategy and Chronic Disease; HIV/AIDS; Extending Climate Change Programming; Genomic Research & Development projects, Aboriginal Transition Fund and Canadian Strategy for Cancer Control and reduced funding resulting from sunsetting programs such as Hepatitis C prevention, support and research, Government Advertising Program, Bovine Spongiform Encephalopathy activity and Government-wide reductions arising from the decisions of the Expenditure Review Committee.

The change in grants and contributions vote consists of increased funding for: Integrated Strategy for Healthy Living and Chronic Disease; Avian and Pandemic Influenza Preparedness; Scholarship and Bursaries; HIV/AIDS; and Aboriginal Health Transition Fund. It also includes sunsetting program such as Hepatitis C Prevention, Support and Research.

Table 3: Services Received Without Charge

Table 3: Services Received Without Charge (in millions of dollars)	2007- 2008
Accommodation provided by Public Works and Government Services Canada (PWGSC)	11.0
Contributions covering the employer's share of employees' insurance premiums and expenditures paid by Treasury Board of Canada Secretariat, employer's contribution to employees' insured benefits plans and expenditures paid by TBS	11.7
Total 2007-2008 Services Received Without Charge	22.7

Table 4: Sources of Respendable Revenue

Respendable Revenue	Forecast Revenue	Planned Revenue	Planned Revenue	Planned Revenue
(in millions of dollars)	2006- 2007	2007- 2008	2008- 2009	2009- 2010
<i>Population and Public Health</i>¹				
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	0.0	0.0	0.0
	0.1	0.0	0.0	0.0
<i>Emergency Preparedness and Response</i>¹				
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.	0.0	0.1	0.1	0.1
	0.0	0.1	0.1	0.1
Total Respendable Revenues	0.1	0.1	0.1	0.1

In 2006-2007, the Public Health Agency of Canada has one program activity named "Population and Public Health". Beginning in 2007-2008, this program activity will be replaced by four new program activities: (1) Health Promotion; (2) Disease Prevention and Control; (3) Emergency Preparedness and Response and (4) Strengthen Public Health Capacity.

Table 5: Resource Requirements by Branch

(in millions of dollars)	2007-2008				Total Planned Spending
	Health Promotion	Disease Prevention and Control	Emergency Preparedness and Response	Strengthen Public Health Capacity	
Agency Executives, Chief Public Health Officer	1.4	3.2	1.3	0.4	6.3
Infectious Disease and Emergency Preparedness Branch	0.0	175.8	95.4	11.3	282.5
Health Promotion and Chronic Disease Prevention Branch	47.1	55.3	0.0	0.0	102.4
Strategic Policy, Communications and Corporate Services Branch	11.0	54.6	17.6	7.8	91.0
Public Health Practice and Regional Operations Branch*	127.0	22.9	1.6	36.1	187.6
Total	186.5	311.8	115.9	55.6	669.8

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

Table 6: Departmental Regulatory Initiative

Regulations	Expected Results
<p>Public Health Information Regulations: The Regulatory Authority under section 15 of the <i>Public Health Agency of Canada Act</i> allows the Governor in Council, on the recommendation of the Minister, to make regulations respecting:</p> <p>(a) the collection, analysis, interpretation, publication and distribution of information relating to public health, for the purpose of paragraph 4(2)(h) of the <i>Department of Health Act</i>; and (b) the protection of that information if it is confidential information, including if it is personal information as defined in section 3 of the <i>Privacy Act</i>.</p>	<p>These regulations are intended to enable the Agency to lawfully collect, analyze, interpret, publish and distribute public health information in a more coordinated fashion for the purposes of minimizing public health risks to Canadians.</p>
<p>Quarantine Regulations: A new <i>Quarantine Act</i> was recently brought into force, and the outdated Regulations were repealed, with the exception of two. Other appropriate regulations may be developed under the new <i>Quarantine Act</i>.</p>	<p>Regulations that may be developed include specifications for quarantine stations and facilities; information to be provided by conveyance operators and any other traveller on board; the protection of personal information collected under the Act; and the conduct of physical examinations to be carried out for the purpose of a health assessment.</p>

Table 7: Details on Project Spending

2007-2008:

- Logan Lab project

2008-2009:

- Logan Lab project

2009-2010:

- Logan Lab project

For further information on the above-mentioned projects, see <http://www.tbs-sct.gc.ca/est-pre/estime.asp>

Table 8: Details on Transfer Payment Programs

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

2007–2008

1. Aboriginal Head Start initiative
2. Community Action Program for Children
3. Canada Prenatal Nutrition Program
4. Population Health Fund
5. Canadian Health Network
6. Federal Initiative to Address HIV/AIDS in Canada
7. National Collaborating Centres for Public Health
8. Healthy Living Fund
9. Canadian Diabetes Strategy (non-Aboriginal elements)

2008-2009

1. Aboriginal Head Start initiative
2. Community Action Program for Children
3. Canada Prenatal Nutrition Program
4. Population Health Fund
5. Canadian Health Network
6. Federal Initiative to Address HIV/AIDS in Canada
7. National Collaborating Centres for Public Health
8. Healthy Living Fund
9. Canadian Diabetes Strategy (non-Aboriginal elements)
10. Cancer

2009–2010

1. Aboriginal Head Start initiative
2. Community Action Program for Children
3. Canada Prenatal Nutrition Program
4. Population Health Fund
5. Canadian Health Network
6. Federal Initiative to Address HIV/AIDS in Canada
7. National Collaborating Centres for Public Health
8. Healthy Living Fund
9. Canadian Diabetes Strategy (non-Aboriginal elements)
10. Cancer
11. Hepatitis C Undertaking

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

Table 9: Foundations (Conditional Grants)

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

Table 10: Horizontal Initiatives

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

- Federal Initiative to Address HIV/AIDS in Canada
- Preparedness for Avian and Pandemic Influenza

Further information on all of the government’s horizontal initiatives is accessible through http://www.tbs-sct.gc.ca/est-pre/20072008/p3a_e.asp

Table 11: Sustainable Development Strategy (SDS)

The link between sustainable development and public health is clear: improving human health and well-being to enable Canadians to lead economically - productive lives in a healthy environment while sustaining the environment for future generations. The Public Health Agency of Canada knows the important contribution that it can make to the federal sustainable development initiative through its public health policies, programs and operations. It has taken steps to identify and highlight some of the ways its programs support sustainable development in its two strategies tabled in 2006. Because of its inception date of September 2004 the Agency was required to table an initial strategy in the summer, it then tabled a more complete strategy with other departments in December. The second strategy is the one presented here.

In its Sustainable Development Strategy (at: http://www.phac-aspc.gc.ca/publicat/sds-sdd/sds-sdd2-a_e.html), the Agency supports the following federal sustainable development goals: sustainable communities, greenhouse gas emissions reduction, the sustainable use of natural resources and strengthened governance and decision-making to support sustainable development. “*Sustainable Development in Public Health: A long term journey begins*”, the Agency’s full Sustainable Development Strategy, supports the Agency’s priorities of developing and delivering integrated approaches to promote health, preventing and controlling infectious and chronic diseases and injuries, preparing for and responding to public health emergencies, and strengthening Canada’s public health capacity by working together with our many partners. The focus for the Agency’s Sustainable Development Strategy 2007-2010, is, however, on internal capacity - building the systems and skills to support further gains in the sustainability of Agency operations and to support greater integration of the principles of sustainable development within public health policies and programs.

The Agency Report on Plans and Priorities (RPP) and Departmental Performance Report can be accessed from: http://www.tbs-sct.gc.ca/dpr-rmr/0506/PHAC-ASPC/PHAC-ASPC_e.aspx

PHAC Goal 1: Incorporate SD considerations into the planning and implementation of Agency activities			
PHAC Objective 1.1: Contribute to building healthy and sustainable communities			
Target/Expected Results	Performance Indicators by Target	RPP Priority - 2007-2008	Federal SD Goal
Target 1.1.1 Include SD considerations in all Population Health Fund solicitation documents by December 2009	<ul style="list-style-type: none"> Percentage of solicitations that address SD issues Percentage of eligible employees that received SD training Percentage of funding that involves SD criteria Number of solicitations where SD is mentioned 	To lead government-wide efforts to advance action on the determinants of health	Sustainable communities - communities enjoy a prosperous economy, a vibrant and equitable society, and a healthy environment for current and future generations
Target 1.1.2 By March 31, 2008, review outcomes of Population Health Fund projects funded by the Quebec Region to determine project SD contribution	<ul style="list-style-type: none"> Number of funded projects with SD elements Number of families and/or individuals reached through projects either directly or indirectly 	To lead government-wide efforts to advance action on the determinants of health	Sustainable communities - communities enjoy a prosperous economy, a vibrant and equitable society, and a healthy environment for current and future generations

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PHAC Goal 1: Incorporate SD considerations into the planning and implementation of Agency activities			
PHAC Objective 1.1: Contribute to building healthy and sustainable communities			
Target/Expected Results	Performance Indicators by Target	RPP Priority - 2007-2008	Federal SD Goal
<p>Target 1.1.3</p> <p>Develop a working group by July 2007 that increases awareness of and that advises program and policy areas on the health implications of changes in climate by December 2009</p>	<ul style="list-style-type: none"> • Number of programs that consider the health implications of a changing climate • Number of PHAC policies that consider the health implications of a changing climate • Integration of climate change considerations in PHAC policy and program development • Cross-jurisdictional consideration of climate change in its relation to activities associated with human health • Development of a PHAC approach to the human health implications of a changing climate • Number of files receiving input from climate change committee • Number of presentations to senior management, interdepartmental fora, meetings, conferences, etc. 	<p>To increase Canada's preparedness for, and ability to respond to, public health emergencies, including pandemic influenza</p>	<p>Reduce greenhouse gas emissions</p> <p>Federal Outcome: Impacts of climate change are understood and vulnerability is reduced</p>

PHAC Goal 1: Incorporate SD considerations into the planning and implementation of Agency activities			
PHAC Objective 1.2: Improve the health status of Canadians by fostering preventive and collaborative approaches to SD among the Agency and its partners			
Target/Expected Results	Performance Indicators by Target	RPP Priority- 2007-2008	Federal SD Goal
<p>Target 1.2.1</p> <p>Genetically fingerprint antimicrobial-resistant strains to describe patterns in human antimicrobial use and antimicrobial resistance by December 31, 2009</p>	<ul style="list-style-type: none"> • Number of databases developed/integrated • Number of tools developed • Number of collaborations • Number of meetings • Number of presentations delivered • Number of articles published • Number of documents created • Number of educational/training sessions delivered • Number of recognitions received • Number of viable suggestions to improve treatment • Number of fingerprinted strains of antimicrobial-resistant community- or hospital-acquired organisms <p>Note: Performance against this target depends on successful collaboration.</p>	<p>To develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease</p>	<p>Not applicable</p>
<p>Target 1.2.2</p> <p>As a partner in the</p>	<ul style="list-style-type: none"> • Education program delivered • Active surveillance programs developed and 	<p>To develop, enhance and implement integrated and disease-specific</p>	<p>Sustainable communities - communities enjoy a prosperous economy, a</p>

PHAC Goal 1: Incorporate SD considerations into the planning and implementation of Agency activities			
PHAC Objective 1.2: Improve the health status of Canadians by fostering preventive and collaborative approaches to SD among the Agency and its partners			
Target/Expected Results	Performance Indicators by Target	RPP Priority- 2007-2008	Federal SD Goal
Northern Antibiotic Resistance Partnership, study and contribute to the development and delivery of an education program on infectious organisms that are becoming increasingly resistant to commonly used antibiotics for both health care providers and community individuals by December 31, 2008	<p>implemented</p> <ul style="list-style-type: none"> • Number of presentations delivered • Number of articles published • Number of health care providers and community individuals accessing the education program • Number of recognitions received for research • Number of viable suggestions to improve treatment • Number of case control studies • Number of active surveillance programs <p>Note: Performance against this target depends on successful collaboration.</p>	strategies and programs for the prevention and control of infectious disease	vibrant and equitable society, and a healthy environment for current and future generations
<p>Target 1.2.3</p> <p>Contribute to reducing the risks to human health from foodborne and waterborne diseases arising from animals and the agro-environment through knowledge generation, knowledge synthesis and evidence-based interventions</p>	<ul style="list-style-type: none"> • Availability of rapid molecular typing system • Availability of phage therapy for <i>E. coli</i> O157:H7 in food animals • Reporting on results of research activities at the Laboratory for Foodborne Zoonoses • Reporting on activities undertaken at the high-performance disease modelling and Health Geographic Information Systems (GIS) laboratory 	To develop, enhance and implement integrated and disease-specific strategies and programs for the prevention and control of infectious disease	<p>Sustainable development and use of natural resources</p> <p>Federal Outcome: Integration of knowledge about health and environmental effects into decisions is increased</p>
<p>Target 1.2.4</p> <p>Contribute to the sustainability of communities by administering community-based programs directed at women, children and families living in conditions of risk, through the Community Action Program for Children, the Canada Prenatal Nutrition Program and Aboriginal Head Start in Urban and Northern Communities</p>	<ul style="list-style-type: none"> • Number of community-based groups receiving funding • Number of community-based groups receiving strategic guidance on programming • Number of children and families receiving program benefits 	To develop, enhance and implement integrated and disease or condition-specific strategies and programs to promote health and prevent and control chronic disease and injury	Sustainable communities - communities enjoy a prosperous economy, a vibrant and equitable society, and a healthy environment for current and future generations
<p>Target 1.2.5</p> <p>With provincial/territorial partners and other stakeholders, help to increase the proportion of Canadians who participate in physical activity, eat healthier diets and have healthy weights by 20% by the year 2015</p>	<ul style="list-style-type: none"> • Percentage of Canadians reporting participation in physical activity • Percentage of Canadians reporting healthy eating • Percentage of Canadians reporting healthy weight <p>Note: Performance against this target depends on successful collaboration.</p>	To develop, enhance and implement integrated and disease-specific, or condition-specific strategies and programs to promote health and prevent and control chronic disease and injury	Sustainable communities - communities enjoy a prosperous economy, a vibrant and equitable society, and a healthy environment for current and future generations

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PHAC Goal 1: Incorporate SD considerations into the planning and implementation of Agency activities			
PHAC Objective 1.2: Improve the health status of Canadians by fostering preventive and collaborative approaches to SD among the Agency and its partners			
Target/Expected Results	Performance Indicators by Target	RPP Priority- 2007-2008	Federal SD Goal
<p>Target 1.2.6</p> <p>Strengthen the public health system in numerous ways (e.g. continued funding for public health education and improved surveillance) that includes establishing Public Health Chairs, in collaboration with universities, in at least 10 universities by December 2007, with funding through 2012.</p> <p>Each recipient university will establish, by 2009, a continuing education strategy aimed at local public health workers and a community-oriented applied public health research program</p>	<ul style="list-style-type: none"> Number of teaching positions funded Number of exchanges between university training centres and local public health organizations (e.g. workshops conducted, joint activities) Number of continuing education strategies established Number of community-oriented applied public health research programs established <p>Note: Performance against this target depends on successful collaboration.</p>	<p>To strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity</p>	<p>Sustainable communities- communities enjoy a prosperous economy, a vibrant and equitable society, and a healthy environment for current and future generations</p>

PHAC Goal 2: Ensure that the Agency conducts its operations in a sustainable manner			
PHAC Objective 2.1: Maximize the use of green procurement			
Target/Expected Results	Performance Indicators by Target	RPP Priority- 2007-2008	Federal SD Goal
<p>Target 2.1.1</p> <p>Provide procurement training to 75% of materiel managers and integrate green procurement into training for acquisition cards by December 31, 2008</p>	<ul style="list-style-type: none"> Percentage of materiel managers trained Number of training courses offered Number of participants in training courses Percentage of acquisition card holders that have received green procurement training 	<p>To develop and enhance the Agency's internal capacity to meet its mandate</p>	<p>Sustainable development and use of natural resources</p> <p>Strengthen federal governance and decision-making to support sustainable development</p>
<p>Target 2.1.2</p> <p>By July 1, 2007, meet the Government of Canada standards for purchase and by March 31, 2010, meet the guidelines for operations of office equipment</p>	<ul style="list-style-type: none"> Percentage of inventory that is ENERGY STAR-compliant Number of LCD monitors vs. CRT monitors Percentage of LCD monitors Number of duplex printers vs. regular printers Percentage of printers with duplex capacity Number of stand-alone printers replaced Number of individual printers replaced with group printers Percentage of group printers moved to well-ventilated areas 	<p>To develop and enhance the Agency's internal capacity to meet its mandate</p>	<p>Sustainable development and use of natural resources</p> <p>Strengthen federal governance and decision-making to support sustainable development</p>

PHAC Goal 2: Ensure that the Agency conducts its operations in a sustainable manner			
PHAC Objective 2.1: Maximize the use of green procurement			
Target/Expected Results	Performance Indicators by Target	RPP Priority- 2007-2008	Federal SD Goal
<p>Target 2.1.3</p> <p>Establish a baseline of PHAC’s green procurement patterns by December 31, 2007, and explore options to develop an effective, efficient and affordable green tracking system by December 31, 2008</p>	<ul style="list-style-type: none"> Baseline of PHAC’s procurement patterns established Report on tracking options 	To develop and enhance the Agency’s internal capacity to meet its mandate	<p>Sustainable development and use of natural resources</p> <p>Strengthen federal governance and decision-making to support sustainable development</p>
<p>Target 2.1.4</p> <p>Increase awareness of “green travel” options to 50% of all PHAC employees by March 31, 2009</p>	<ul style="list-style-type: none"> Level of awareness of green travel options among PHAC employees Number of people attending information sessions on green travel options Number of times telephone, video and Web conferencing services used Percentage of employees using green travel options Percentage of employees using alternative modes of transportation Percentage of employees using telephone, video and Web conferencing services 	To develop and enhance the Agency’s internal capacity to meet its mandate	<p>Sustainable development and use of natural resources</p> <p>Strengthen federal governance and decision-making to support sustainable development</p>

PHAC Goal 2: Ensure that the Agency conducts its operations in a sustainable manner			
PHAC Objective 2.2: Minimize the generation of hazardous waste in the Agency-occupied facilities			
Target/Expected Results	Performance Indicators by Target	RPP Priority - 2007-2008	Federal SD Goal
<p>Target 2.2.1</p> <p>By March 31, 2010, institute effective hazardous waste monitoring and reporting</p>	<ul style="list-style-type: none"> Tools developed for effective hazardous waste monitoring and reporting 	To develop and enhance the Agency’s internal capacity to meet its mandate	Sustainable development and use of natural resources

PHAC Goal 2: Ensure that the Agency conducts its operations in a sustainable manner			
PHAC Objective 2.3: Increase resource efficiencies in the operation of PHAC buildings			
Target/Expected Results	Performance Indicators by Target	RPP Priority - 2007-2008	Federal SD Goal
<p>Target 2.3.1</p> <p>Improve energy efficiency and reduce water consumption in PHAC-owned laboratory buildings under normal operating conditions by 2% by FY 2009-2010, using FY 2005-2006 energy and utility management data as the</p>	<ul style="list-style-type: none"> Percent reduction in water and energy consumption 	To develop and enhance the Agency’s internal capacity to meet its mandate	<p>Reduce greenhouse gas emissions</p> <p>Sustainable development and use of natural resources</p>

Section III – Supplementary Information

PHAC Goal 2: Ensure that the Agency conducts its operations in a sustainable manner			
PHAC Objective 2.3: Increase resource efficiencies in the operation of PHAC buildings			
Target/Expected Results	Performance Indicators by Target	RPP Priority - 2007-2008	Federal SD Goal
baseline			
Target 2.3.2 Reduce energy use in rented or leased buildings	<ul style="list-style-type: none"> Number of offices that meet the 8 ft. × 8 ft. (2.3 m × 2.3 m) standard cubicle size Number of hotelling workstations Number of employees who telework Percent change in energy use in PHAC tenant buildings 	To develop and enhance the Agency's internal capacity to meet its mandate	Reduce greenhouse gas emissions Sustainable development and use of natural resources

PHAC Goal 3: Build capacity to implement Goals 1 and 2			
PHAC Objective 3.1: Develop knowledge, commitment and action to implement SD approaches to healthy public policy			
Target/Expected Results	Performance Indicators by Target	RPP Priority - 2007-2008	Federal SD Goal
Target 3.1.1 Track Strategic Environmental Assessments (SEAs) of policy, plan and program proposals by March 30, 2008	<ul style="list-style-type: none"> Number of SEAs conducted for new policies, plans and programs Percentage of policy, plan and program proposals entered in the system that have completed SEAs, on an annual basis 	To develop and enhance the Agency's internal capacity to meet its mandate	Strengthen federal governance and decision-making to support sustainable development
Target 3.1.2 75% of PHAC employees understand how SD applies to their work by March 31, 2009	<ul style="list-style-type: none"> Percentage of PHAC employees who understand how SD applies to their work Number of awareness-building activities 	To develop and enhance the Agency's internal capacity to meet its mandate	Not applicable

PHAC Goal 3: Build capacity to implement Goals 1 and 2			
PHAC Objective 3.2: Develop and use the tools to support the achievement of Goal 1 and 2			
Target/Expected Results	Performance Indicators by Target	RPP Priority - 2007-2008	Federal SD Goal
3.2.1 Develop and implement a Sustainable Development Policy by March 31, 2010	<ul style="list-style-type: none"> Percentage of PHAC employees who understand their responsibilities in relation to SD Policy implemented by March 31, 2010 	To develop and enhance the Agency's internal capacity to meet its mandate	Strengthen federal governance and decision-making to support sustainable development
3.2.2 Provide a sustained and accessible Geographic Information Systems Infrastructure for public health and SD practice, 2006-2008	<ul style="list-style-type: none"> Number of provinces where the GIS services are available to public health professionals Percent increase in the number of public health professionals using the GIS services between June 2006 and December 2008 	To develop and enhance the Agency's internal capacity to meet its mandate	Not applicable

PHAC Goal 3: Build capacity to implement Goals 1 and 2			
PHAC Objective 3.3: Establish management systems, roles and responsibilities, authorities and accountabilities to support SDS			
Target/Expected Results	Performance Indicators by Target	RPP Priority - 2007-2008	Federal SD Goal
<p>Target 3.3.1</p> <p>Report progress to management on SD goals and objectives twice a year as of December 31, 2007</p>	<ul style="list-style-type: none"> • Number of progress reports submitted per year • SD listed as a standing item on Management Committee meeting agenda • Number of SD discussions in Management Committee meetings 	To develop and enhance the Agency's internal capacity to meet its mandate	Strengthen federal governance and decision-making to support sustainable development
<p>Target 3.3.2</p> <p>Integrate SDS commitments into PHAC's key planning and reporting processes by March 31, 2010</p>	<ul style="list-style-type: none"> • Number of strategic, human resources and planning documents in which SD considerations are integrated 	To develop and enhance the Agency's internal capacity to meet its mandate	Strengthen federal governance and decision-making to support sustainable development
<p>Target 3.3.3</p> <p>Consider SD principles in all budget review processes undertaken within PHAC by March 31, 2010</p>	<ul style="list-style-type: none"> • Number of budget review processes that consider SD principles • Percentage of budget review processes that consider SD principles 	To develop and enhance the Agency's internal capacity to meet its mandate	Strengthen federal governance and decision-making to support sustainable development

Table 12: Internal Audits and Evaluations

Internal Audits	Due Date
Audit of Public Health Practices	2007-2008
Audit of the Health Promotion Programs	2008-2009
Audit of the Infectious Disease Prevention and Control Program	2008-2009
Audit of the Chronic Disease and Injury Prevention and Control Program	2009-2010

Evaluation

The following table provides a list of the proposed evaluation-related projects that were received in response to a call for evaluation plans from the Centre for Excellence in Evaluation and Program Design (CEEPD).

Name of Policy, Program or Initiative	Due Date
Community Action Program for Children	2007-2008
	2008-2009
National Fetal Alcohol Spectrum Disorder Initiative	2007-2008
Public Security and Anti-terrorism	2007-2008
Canada Prenatal Nutrition Program	2008-2009
Integrated Strategy on Healthy Living and Chronic Disease (component evaluation)	2008-2009
National Collaborating Centres for Public Health	2008-2009
National Immunization Strategy	2008-2009
Promotion of Population Health	2008-2009
Federal Initiative to Address HIV/AIDS in Canada (comprehensive evaluation)	2008-2009

Section IV – Other Items of Interest

Strategic and Developmental Initiatives

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. Since its inception, the Agency has undertaken a number of activities to fulfill its role as a voice for public health, to define its structural needs and to establish the necessary elements, to build new and expanded relationships, and to explore new avenues for improving the public health system in Canada.

As a new organization, the Agency finds itself in an opportune time to define its role within the public health system and to develop efficient and effective internal mechanisms and processes. Initiatives are underway to define the Agency's priorities, to strengthen its internal capacity and accountability and to align resources, research, programs and policies.

Public health is a responsibility shared across governments and other stakeholders. In order to achieve tangible results, the Agency works closely and cooperatively with all of its partners to provide a cohesive, national approach to public health. The Agency is working to strengthen relations with provincial, territorial and international authorities, to facilitate working relationships across sectors and to ensure a comprehensive engagement of all stakeholders. Recognizing the critical importance of evidence-based programs and policies, the Agency is working to develop its internal capacity for knowledge generation and translation, as well as mechanisms for information sharing and exchange with external partners.

Achieving Policy Coherence

Children

Children continue to be a priority population for the Public Health Agency of Canada. Through work with non-governmental organizations, other federal partners, provinces and territories and communities, the Agency makes significant contributions both domestically and internationally to improving the health and quality of life of children and youth. The Public Health Agency of Canada works with partners to promote the health of children and prevent injury and disease. The Agency carries out a range of activities concerning children's issues, from surveillance, research, knowledge development and knowledge exchange to disease prevention and health promotion. On behalf of the Minister of Health, the Agency co-leads, with the Department of Justice, the federal government's efforts on matters concerning the United Nations *Convention on the Rights of the Child*.

The Agency will work to support the efforts of the federal Ministerial Advisor on the Health Issues of Children and Youth in her efforts to examine how the Health Portfolio can best promote and protect the health of Canadian children and youth. This will include the identification of key social determinants of health and their impact on child health outcomes. As well, the Agency will work with the World Health Organization to develop a *Policy Framework for the Prevention of Chronic Diseases in Schools* that will promote healthy outcomes for children and youth.

Seniors

The Public Health Agency of Canada devotes significant resources to Canada's senior population, helping to ensure that their unique and evolving needs are addressed. Working collaboratively with provincial and territorial governments, other federal government departments (such as Human Resources and Social Development Canada [HRSDC]) and non-governmental organizations, the Public Health Agency of Canada is addressing the concerns of Canada's seniors. The Division of Aging and Seniors, the Agency's focal point for seniors issues, is engaged in national and international collaborations on healthy aging, emergency preparedness and seniors, falls prevention and seniors' mental health. Agency responsibilities for the promotion of active living, healthy eating and injury prevention as well as disease prevention include seniors as a specific target population.

Ensuring the concerns of Canada's seniors are addressed is also a priority for the federal government, which has created the National Seniors Council Comprised of experts and representatives of seniors' organizations, the Council advises the ministers of Health and of Human Resources and Social Development, and the Secretary of State (Seniors), on issues of national importance. The Agency will be collaborating closely with HRSDC and the Secretary of State (Seniors) to support the ongoing work of the Council.

Environment

Canadians increasingly recognize the linkages between health and the environment. Novel measures to improve air quality in Canada and stricter environmental standards, with appropriate enforcement, have been identified as key government priorities. Changes in climate, air and water quality, wildlife habitats and other aspects of the environment all have an impact on the Canadian public's health. The Agency is committed to developing strong and comprehensive policy on possible public health effects stemming from the physical environment. The Agency is well-positioned to work horizontally, with other federal players and partner organizations, to incorporate a public health perspective in the broader health and environment agenda. As a member of the Health Portfolio, the Public Health Agency of Canada works closely with Health Canada's Healthy Environments and Consumer Safety Branch on addressing the links between health and the environment. The Agency can also provide public health expertise to other federal partners such as Environment Canada, Natural Resources Canada, and Indian and Northern Affairs Canada.

Aboriginal Public Health

In the course of the public hearings on Bill C-5 (the Agency's enabling legislation), observations were made concerning the need for the Agency to clarify its role in relation to promoting Aboriginal public health, engaging National Aboriginal Organizations and placing an increased emphasis on Aboriginal public health considerations.

Based on these observations, the Agency will build on existing initiatives aimed at improving Aboriginal health and pursue the following actions over the three-year planning period, in order

to strengthen policy foundations, capacity and focus within the Agency for Aboriginal public health issues:

- Conduct further analysis of the health status of Aboriginal peoples in Canada and related public health issues, the results of which will be documented in the annual CPHO report on the state of public health in Canada;
- Create formal mechanisms to link the Public Health Agency of Canada with Health Canada's First Nations and Inuit Health Branch (FNIHB). This would serve to strengthen Agency involvement and positioning in FNIHB's Aboriginal public health strategy and the joint Health Canada / Assembly of First Nations Task Group on areas of mutual interest in First Nations health;
- Strengthening bilateral and multilateral relationships among the Agency, FNIHB, Indian and Northern Affairs Canada, the Assembly of First Nations, Inuit Tapiriit Kanatami and other National Aboriginal Organizations, as well as the provinces and territories, to ensure an effective collaboration and coordination of responses on public health issues;
- Further clarifying the Agency's role with other stakeholders in addressing Aboriginal public health issues and determining the most appropriate and effective mechanisms to accomplish this.

These actions will serve to build a network of relationships, clarify and solidify the Agency's role in and approach to Aboriginal public health, and better position the Agency and the Government of Canada to effectively address Aboriginal public health issues and, more broadly, the determinants of Aboriginal people's health. A Secretariat will be established within the Agency to help coordinate these activities.

Vaccines

Vaccines are one of the most cost-effective public health interventions available. The Public Health Agency of Canada and the Government of Canada have made a series of recent investments to improve domestic capacity in vaccine research and development. Together, these investments will enhance domestic capacity at all stages of the vaccine development continuum from pre-clinical research and testing in animals to manufacturing of promising candidate vaccines for clinical trials in humans, eventually leading to the large scale manufacturing and marketing of fully licensed vaccines. Specific initiatives include the following:

- Investments in the Rapid Vaccine Development Team and the acquisition of additional laboratory space at the National Microbiology Laboratory (NML) will strengthen vaccine discovery research and pre-clinical development of candidate vaccines.
- Investments in InterVac, a high-containment vaccine research laboratory at the University of Saskatchewan, will fill a capacity gap in the pre-clinical testing of promising candidate vaccines in large animals as well as provide parallel capacity to the NML Rapid Vaccine Development Team. NML researchers will also benefit from the opportunity to access InterVac's capacity for large animal testing.
- Investments in pandemic vaccine development will support vaccine readiness by increasing large scale influenza vaccine manufacturing capacity in Canada, as well as supporting

clinical trials, enhanced regulatory review capacity, and discovery research focused on both avian and human influenza vaccines.

- The Government of Canada is also investing in HIV vaccine development. An agreement has been reached between the Government of Canada and the Bill & Melinda Gates Foundation to collaborate and strengthen global HIV vaccine development efforts.

Together, these investments will enhance Canada's capacity to effectively respond to infectious disease threats and strengthen Canada's position as a leader in health research and innovation.

Immunization, which is the administration of vaccines to prevent disease, saves more lives than any other medical intervention. While provinces and territories are the providers of immunization programming in Canada, the Public Health Agency of Canada supports equitable and efficient access to recommended vaccines through the National Immunization Strategy, which was instituted in 2003 with an investment of \$45 million over five years and ongoing funding of \$10 million per year.

Healthy Living and Chronic Disease Initiative

Evidence demonstrates that individual health behaviour changes as well as reductions in disease prevalence are most effectively accomplished by working across sectors and jurisdictions. The Agency's ongoing work in promoting health and preventing and controlling chronic disease is supported in part through the implementation of a Healthy Living and Chronic Disease initiative, which works collaboratively across the Health Portfolio, with other federal departments and agencies, and with stakeholders to promote the health of Canadians, reduce the impact of chronic disease in Canada, and address the key determinants of health.

This initiative focuses on:

- Promoting health by addressing the conditions that lead to unhealthy eating, physical inactivity, and unhealthy weight;
- Preventing chronic disease through action on the major chronic diseases and their risk factors; and
- Supporting platforms for early detection and management of chronic diseases.

This approach to health promotion and chronic disease prevention and control supports the Agency's priorities by facilitating collaboration and capacity building. It supports Agency leadership in government-wide efforts to advance action on the determinants of health. It also facilitates and is directly linked to one of the government's top priorities – reductions in patient wait times. Ultimately, it is expected to contribute to building a healthier nation, decreasing health disparities, and ensuring the sustainability of the health care system in Canada.

Leadership on the Determinants of Health

The Agency intends to continue to lead national efforts to advance action on the determinants of health. Taking leadership means strengthening the Agency's work in the area of reducing health disparities, enhancing existing partnerships within and across government departments and

jurisdictions, and developing new partnerships to address the underlying determinants of health in efforts to reduce disparities. Such action is critical to achieving health gains and reducing health disparities. Through the development of new knowledge, strategic partnerships (including with NGOs, the private sector and other sectors) and intersectoral policy initiatives, the Agency will contribute to a better understanding of the ways in which the determinants of health can be more effectively addressed.

In a comprehensive health system, action is needed to keep Canadians healthy as well as to prevent infectious diseases, chronic diseases such as cancer, diabetes and cardiovascular disease, and injuries. Action is also required to mitigate the burden of existing illness and disease. Evidence increasingly shows that efforts to influence behaviour are least effective with segments of the population that are dealing with situations such as poor living conditions that compromise their health. Consequently, considering and acting on the underlying living and working conditions, or determinants of health, that facilitate or hinder behaviour change are critical to the effectiveness of existing investments and programs.

A number of activities will allow the Agency to achieve government objectives, including: addressing the underlying factors and conditions that determine health by focusing on preventing disease to keep people well; improving the health of those at risk of premature disease and death; reducing pressures on the health care system and reducing wait times for care; and contributing to a more productive workforce. In particular, addressing the determinants of health will help to achieve better health outcomes for those experiencing health disparities such as people of lower socio-economic status, Aboriginal Canadians, children and youth and seniors.

The Agency will develop a strategic, evidence-based action plan to guide the Health Portfolio in an intersectoral federal government approach to address the determinants of health. To support this work, partnerships and initiatives with the Canadian Institutes of Health Research and other governmental and non-governmental stakeholders will be strengthened, with the objective of advancing the Canadian research agenda and related knowledge on health disparities. The Agency will also further its engagement with The Conference Board of Canada's Roundtable on Socio-Economic Determinants of Health, which serves as a forum for collaborative efforts with the private sector, other federal departments, provincial health and non-health ministries and NGOs.

The Agency will continue its strategic partnership with the World Health Organization (WHO) in support of the latter's Commission on the Social Determinants of Health (SDOH). The new knowledge and evidence from this commission will be instrumental in advancing Canadian policy and action to address the SDOH. This work, which will be a critical contribution to global efforts to address SDOH, is being carried out through various knowledge networks on Early Childhood Development, Health Systems and Aboriginal Health and through civil society engagement. This global work will also address aging and health, strengthening Canadian work on this issue.

As a key component of this initiative, the Agency is providing leadership and support to the Canadian Reference Group on SDOH to facilitate multidisciplinary action on the underlying factors that cause health disparities. The Reference Group involves key stakeholders, including

Health Canada and other federal departments, provincial government officials, NGOs, academics and others, all of whom will be critical to the success of this strategy in Canada.

Canada will also continue to work with other partners in WHO countries such as the public health institutions in the United Kingdom, Sweden and Chile, and international organizations such as the European Commission and the Organization for Economic Cooperation and Development (OECD), to develop a strong case for global action on the determinants of health, with a strategic focus on the economic benefits of this action.

The Agency is supporting the 2007 World Conference on Health Promotion and Education to be held in Vancouver. Aboriginal health is a central focus in the conference's scientific program, which includes a pre-event on indigenous health, and seniors' and children's health issues will be addressed in symposia and presentations. In addition, the Agency is supporting the WHO Commission on Social Determinants of Health meeting to be held in Vancouver in June 2007. Focused federal Health Portfolio participation in these events will be facilitated, as a further means of advancing action on the determinants of health, particularly through the engagement of non-government stakeholders.

Health Goals for Canada

As part of the Ten-Year Plan to Strengthen Health Care, Canada's First Ministers committed to the development of "goals and targets for improving the health status of Canadians through a collaborative process". As a result, the Agency engaged in a broad consultation process that culminated in the drafting of health goal statements that were validated by governmental and non-governmental partners, public health experts and stakeholders. The Health Goals for Canada, approved by federal, provincial and territorial Ministers of Health, provide a tool to guide further action on the determinants of health and help to strengthen the management of horizontal issues. The Health Goals provide key stakeholders in government with a vehicle through which they can work together on public health issues.

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

- Federal system – developing: benchmarks and targets within the federal system to support collaboration on common priorities that support the Health Goals; and, over the short term, benchmarks and targets for populations within federal jurisdiction;
- Intergovernmental – exploring the development of a set of measurable targets which will help Canadians to understand how the goals have been translated into commitments by governments to achieve better public health and measure progress; examining international efforts to incorporate a population health perspective in public policy development; identifying opportunities to work with provinces and territories; identifying existing work in cities and communities to promote population health; and helping to develop a toolkit of best practices related to advancing the Health Goals;

- Citizen engagement – developing communication products to engage Canadians in public health issues; and liaising with professional associations and non-governmental organizations (NGOs) to encourage and facilitate activities that apply the principles of the Health Goals.

International Initiatives

Public health is a critical international issue with economic, security and development dimensions. While infectious diseases continue to exact a high human toll in lives lost, particularly among children, chronic and non-communicable diseases now form the majority of the burden of disease and premature deaths in the world, including in a significant number of developing countries. The Public Health Agency of Canada will continue to use multilateral and regional organizations as well as bilateral relationships to confront these global public health challenges and build upon past successes. During the planning period, the Agency will take a leadership role in supporting international initiatives that build capacity in key areas and influence global policies that are in the interests of public health in Canada.

Globalization has a major impact on public health. There are emerging influences and global forces affecting health which are broader than national in scope. These include trade agreements, foreign policy, security issues, etc. New expertise and analytical tools are therefore required to support policy coherence. As part of its ongoing collaboration with the WHO, the Agency will be co-sponsoring a workshop on Trade and Healthy Diets in the fall of 2007. The impact of globalization has also been recognized by the WHO Commission on Social Determinants of Health, to which Canada is a major contributor, particularly through the work of the Globalization Knowledge Network led by the University of Ottawa. The Agency is committed to strengthening international links with key global public health players and increasing Canadian participation in international public health activities.

Through its WHO Collaborating Centre on Chronic, Non-communicable Disease (CNCD) Policy, the Agency contributes to the strengthening of the global response to chronic diseases and to the support of the development and implementation of chronic disease prevention policy in Canada, the Americas and Europe. The WHO Collaborating Centre coordinated the development and signing of a Framework for Cooperation on Chronic Disease between the WHO, the Public Health Agency of Canada and Health Canada. It also maintains an ongoing commitment of technical support for CNCD policy analysis to the WHO Country-wide Integrated Non-Communicable Disease Intervention (CINDI) program in Canada and Europe, and in the PAHO-CARMEN program, its equivalent in the Americas. Finally, it is co-sponsoring, with the WHO and the Pan American Health Organization (PAHO), the development of a Chronic, Non-Communicable Disease Observatory of Policy Development and Implementation Processes in Latin America.

Increasingly, the Public Health Agency of Canada is being asked by other government departments to contribute to identification of priorities for work with multilateral organizations, given the importance of health as a foreign policy issue and as a key component of Canada's international development programs. International public health issues are also high on the agenda of top policy decision-making bodies such as the G8 and Asia-Pacific Economic

Cooperation (APEC), where countries are collaborating to address health issues at the regional and international levels. A specific example of these collaborations is Canada's contributions to AIDS research and the global HIV vaccines effort through partnerships with organizations like the Bill & Melinda Gates Foundation .

In 2007-2008, the Agency will further an international health strategy and an organizational approach for managing international activities. In addition to supporting Canada's domestic public health goals, this investment provides a more solid foundation for strategic international initiatives to strengthen global public health security; to strengthen international efforts to build capacity in public health systems; and to reduce the global burden of disease and global health disparities – three interconnected and mutually supportive objectives. Strengthening international public health infrastructure enhances public health globally and is integral to reducing the global disease burden and improving global public health security. This area is demanding new approaches to ensure that a critical line of defence is maintained to protect Canadians against many current and emerging public health and other health-related threats.

The Agency's investments in 2007-2008 will expand its capacity to implement the international health strategy and strengthen Canada's links in the international public health arena. They will enable Canada to meet its international obligations and share more public health expertise with global partners. During the planning period, the Agency will also continue to develop and strengthen relationships with bilateral and multilateral partners and institutions, such as the WHO (a Government of Canada strategy with regard to this relationship is currently being developed), the Pan American Health Organization, the OECD and the International Union for Health Promotion and Education. The resulting exchanges of information will improve the Agency's domestic work by allowing the best practices of other countries to be reflected in the development of Agency policies.

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

Pan-Canadian Public Health Network

The 2005 launch of the Pan-Canadian Public Health Network was an important, strategic step in strengthening public health capacity across Canada. In establishing the Network, federal, provincial and territorial (F/P/T) Ministers created a mechanism for multilateral sharing and exchange among federal, provincial and territorial public health institutions and professionals. This new, more collaborative approach to public health policy and initiatives is critical during public health emergencies, and will also assist Canada in establishing a more efficient approach to addressing serious public health issues.

The Network will continue to focus on joint strategies and action in the following six public health areas: communicable disease control; emergency preparedness and response; public health laboratories; public health surveillance and information; non-communicable disease and injury prevention; and population health promotion.

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

- Implementation of the Memorandums of Understanding (MOU) on Mutual Aid and Information Sharing in public health emergencies;
- A continued focus on pandemic influenza preparedness, including the delivery of a national policy recommendation on whether or not to provide antivirals for disease prevention during an influenza pandemic, and the development of the technical and operational components of the Memorandums of Understanding describing respective federal/provincial/territorial roles and responsibilities in pandemic preparedness and response;
- The design and application of tools to support timely and efficient public health communications and links within the Pan-Canadian Public Health Network;
- Further development of the National Health Emergency Management System; and
- Enhancing the capacity of the public health system through public health human resource planning and development as well as furthering the Agency's laboratory capabilities.

The Agency is also exploring opportunities to include expertise in Aboriginal public health in the work of the Network.

Pan-Canadian Public Health Strategy

In September 2004, under the Ten-Year Plan to Strengthen Health Care, the First Ministers committed to accelerate work on a Pan-Canadian Public Health Strategy. The vision for this strategy is to provide a framework for existing public health approaches and initiatives; identify gaps, vulnerabilities and risks in the public health system; and develop a strategic agenda to address the aforementioned. The Pan-Canadian Strategy would integrate the federal directions and vision for public health within Canada, and build on recent investments in public health. Preliminary discussions have taken place with the Pan-Canadian Public Health Network (PHN) Council to consider the scope, focus and timing of the Strategy. The consensus among all jurisdictions was to continue to lay a foundation for the Strategy and revisit its development once short term priorities are met. Work done on the early commitments of the Network represents important groundwork for the future development of the Strategy.

Over the three-year planning period, the Agency will work through the PHN to continue to identify emerging public health priorities and will gauge readiness to move forward on the Pan-Canadian Strategy in the PHN federal, provincial and territorial forum. In 2007-2008, the Agency will enhance its capacity in the area of strategic information (SI) – a systematic approach to needs assessment, information gathering, analysis, related policy advice and information sharing – in order to better understand the public health environment in Canada (e.g. evolving provincial/territorial, Aboriginal and non-government stakeholder policy positions). Steps to

move in this direction include defining the SI initiative and its scope and objectives, and communicating them to Agency Branches and Centres; examining models that exist in other government departments; assessing approaches and capacity to coordinate SI within the Agency; and recommending and implementing an approach that would build on existing mechanisms. Closely aligned with this initiative are ongoing efforts within the Agency to strengthen regional policy development capacity and to prepare an internal communications plan. Agency actions in this area will help ensure strong federal leadership and content direction in the development of the Strategy. Ultimately, the Pan-Canadian Strategy will contribute to an organized, strategic and efficient approach to public health in Canada, as well as foster innovative domestic and international partnerships to respond to increasingly complex public health issues.

Management Initiatives and Capacity Development

The Public Health Agency of Canada Act

Bill C-5, the *Public Health Agency of Canada Act*, was tabled in the House of Commons on April 24, 2006. On December 15, 2006, the Act came into force. The Act has three main functions. First, it gives the Public Health Agency of Canada a firm statutory base as a separate department within the federal Health Portfolio. Second, it establishes the unique dual role of the Chief Public Health Officer of Canada as deputy head responsible for the Agency and as a credible spokesperson on public health at the federal level, able to communicate directly with Canadians and to publish reports on issues of public health, including a mandated annual report on the state of public health in Canada. Third, the regulations will provide the Agency with clear authority to receive, manage and protect health information, ensuring that it will be able to obtain the information it needs to fulfill its mandate and that it will be able to protect the privacy of Canadians' personal health information.

Moving forward through the three-year planning period, the Agency will develop regulations that will authorize and govern the collection, analysis, interpretation, publication, distribution and protection of public health information. These regulations, stemming from the authority contained in paragraph 4(2)(h) of the *Department of Health Act*, as enabled by section 15 of the *Public Health Agency of Canada Act*, will apply to the Health Portfolio in its use of public health information.

Health Portfolio Review

The Health Portfolio, like other federal organizations, is expected to practice prudent management of its resources and to avoid duplication and overlap of services at every level. In 2007-2008, the Agency will participate in a review to improve the efficiency and effectiveness of the Portfolio's strategic policy and corporate service functions. A steering committee has been formed to oversee the work; it includes representatives at the Assistant Deputy Minister level from each department and agency in the Portfolio. The steering committee is supported by two working groups – one addressing strategic policy and one representing corporate services functions. A final report and implementation plan is anticipated for fall 2007.

Policy Capacity

The Agency will enhance and augment its policy capacity in order to strengthen its public health leadership and its contribution to the priorities of the Health Portfolio and the health-related priorities of other government departments. In doing so, the Agency will be in a better position to identify, coordinate, and bring forward high-quality strategic proposals and options for the consideration of the Minister of Health and Cabinet; enhance policy synergies; and develop and make use of a variety of levers, partnerships, and innovative delivery mechanisms. The development of policies will better integrate results and value-for-money considerations.

The Agency's Five-Year Strategic Plan

As the organization responsible for federal efforts to promote and advance public health in Canada, the Agency has worked over the past two years in an environment of changing priorities and newly emerging concerns to provide leadership on key public health issues. The Agency is also working to continue the shift from operating as a branch of Health Canada to its new status as a separate Agency serving the Minister in a Health Portfolio context.

As the Agency entered its third year, it has embarked on a strategic planning process, reflecting on future challenges and priorities in order to align its resources accordingly and make the right strategic choices with regard to its research, program and policy capabilities, its support systems and networks, and its partners and stakeholders. The Public Health Agency of Canada's five-year strategic plan is being developed by and for all staff of the Agency.

Three broad themes are guiding this important work:

- Delivering on policy and programming priorities;
- Aligning programs and research with priorities; and
- Enhancing Agency capabilities and accountability.

To move the five-year strategic plan forward, a Corporate Business Plan is being developed to align the Agency's human capital with its strategic and business goals. The broad strategic directions and Agency priorities identified in the strategic plan under development, coupled with the implementation strategy and accountability mechanisms set out in the Corporate Business Plan, will improve performance and organizational success through integrated planning and efficient action.

Corporate Business Planning

In its first Business Plan in 2006-2007, the Agency's program and support areas identified their objectivities, challenges, strategies and plans. During 2007-2008, a more comprehensive and integrated Business Plan will further address human resource planning, based on analysis of the current workforce, forecasts of future needs and gap analysis/succession planning. The five-year strategic plan will be the reference point for discussing the Agency's capacity to deliver on its plans and priorities.

Integrated Human Resources Business Planning

During 2006-2007, the Public Health Agency of Canada developed a comprehensive Integrated Human Resources and Business Planning process and toolkit. This process supported the Clerk's Priorities for 2005-2006, the Financial Administration Act and Public Service Employment Act, and the TBS Management Accountability Framework (MAF) requirements to integrate human resources (HR) management with business planning. This integrated approach instituted a process that fosters strategic thinking, encompasses training to HR advisors and business planners across the Agency, and includes preparation of the Agency's demographic environmental data to aid the Directorates, Centres, Laboratories and Regions in planning. The ongoing process implementation, along with 2007-2008 business priorities derived from the five-year strategic plan, will culminate in an Integrated Business Plan. For 2007-2008, the Agency will execute the strategies and initiate the process in an annual cycle that will re-visit strategic business objectives, expected results, operational plans, a current workforce assessment, forecast HR needs, HR gaps, and planned priorities related to HR, budget resources and Information Management / Information Technology (IM/IT) support.

In 2007-2008, the Agency will also continue to advance diversity, and to demonstrate clear and sustained leadership in enhancing linguistic capacity within the organization to improve language of work and service to Canadians. The Agency will develop and implement recruitment and retention strategies to ensure a professional and sustainable workforce that will respond to current and future requirements. In addition, the Agency will develop key human resources strategies to support its surge capacity in the event of an emergency, and to position and prepare the Agency to respond accordingly in the event of a pandemic/ influenza outbreak.

Monitoring and reporting are paramount to the new accountability frameworks that were implemented as part of Public Service Modernization and the new legislative changes. In 2007-2008, the Agency will continue to report to central agencies on the new Staffing Management Accountability Framework (SMAF), and on various other aspects of human resources management (employment equity, official languages, etc.).

Risk Management

As part of the due diligence undertaken as its organizational structure is evolving, the Agency is developing a corporate risk profile. This involves taking stock of the operating environment and the organization's capacity to deal with key high-level risks linked to the achievement of corporate objectives. The profile will inform senior officials on the prevailing departmental perspective on risks inherent to the Agency's mandate and risks emerging from the changing operating environment, and how these risks are to be mitigated, managed and communicated.

This is the first step in incorporating an integrated risk-management framework into the Agency's daily operational practices. The adoption of such a framework supports the federal agenda of modernizing management practices and supporting innovation through more responsible risk-taking.

During a series of workshops held early in 2006, risks that could prevent the Agency from meeting its objectives were identified and assessed. The Agency's key strategic risks are being defined with a risk-assessment tool that has both qualitative and quantitative application.

Strategic Risk Communications

A plan to launch the Strategic Risk Communications Framework and related handbook and to implement strategic risk communications at the Agency has been developed. Strategic risk communications is defined as “a purposeful process of skilful interaction with stakeholders supported by appropriate information to enable well-informed decision-making and action on risks.” Integrating strategic risk communications principles into the work of the Public Health Agency of Canada will provide support for informed decision-making and communication; help stakeholders, and ultimately all Canadians, make well-informed decisions on key public health issues; and foster the confidence of Canadians in the Agency by serving as a foundation for integrated risk management in public health.

The Strategic Risk Communications Framework outlines guiding principles, implementation guidelines, and a seven step process for doing strategic risk communications. The process – an integral component of risk management – is fully aligned with the Health Canada Decision-Making Framework (DMF). Complementing the new Framework is a handbook which will help communicators, program managers and policy makers to operationalize risk communications. The launch plan includes training for the Agency's Communications Directorate and program employees as needed, as part of professional development activities.

Business Continuity Plan and Pandemic Influenza Preparedness Annex

Business continuity plans (BCP) allow critical services or products to be continually delivered to clients regardless of any major disruption of normal activities (e.g. due to a disaster or major outbreak of disease), instead of being focused on resuming business after critical operations have ceased or recovering after a disaster. Critical services or products are those that must be delivered to ensure survival, avoid causing injury, and meet legal or other obligations of an organization. The Agency's business continuity planning is a proactive planning process that ensures critical services and products are delivered during a disruption.

The Agency's Business Continuity Plan includes:

- Plans, measures and arrangements to ensure the continuous delivery of critical services and products, while the organization recovers its facilities, data and assets in the event of an interruption;
- Identification of necessary resources to support business continuity, including personnel, information, equipment, financial allocations, legal counsel, infrastructure protection and accommodations; and
- A Pandemic Influenza Preparedness Annex

The Agency's business continuity planning has proactively increased awareness of the organization's critical services with employees, shareholders and customers. All Branches within

the Agency have been actively engaged in completing their service level BCPs, and the majority of these service level plans have been entered into a BCP database.

The Agency provided Treasury Board Secretariat and Public Safety and Emergency Preparedness Canada with an action plan on business continuity planning in August 2006. Key action items include the completion of an employee skill set survey and conducting a table top exercise (scheduled for March 2007). This exercise will test and validate the Agency's BCP in the event of a pandemic influenza outbreak.

Pandemic Influenza Preparedness Annex outlines the Agency's response in the event of a pandemic influenza outbreak. In this situation, the identification of employees with various skills sets that are not utilized in their current job, but that may be required in the event of a pandemic (e.g. nursing, doctor) would be essential. The BCP's Pandemic Influenza Preparedness Annex provides the Agency with a tool to track employee skill sets and will permit easy identification of employees who might be required for critical services or who might be cross-trained to move within the Agency so that critical services can be maintained.

The Agency plans to launch a skills set survey of Agency employees and then will analyze the data collected for the implementation of the Pandemic Influenza Preparedness Annex.

Regional Operations

The Agency includes a Canada-wide infrastructure consisting of six Regional Offices and a Northern Secretariat, with approximately 275 employees posted in 16 locations. A strong regional presence ensures that the Agency can provide leadership and promote coordinated action on population and public health across the country.

The Agency's Regional Offices work in collaboration with provincial and territorial governments, federal departments and agencies, academia, voluntary organizations and citizens. They connect and support stakeholders, including those outside the health sector, to take action on national priorities, gather public health information and build on resources at the regional, provincial and district levels. Key roles include the following:

- Engaging and mobilizing citizens, provincial and territorial governments, and local partners (community groups, academia, the non-governmental organization sector);
- Developing partnerships and collaborations that support long term action on national health priorities;
- Implementing, managing and monitoring the regional component of national programs;
- Ensuring that Agency programs complement and are aligned with provincial initiatives;
- Leading the federal Health Portfolio in preparing for and responding to emergencies that occur in the regions;
- Contributing regional knowledge and policy input to national program and policy development;
- Promoting an evidence base to inform program and policy development, which includes surveillance, evaluations and national and international research studies; and
- Enhancing the capacity of public health professionals by supporting continuous professional development.

During the three-year planning period, the Agency's Regional Offices will continue to align regional structures, procedures and resources to most effectively deliver on Agency priorities, innovate and respond to emerging health issues and opportunities in the regions and facilitate action across the country to strengthen the public health system.

Sustainable Development

During 2007-2008, the Public Health Agency of Canada will launch its first Sustainable Development Strategy (SDS). In this strategy, the Agency has committed to incorporate sustainable development considerations into the planning and implementation of its activities, ensure that the Agency conducts its operations in a sustainable manner, and build capacity to implement the Strategy. The commitments made in the SDS will advance the Agency's goal of healthier Canadians and communities in a healthier world and by doing so will support the Government's priority of reducing patient wait times. Because sustainable development is a comprehensive and balanced concept, it recognizes the links between the economy, the environment and social well-being, including health. Sustainable development aims to improve human health and well-being to enable Canadians to lead economically productive lives in a healthy environment while sustaining the environment for future generations.

In order to accomplish these balanced objectives, the Agency is committed to integrating best practices for sustainable development into its decision making, processes and operations. It will also be working closely with the provinces and territories and other partners to achieve sustainable development, keep Canadians healthy, and help reduce pressures on the health care system. At the same time, the Agency recognizes that sustainable development is a long-term journey. It is one that the Agency is committed to pursuing over the coming years.

The Agency's Sustainable Development Strategy deliverables for 2007-2008 include:

- Reviewing the outcomes of Population Health Fund sustainable development projects in the Quebec Region;
- Beginning work to identify (through their genetic imprint) and respond to antibiotic-resistant organisms in the North;
- Reinforcing the public health system by establishing public health chairs in at least 10 universities; and
- Establishing a committee to monitor the health effects of a changing climate.

In 2007-2008, the Agency will also initiate several projects for the greening of its operations, and will begin to integrate sustainable development into its strategic and business planning and reporting. The first progress report to the Management Committee on the Agency's Sustainable Development Strategy will be made in December 2007.

Program Management Committee

Grants and Contributions (Gs&Cs) programs assist the Agency in fulfilling its mandate and public policy objectives by entering into funding relationships with public, private, volunteer and not-for-profit organizations that are working to promote and protect the health of Canadians. These include initiatives that deliver health promotion and protection programs, undertake

research, knowledge synthesis and exchange initiatives, strengthen public health capacity and develop strategies and networks to build healthy communities and respond to emerging public health issues.

The Program Management Committee (PMC), a permanent senior management committee, which was established in 2006, is mandated by the CPHO to provide direction and oversight of the Agency's programs and related Gs&Cs activities. This Committee is responsible for ensuring that Agency programs are closely aligned with the Agency's public health policy objectives, enhance Agency capabilities and accountability and are invested with care to achieve results for Canadians.

Over the next year, the PMC will recommend to the Agency's Executive Committee opportunities for adjusting existing programs to fulfil policy objectives including the reallocation of existing program resources to move from lower to higher priorities, and recommend ways to strengthen the management, oversight and effective delivery of programs.

Access to Information Program

The Agency continues to develop the corporate infrastructure to deliver and support its day to day business, and on January 1, 2007, the newly created Public Health Agency of Canada's Access to Information and Privacy (ATIP) Division assumed responsibility for the ATIP function at the Agency. During this period, to improve the Agency's ability to respond to ATIP requests, the Division is undertaking staffing, developing Access to Information and Privacy policy, and launching an Agency-wide ATIP training and awareness program.

Financial Management Control Framework

The Agency has developed a financial management control framework that will assist it in ensuring that there is prudent and effective management of Agency resources. During this period, the framework will be implemented to ensure that:

- Agency program delivery and major project decisions routinely take into account financial management considerations;
- Long-term and short-term plans and proposed initiatives include an appropriate analysis of their financial implications;
- Objective reviews are made of the funding and financial management implications of all plans and proposed initiatives;
- Timely, reliable and consistent advice and information is available to managers at all levels to support their financial management responsibilities;
- Relevant and reliable financial management reports support the decision-making and accountability of Agency managers;
- All legislation, regulations and executive orders applicable to financial management are complied with, and spending limits are observed;
- There is an adequate system of internal control over assets, liabilities, revenues and expenditures, taking materiality, sensitivity and risk into account; and

- Managers at all levels are aware of their financial management responsibilities and have the training to fulfill them.

Audit

In December 2006, as part of the strategy to implement the Treasury Board (TB) Policy on Internal Audit, the Public Health Agency of Canada appointed its first Chief Audit Executive. This executive is overseeing the conduct of internal audits and providing the Chief Public Health Officer (CPHO) assurance on the adequacy of internal controls in the Agency, in particular by assessing controls over financial management and financial reporting and the delivery of programs and activities with due regard to economy, efficiency and effectiveness.

In the fall of 2006, a Three-Year Risk-Based Audit Plan (2006-2007 to 2008-2009) was approved by the CPHO and the Agency's Executive Committee. The audit projects will be undertaken by the Office of the Chief Audit Executive. The audit reports will be made available to the public on the Agency's Web site. Observations and information regarding the audits will be included in the Agency's future Departmental Performance Reports and Reports on Plans and Priorities.

The Agency's Audit Committee will be created in early 2007-2008. It will be chaired by the CPHO. Membership on the committee will include members external to government, as required by the TB Policy on Internal Audit Directive on Departmental Audit Committees.

Evaluation

The Agency's Centre for Excellence in Evaluation and Program Design (CEEPD) is tasked with ensuring that the Agency has a well-articulated corporate evaluation function that promotes effective, well-communicated and consistent evaluation work practices for all Agency programs. The role of the CEEPD is to provide stewardship and governance, leadership, advisory services, capacity building and planning support to maintain and strengthen the evaluation function in PHAC. In 2006, the CEEPD established an Agency Evaluation Advisory Committee to assist the Chief Public Health Officer (CPHO) in fulfilling his responsibility for evaluation, including an associated responsibility for performance measurement. This committee, which is chaired at the Deputy Chief Public Health Officer level, has the responsibility of reviewing and recommending Agency evaluation reports for CPHO approval and their corresponding Management Responses and Action Plans for CPHO acceptance. In addition, the Committee plays a proactive role and is involved in such activities as overseeing the development and implementation of the Agency evaluation policy and providing advice on Agency evaluation plans.

Management Resources and Results Structure

During 2008-2009, the Agency intends to develop its Management Resources and Results Structure (MRRS) to enhance transparency and accountability. To do so, the Agency will review its Strategic Outcome and develop a clear and detailed inventory of its programs in an enhanced Program Activity Architecture (PAA). A Performance Measurement Framework will also be

developed for the Strategic Outcome and for all programs identified within the Architecture. The Agency will also identify the governance structure that ties these elements together.

List of Partners

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

Federal Departments and Agencies

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

International Organizations

World Health Organization (WHO)
Pan American Health Organization (PAHO)
European Commission
Centers for Disease Control and Prevention (United States)

The Agency also works in collaboration with Canada's provinces and territories, voluntary organizations, professional associations, academic groups, non-governmental organizations and industry.