



Public Health
Agency of Canada

Agence de la santé
publique du Canada

PUBLIC HEALTH AGENCY OF CANADA

STRATEGIC PLAN

2007-2012

Information • Knowledge • Action



Canada

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

— Public Health Agency of Canada

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Message from the Minister of Health



As Minister of Health, it is my pleasure to present the first Strategic Plan of the Public Health Agency of Canada.

Since its creation in 2004 as a federal Agency within the Health Portfolio, the Public Health Agency of Canada has been unwavering in supporting the Government of Canada. The Agency continues to deliver on its commitment to protect and promote the health and safety of all Canadians. For example, the Agency has made significant movement forward in addressing chronic disease from a public health perspective. The creation of the Canadian Partnership Against Cancer in November 2006, the announcement of the Canadian Heart Health Strategy in October 2006, and the launch of the Lung Health Framework in April 2007 are important advances that respond to the growing burden of chronic disease in Canada. In terms of infectious disease, I announced in January 2007 that the Government of Canada would invest in an ambitious new vaccine research and development facility at the University of Saskatchewan which will significantly enhance Canada's capacity to develop vaccines for both humans and animals. The following month, in February 2007, the Government of Canada announced a partnership with the Bill & Melinda Gates Foundation to commit major new funding to support the Canadian HIV Vaccine Initiative, a new effort to accelerate the development of an HIV/AIDS vaccine and address critical research gaps. These announcements have underscored the important work of the Agency and its commitment to delivering on Government of Canada commitments.

As an affirmation of the important role played by the Agency, and as a sign of this Government's firm and broad commitment to public health, my first piece of federal legislation after becoming Minister of Health was the

introduction of Bill C-5, *The Public Health Agency of Canada Act*. This *Act* entered into force in December 2006. The Agency operates in concert with and complements the efforts of Health Canada, the Canadian Institutes of Health Research, and all other members of the Health Portfolio. Together, they help make and keep Canadians one of the healthiest populations in the world.

This Strategic Plan represents an important next step for the Agency. It articulates three major objectives to help realize PHAC's vision and mandate. First, anticipating and responding to Canadians' health needs; second, supporting the Agency's own actions and enhancing its accountability with integrated information and knowledge functions; third, developing the Agency's own internal capacity and ensuring its workforce has the tools and leadership it needs to be most effective.

In pursuing these objectives, the Agency will help the federal government maintain its focus on strengthening public health in our country, and pursue its plan for a stronger Canada based on pillars of accountability, security, environmental protection and strong economic management. The Strategic Plan focuses the Agency on protecting Canadians from chronic disease and from emerging infectious diseases, including pandemic influenza. It emphasizes the importance of addressing the determinants of health and reducing health disparities, and underscores the importance of recognizing linkages between the environment and our collective health. It represents a plan to align resources behind these priorities and ensure the effective interplay between information, knowledge and action.

In addition to supporting the federal government in these priority areas, the Agency will continue to play a powerful role in reducing and guaranteeing wait times. By keeping Canadians safe and by creating the conditions for us all to be healthy, the work of PHAC and the entire public health community in Canada is reducing the burden on the health care system.

In effect, this Strategic Plan establishes priorities in public health and aligns the means to achieve them. I look forward to watching the plan unfold over the next five years as the Agency continues to support the vision we all share: healthy Canadians and communities in a healthier world.

A handwritten signature in dark ink, appearing to read 'Tony Clement'.

Tony Clement
Minister of Health

Message from the Chief Public Health Officer



It has been almost three years since the Public Health Agency of Canada was created as a separate agency within the federal Health Portfolio. Since that time, our Agency has steadily evolved as we build on our achievements and deliver on the Government of Canada's commitment to help protect and promote the health and safety of all Canadians.

Throughout this process, we have become an increasingly effective agent for positive change, in Canada and around the world. We protect and inform the public, and we prepare for and respond to anything that threatens its health. Much more than that, we actively promote health and work with our partners to improve and strengthen the very social foundations that underpin not just our health as individuals, but the health of our society.

Of course, we have much work to do. Preventable chronic diseases and injuries continue to take a significant toll on all populations. We're seeing increasing threats to our environment, with commensurate impacts on our health. Infectious diseases will continue to break out, and as we've learned, we are not immune. Perhaps the greatest of all our challenges, persistent health disparities must be reduced and eventually eliminated.

I believe we all understand and appreciate the importance of our many roles.

In December of 2006, the *Public Health Agency of Canada Act* came into force, giving the Agency the statutory footing required to allow it to continue fulfilling these important roles, building on its achievements and assisting the Minister of Health to deliver on his public health responsibilities.

We are now taking the next step in the ongoing development of the Public Health Agency of Canada. We have been exceedingly effective in responding to short-term requirements and in acting quickly when the need has arisen. To be as effective as possible, however, we need to balance the short term with the long.

Therefore, I am very pleased and proud to present the Public Health Agency of Canada's first Strategic Plan. It will be our guide for the next five years as it sets priorities for our work, aligns our resources behind those priorities, and helps us coordinate our internal planning and management. At the same time, it will assist us in communicating our vision to our partners, stakeholders and to a public that will increasingly look to us for guidance and protection.

The Strategic Plan is designed around the core theme of delivering on policy and programming priorities. Specifically, we will focus on meeting major public health challenges such as obesity, mental health, HIV/AIDS, pandemic influenza and other emerging infectious diseases. As we address the underlying determinants of health, we will be pursuing public health advancements in Canada and around the globe that leave no one behind. Immediate priorities in this area include, among other areas, increased attention to Aboriginal public health, seniors and healthy aging, and the linkages between our health and our environment.

Delivering on these policies means a continued effort to strengthen the capacity of the public health community in general, as well as building the Public Health Agency's own internal capacity. The Strategic Plan recognizes that to do so, and to continue to anticipate and respond to the health needs of Canadians, the Agency must be supported by the best available science and research, and by a staff that has the resources and culture it needs to be effective.

Further, this plan hinges on the Agency's ability to develop more effective linkages between its information and knowledge development functions and its actions. Science is at the core of what the Agency does. As such, it is imperative that the information and knowledge we acquire is translated for effective use not only in the public health community at large, but by the Agency itself. The knowledge we generate and information we collect must, in turn, be guided by the needs of our actions and policies.

This plan has been developed internally through an inclusive and representative process that makes it truly reflective of the values and character of our Agency. As we move forward together, we will strive to foster and nurture our own unique Agency culture based on respect, results, performance, and accountability to the Minister, the Government, and to the whole of the Canadian public. I fully believe this Strategic Plan will help us become even better at what we do best, and will give each and every one of us a clearer sense of focus and purpose. We should all be very proud what we've achieved together over these last few years, and we should be excited about where we're going and what we've yet to achieve.

A handwritten signature in black ink, reading "David Butler-Jones". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

Dr. David Butler-Jones
Chief Public Health Officer

Executive Summary

In September 2004, the Public Health Agency of Canada (PHAC) was created as a separate agency 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 *Public Health Agency of Canada Act* came into force in December 2006, allowing 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. As part of fulfilling this mandate, PHAC has developed a five-year Strategic Plan to guide plans for delivering on priorities while supporting the Agency's accountabilities to the Minister of Health and to Canadians as a stand-alone government department in the Health Portfolio.

The fundamental theme of PHAC's Strategic Plan is "delivering on policy and programming priorities." The Plan confirms our vision and mission and sets out objectives and priorities for the next five years. It includes input and comments from internal and external consultations.

The document also provides a description of who we are and what we do, including profiles of PHAC's employees from across the country, in order to explain our work to our stakeholders and Canadians and to help staff identify how their work fits into the bigger picture.

The Agency has set out three objectives:

- To anticipate and respond to the health needs of Canadians
- To ensure actions are supported by integrated information and knowledge functions; and

- To further develop PHAC's dedicated, professional workforce by providing it with the tools and leadership it needs and by ensuring a supportive culture.

PHAC will strive to meet these objectives while delivering on its broad mandate: to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

The Strategic Plan will provide the basis for the Agency's annual corporate business planning and its integrated business and human resources plans, and will align with accountability agreements of senior managers. While the document articulates a five-year vision, it will be necessary to balance the importance of respecting this vision with the need to re-evaluate annually and adjust priorities. This will ensure that the Agency continues to be flexible in anticipating and responding to the needs of Canadians as well as to the Minister's and the Government's priorities. The goal is to align integrated information and knowledge functions with actions accordingly, and to support PHAC employees with the tools and leadership they need.

Public health is complex, and success requires a comprehensive approach that brings in partners from across all sectors. PHAC will strive to reach new levels of engagement of its many partners, including Health Canada and the rest of the Health Portfolio, other federal departments, the provinces and territories, stakeholders, and non-governmental organizations. By working collaboratively to deliver on the priorities outlined in this Strategic Plan, the Agency will be well-positioned to make an effective contribution to achieving the unified vision of the Minister of Health and the Government of Canada of healthier Canadians and communities in a healthier world.

Reference Group in Action



From Left to Right (Top Row): Dr. Patricia Huston, Dr. Paul Payette, Lisa Gomes, Doug Prowse, Tricia Geddes, James Gilbert, Mark Hudson
(Bottom Row): Lindsay Noad, Maha Hammoud, Heather Gass

Not Shown: Dr. Amin Kabani, André La Prairie, Andrea Ellis, Elaine McClanaghan, Hank Krueger, Jean-Louis Caya, Judi Fielding, Laura Donetelli, Pierre Labbé, Dr. Susan Read, Wayne McGill, Dr. Yang Mao

Introduction

Public health is truly the foundation of a prosperous society. Health and access to a strong and effective health care system continue to be among the highest priorities for Canadians. These priorities are shared by our government, and they continue to be paramount concerns of the Minister of Health.

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, and to make a key contribution to improving health and strengthening the health care system. At the same time, Dr. David Butler-Jones was appointed as the country's first Chief Public Health Officer (CPHO). The creation of the Agency and appointment of the CPHO as deputy head, public health advisor to the Minister and lead public health professional in Canada marked the beginning of a new approach to federal leadership and to collaboration with the provinces and territories in the Government's efforts to renew the public health system in Canada. It also signified the enormous value that Canadians place on their health; a value that has become a major part of our cultural identity.

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. PHAC is also helping our government to provide Canadians with safe and secure communities by effectively reducing the threat of infectious diseases, such as pandemic influenza, and chemical and biological agents. While leading on federal efforts to prevent disease and injury and to promote and protect national and international public health, PHAC continues to support the federal government's vision and direction on accountability and efficiency in all government operations and initiatives. The priorities identified in the Agency's Strategic Plan support a stronger public health system in Canada and around the world and work to fulfil the government's priority of improving health and access to health care for Canadians.

PHAC is responsible for developing and implementing policies and programs in support of the Canadian public's health. In collaboration with its partners, the Agency's primary role is to lead federal efforts and mobilize pan-Canadian action in preventing disease and injury and promoting and protecting national and international public health by:

- Anticipating, preparing for, responding to and recovering from threats to public health;
- Carrying out surveillance, monitoring, researching, investigating and reporting on diseases, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally;

- Using the best available evidence and tools to advise and support public health stakeholders nationally and internationally as they work to enhance the health of their communities;
- Providing public health information, advice and leadership to Canadians and stakeholders; and
- Building and sustaining a public health network with stakeholders.

VISION

Healthy Canadians and communities in a healthier world

MISSION

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

Although the creation of the Agency brought great opportunities, it also brought significant challenges. The new Agency was tasked with managing the transition from a branch of Health Canada to a separate agency in the Health Portfolio, establishing an environment and values that support the Agency's accountabilities to the Minister of Health and to Canadians as a stand-alone government department delivering public health advice and programming in a range of areas.

Over the past two years, most of PHAC's planning efforts have focussed on ensuring that the Agency can respond effectively to short-term priorities or mandatory requirements. Employees should take pride in the fact that, time and again, they have demonstrated an ability to move quickly when the need arises. But there is also a need to find a better balance between PHAC's short- and long-term priorities while maximizing opportunities and overcoming challenges.

The Strategic Plan will guide the Agency's directions over the next five years by establishing our policy and programming priorities, defining the areas where we need to align our efforts to support these priorities, and by organizing our management structures and systems to deliver on our priorities. Clear strategic directions and priorities will provide the policy overlay to ensure that annual business plans are well-integrated, resources are aligned accordingly, and the entire effort is supported by integrated human resources planning and clear accountabilities. The Plan also provides the foundation for the Agency to critically review all of its programs and make decisions concerning rationalization, reallocation, adjustment and re-engineering, with a view to enhance the management and effective delivery of the Agency's programs and to ensure that its interventions have achieved measurable progress.

The Agency's Strategic Plan is about setting the objectives and direction to fulfill PHAC's role in anticipating and responding to the health needs of Canadians and, in collaborating with a broad range of partners, to try to make Canadians healthier, reduce health disparities and strengthen public health capacity. It is also about taking pride in PHAC's work and recognizing and supporting our unique team that is working to find creative and innovative ways of promoting and protecting public health in Canada and around the world. As such, the document profiles just a few of our dedicated and highly skilled employees who demonstrate a high level of commitment to the Agency's mandate.

Three Themes for PHAC's Strategic Plan

- 1 Delivering on policy and programming priorities;
- 2 Aligning programs and research to support priorities; and
- 3 Enhancing Agency capabilities and accountability.



The Public Health Agency's head office in the National Capital Region

Part I - Who We Are

PHAC's enabling legislation, the *Public Health Agency of Canada Act*, establishes the Agency as an organization in the Health Portfolio. It also formally establishes the position of Chief Public Health Officer (CPHO). The CPHO has a unique dual role, serving as deputy head of PHAC and public health advisor to the Minister of Health, as well as Canada's lead public health professional, with the authority to communicate directly with the public on public health matters.

The Agency employs approximately 2,100 staff, consisting of public health professionals, scientists, technicians, communicators, administrators, and policy analysts and planners. Staff members are located in offices, labs and field positions across the country. In the North, Agency programs are delivered through Health Canada's Northern Region.



The Federal Role in Public Health

While health care service delivery is primarily a provincial responsibility, public health is shared across jurisdictions. The federal government plays a key role in public health, in conjunction with provincial, territorial and local governments and other sectors. The federal role in public health is based on the responsibility for infectious disease control at our borders as set out in Canada's Constitution, as with the creation of a federal Department of Health in response to the 1918 influenza pandemic. Over time, this role has grown and evolved to include a broad scope of federal action to protect Canadians from threats to their health, including key federal leadership in the areas of:

- Quarantine Legislation and Programming
- Regulations on the Control of Pathogens
- Emergency and Pandemic Preparedness Initiatives

Since the Lalonde Report of 1974, it is recognized that there is a federal role in public health to promote overall health, including efforts against both infectious and chronic diseases. It is also widely accepted that the federal government has a role to take action on public health issues of national concern, in order to protect, maintain and improve the health of Canadians.

So what does this mean at a practical level? While the federal government has particular responsibility in the event of health emergencies, these powers are rarely used, and there are many public health issues of national concern that fall short of an emergency. For these issues, because public health is shared, the most effective initiatives are those where the federal government works in collaboration with provinces and territories. In these areas, there are opportunities for federal efforts to provide added value, distinct from and complementary to other jurisdictions' activities. These efforts include:

- **National Leadership** – the requirement to set national standards and guidelines, mobilize partnerships, coordinate national efforts or build consensus, such as in the case of coordinating and leading surveillance at the national level, or developing a national public health human resources strategy;
- **Critical Mass** – where the federal government possesses highly specialized technical expertise to provide advice and services in order to build national capacity, such as the public health science capacity housed at the Agency's laboratories and centres, or its surge capacity in the event of an emergency;
- **Economies of Scale** – similar to critical mass, where significant existing capacity makes it more affordable to build on existing investments, such as with the Level Four biosafety facilities at the National Microbiology Laboratory; and
- **Public Good Investments** – where costs are centralized but the potential benefits are widely shared, as with the Agency's work of sharing and communicating knowledge within the public health community in Canada and abroad.

Given its role to take action on public health issues of national concern, the Government of Canada also has led the launch of new initiatives where others lacked the capacity to do so, such as in the creation of the National AIDS Strategy in 1990.

The Agency's Workforce (2007)¹

PHAC representation in all areas is comparable to the available Canadian workforce and the Public Service as a whole:

- Average age - 41.5
- Women - 69.6%
- Visible minorities - 11.7%
- Aboriginal peoples - 3.3%
- Persons with disabilities - 4.4%
- 20.9% of employees identify French as their first official language.

PHAC employs a wide range of public health professionals, including over

- 65 biologists
- 40 medical doctors (including those with specializations in community medicine, infectious and chronic diseases, as well as pediatrics)
- 50 public health nurses (including quarantine nurses at Canada's major international airports)
- 20 veterinarians

PHAC is also proud to be a training ground for many of Canada's young public health professionals. At any given time, you can find some 200 students learning and contributing to the work of the Agency.

¹ Taken from the Public Health Agency of Canada Workforce Analysis (January 1, 2007).



PHAC's Organizational Values:

Leadership: We value, at the organization level, leaders who foster long-term planning, innovation, strategic and evidence-based thinking, and open communication and who create an atmosphere of enthusiasm and team collaboration. At the individual level, we value excellence, take ownership and exercise accountability in everyday responsibilities.

Healthy Work Environment: We value an organization that openly acknowledges and recognizes the contributions of its employees, that is supportive of equity, diversity and inclusiveness, and encourages a balance between work life and personal/family life.

Ethical Behaviour: We value a workplace that fosters respect, courtesy, fairness and equality and where people, at all levels, demonstrate integrity, honesty and trust in fulfilling their roles and responsibilities and their internal and external relationships.

Commitment to Excellence: We value excellence in achieving the mandate of PHAC through professional behaviour, competence, objectivity, impartiality, continuous learning, career development activities, creativity and innovation, effective and efficient use of resources, and a continued commitment to the principles and the science of public health.

Dedication to Service: We value respectful and high quality service and acknowledge the diversity of the individuals and communities with whom we interact on a daily basis; we care about and take pride in our work, helping the Minister of Health serve the public interest, and we contribute to the organization's efforts to reduce health disparities in Canada and the world.

Our Strengths

- The diverse level of expertise, skill and experiences among our staff
- Our deep commitment to public health
- The extent and quality of collaboration between the Agency and provincial/territorial governments and other stakeholders
- Our strong regional presence across the country
- Our world-class laboratories and scientific infrastructure
- The extent to which we have already influenced the public health agenda, both domestically and internationally



Part II - Where We're Going

Strategic Context

Given the range of issues that affect the health of Canadians, the Agency's activities must respond to broad domestic and global trends, to government priorities and constraints and to specific health challenges. These complex influences must be managed to meet our objectives of enhancing the health of Canadians, reducing health disparities and strengthening public health capacity.

Our Changing World

The Changing Face of Canada

As noted in the 2006 Census, Canada has the highest rate of population growth in the G8, with the majority of this growth coming from immigration. Most immigrants settle in major centres, in particular in Montreal, Toronto and Vancouver, and, together with the continuing out-migration from rural areas, form part of the increasing urbanization and suburbanization of our country. While these population shifts have created key centres for economic growth in Canada, they have also led to greater concentrations of poverty in some neighbourhoods, threatening the health and well-being of many of our children and youth. Urbanization has also brought problems of crime, transportation, air quality and infrastructure gaps for our major cities. By contrast, rural regions face fewer economic opportunities, a reduced working-age population and growing gaps in services, all of which are also having significant health impacts.

At the same time, due to a combination of low birth rates and longer life spans, the aging of Canada's population continues to increase. In the next 10 years, Canadians over age 65 will outnumber those under age 15, while the "oldest old" (those aged 80 and over) will become a significant demographic group. While forcing a renewed societal emphasis on seniors' social engagement and independence, these changes will also have impacts in the incidence and distribution of many diseases and injuries, and will place increasing pressures on Canada's health system.

The exception to these demographic changes has been Canada's Aboriginal peoples. While the majority of this population lives in urban settings, over a third still resides in isolated, poorly serviced communities with few economic opportunities. And while the Aboriginal population is younger and faster growing than the rest of the Canadian population, it also faces a number of specific health problems. Strengthening relationships with and improving the quality of life of Aboriginal populations, both on and off reserve, are key challenges for the federal government, given its special role in this area. For

PHAC, there is a need to clarify our role in relation to Aboriginal public health and to place increased emphasis on Aboriginal public health considerations, through the development of an Aboriginal public health policy framework.

Environment

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



Brian Coombes is a scientist in PHAC's Laboratory for Foodborne Zoonoses, trying to find new ways to prevent infections that are passed from animals to humans. Brian won a prestigious international award from the American Society for Microbiology, which rewards early career scientists for research excellence and potential in microbiology and infectious diseases.

Science and Technology

The rate of scientific discovery and technological innovation has increased dramatically in the past decade, but the impact on the health sector has been mixed. On the one hand, advances in treatment and care can offer new opportunities to address illness and improve health. On the other hand, these advances have placed increased cost pressures on our already stressed health system. However, by providing new approaches for improving health and preventing disease, in part through a better understanding of the determinants of health and the impact of health promotion policy and community interventions at the national and international levels, advances in public health can help mitigate these costs. As well, there have been rapid advances in public health genomics – an emerging field that assesses the impact of the interaction between genes and the environment (i.e., physical environment, diet, behaviour, drugs, and agents of infectious diseases) on population health. The idea is that the knowledge from advances in biotechnology and genome-based research can be applied to prevent disease and improve the health of populations. The Agency will therefore continue to form collaborative partnerships with national and international science and policy communities to translate rapidly evolving knowledge to improve health and reduce the impact of both chronic and infectious diseases.

Globalization and Global Public Health

Societies and economies are becoming increasingly interdependent. These interactions are propelling capital, labour, resources, goods, services, technology, ideas and culture around the world. The impacts and opportunities are staggering. Globalization has already had a profound impact on public health in Canada. The vast increase in the volume and speed of trade and travel has brought significant economic benefits to Canadians, while making available a greater range of consumer products and foods. But there are challenges as well. Over the past 30 years, health in Canada and in other migrant-receiving nations has been increasingly influenced by human migration. Migration represents one way in which globalization has meant a greater risk from infectious disease, increasing both the likelihood of an outbreak and the speed of its transmission. Keeping pace with the demands of a global economy has meant greater time pressures for Canadian families, along with a proliferation of convenience foods and reduced time for physical activity. As well, globalization has had a major effect in the area of health security, as the free movement of people and ideas has also facilitated the export of instability and violence, bringing threats to the health and safety of Canadians. And while the risk of a health emergency remains low, the impact of an event, whether natural or man-made, could be catastrophic.

A strong international public health infrastructure and better global health are in Canada's interest: by reducing the risk of illness elsewhere, we help protect Canadians against current and emerging public health threats. As well, through our participation in treaties and agreements such as the International Health Regulations, Canada has specific obligations to meet within the international community. By sharing Canadian expertise and taking a leadership role on behalf of Canada in international fora, the Agency can help



In June 2005, PHAC's National Microbiology Laboratory in Winnipeg dispatched one of its highly specialized mobile lab units (shown above) to northern Angola, Africa to monitor an outbreak of Marburg virus, a viral haemorrhagic fever disease similar to Ebola. PHAC has been recognized worldwide for its field diagnostic development of vaccines for Ebola and Marburg viruses.

achieve these goals, in partnership with foreign governments and international organizations. And as the Government of Canada's central coordinating point for health security issues, PHAC will continue to build Canada's capacity for a robust and comprehensive national response in the event of public health emergencies, in collaboration with other federal departments, other levels of governments and stakeholders.

Evolving Values and Governance

Canadian values reflect our increasingly urban and suburban experience, maintaining a high priority for equity and fairness while placing an increasing emphasis on tolerance and diversity. Our health system remains a high profile issue, both as a reflection of Canadian values and as a contribution to Canadians' sense of national identity. Not only is there a growing awareness of public health as a key component within this system, but also an expectation on the part of Canadians that public health will be there to protect their well-being. As well, although the level of formal participation in the political process has declined (i.e., voting or party membership), there have been increasing demands for engagement in decision-making and priority setting. Canadians also insist on honesty, transparency and accountability from governments. The Agency will seek to respond to these demands with continued public consultation and engagement in the development of public health strategies.



Thomas Kind is a Quarantine Officer Supervisor at the Vancouver Quarantine Station. He and his team prevent the introduction and spread of communicable diseases into Canada. They monitor health events around the world, respond to reports of ill travellers, and work closely with port authorities and conveyance operators.

The Government Context for Public Health

In its strategic planning, the Agency must respond not only to changes in the external environment, but also to priorities, opportunities and constraints within the government context.

One key factor in this setting is that the Government of Canada has identified government accountability as a key priority. The Agency values management excellence with regard to public resources, and has received recognition for its consistent oversight of its grants and contributions programs. Under the new *Federal Accountability Act*, the Government is strengthening oversight and management to ensure transparency and accountability to Canadians, with a focus on appointments, contracts and auditing within government departments and Crown corporations. The Agency will continue to emphasize the transparency and accountability of its operations, and will ensure that its programs continue to meet government requirements as these evolve.

Intergovernmental Relations

Another key element in the Agency's context is its relationships with other actors. Progress on public health issues requires close collaboration across governments, including other

² The Public Health Network is a mechanism for intergovernmental collaboration and coordination on public health issues -- while respecting jurisdictional responsibilities in public health. It is mandated to develop and implement collaborative Pan-Canadian approaches to public health issues and challenges, and to provide policy advice to the Conference of Federal/Provincial/Territorial Deputy Ministers of Health on public health matters. Through the Public Health Network, new partners are able to share knowledge and expertise, collaborate on shared priorities and strengthen the capacity of the public health system.

federal departments and agencies, provincial and territorial public health authorities, and local/municipal/regional governments. While health care is primarily a provincial and territorial responsibility, public health is shared across jurisdictions, and the Agency provides leadership on key federal/provincial/territorial processes such as the development of The Canadian Pandemic Influenza Plan. The Agency therefore will continue to work with provincial and territorial governments through the Public Health Network² and the Council of Chief Medical Officers of Health to address public health issues of national importance, while strengthening its collaboration with federal entities (e.g., Health Canada, Environment Canada, the Canadian Food Inspection Agency) that have a key role in addressing public health issues. As the key federal organization responsible for public health issues, the Agency has a clear leadership role to play in developing and coordinating efforts to meet these challenges.

Public Health Capacity

In this context, one of the most significant challenges facing all governments is the traditionally weak and limited public health capacity in Canada. Gaps in this capacity have been identified by all governments, and were highlighted by the events of the SARS outbreak of 2003. Although improvements have been made since that time, there remains a lack of qualified public health professionals across Canada, gaps in systems for communications and information-sharing, and uneven resources and capacity across jurisdictions. The Agency is working in partnership with stakeholders and other governments to develop strategies that will address these gaps in capacity, which limit our ability to take action on major health issues.



Biologist Jay Krishnan is working in a class 3 cabinet at the National Microbiology Laboratory in Winnipeg. Class 3 cabinets protect laboratory personnel by containing all hazardous material in a totally enclosed, ventilated cabinet.

Impacts on Health

Determinants of Health / Health Disparities

As we know, although the overall health of Canadians is excellent, some are being left behind. Because health is determined by interactions between genetic endowments, social and economic factors, the physical environment and individual behaviours, a number of the trends identified above have major health impacts. Urban Canadians living in poorer neighbourhoods, new immigrants cut off from their usual social supports, rural Canadians facing the collapse of local economies, or Aboriginal Canadians lacking a sense of control over their future – all are at risk of worse health. Public health has a key role to play in mobilizing efforts across sectors in order to address these determinants of health. With this in mind, the Agency will continue to place a high priority on action on health disparities, in collaboration with other governments, sectors and partners.

Chronic Disease and Injury

Chronic diseases such as diabetes, heart disease, stroke and cancer account for the majority of deaths and disease in Canada. The burden will continue to grow as our population ages. Many of the underlying causes and risk factors are the same for a number of these diseases. Risk factors such as exposure to environmental toxins and pollutants, unhealthy eating and physical inactivity are becoming more prevalent. As reflected in media coverage and public concerns, Canadians have an increasing awareness of these risks, as well as a growing recognition of the burden and costs of mental illness in Canada. Injuries are a leading cause of death in Canada for people ages 1 to 44, and injury prevention programs are crucial to reducing injury rates in Canada. The Agency will continue to seek integrated approaches to injury prevention, as well as the treatment and prevention of chronic diseases, and will work with partners to develop collaborative methods to address associated risk factors.

Infectious Disease

Although infectious diseases are not among the top causes of death in Canada, the impact of an uncontrolled outbreak of any infectious disease would be immense. As we saw with SARS, even the perception that an infectious disease is out of control can cause major social and economic dislocations. The effects of globalization mean that an outbreak anywhere in the world can swiftly appear in Canada, while climate change and the growing global population increase the risk of a new disease emerging. In addition, several emerging or rare diseases have appeared or reappeared in the world in recent years, including West Nile virus and Lyme disease. To address these risks, the Agency will continue to develop and implement preparedness and disease prevention strategies, while taking a leadership role on infectious disease prevention through participation in national and international organizations and scientific efforts.



Dr. Robert Geneau is a Research Scientist at the World Health Organization Collaborating Centre on Chronic Disease Policy within PHAC. Dr. Geneau's expertise in qualitative research and in-depth understanding of public policy development benefits PHAC's Policy Observatory on Non-Communicable Diseases (NCD). He Holds a Master's degree in Social Sciences, a PhD in Public Health, as well as postdoctoral training in Knowledge Transfer and Exchange.



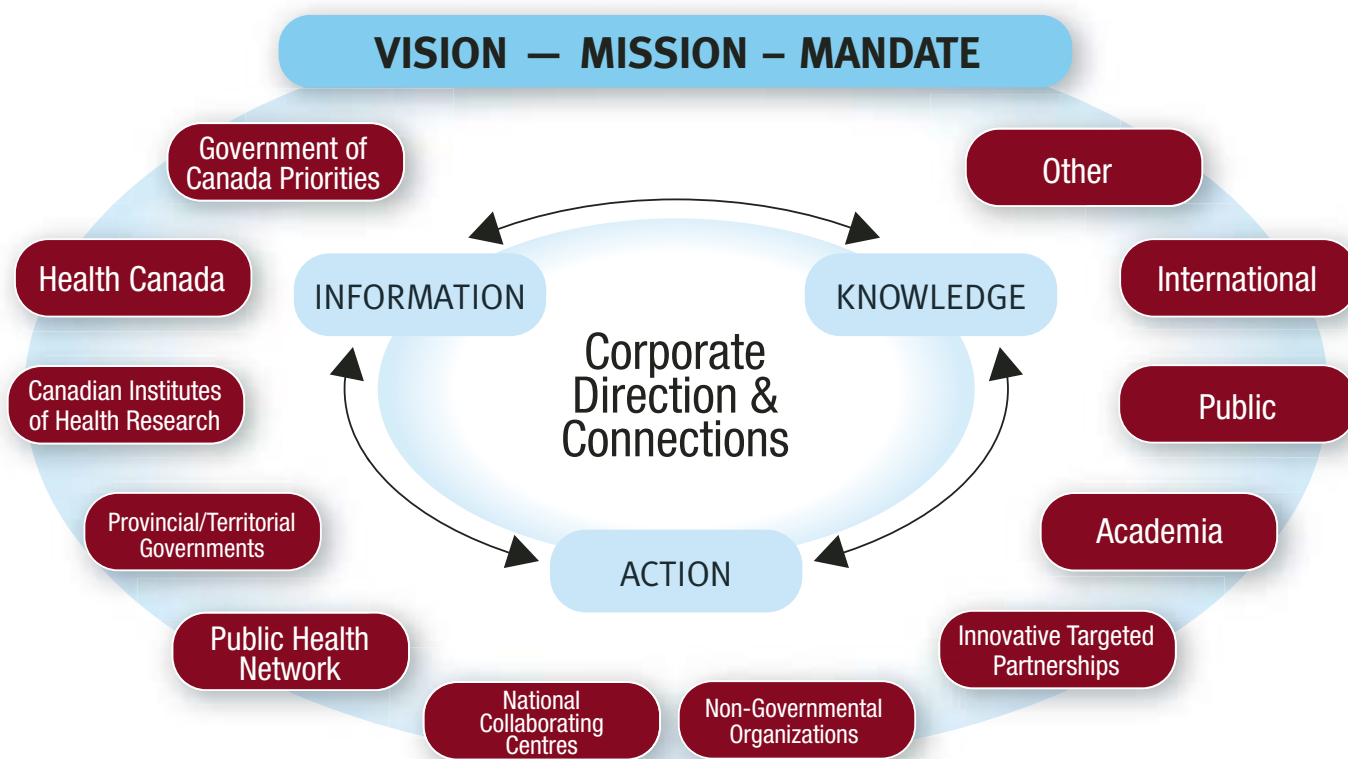
Dr. Darwyn Kobasa is a research scientist at the National Microbiology Laboratory, working on a technique known as reverse-genetics. This new area of research is having a significant impact on public health and could help our ability to respond to an influenza pandemic. In 2006, Dr. Kobasa received PHAC's *Most Promising Scientist Merit Award*.

Growing an Agency Culture: Maximizing Opportunities and Meeting Challenges

The broad domestic and global trends, government priorities and constraints, and specific health challenges outlined above must be managed if the Agency is to enhance the health of Canadians, reduce health disparity, and strengthen public health capacity. Meeting our objectives will require that we

foster the development of an agency culture. This means that we must establish an environment, build a set of values and foster relationships with stakeholders that support the Agency's accountabilities to the Minister of Health and to Canadians as a stand-alone government department. In building this agency culture, PHAC will change its approach to stakeholder engagement from a position of consultation and ultimate control to a more inclusive and comprehensive approach to engaging stakeholders as full partners in shaping and delivering results. We will also explore new approaches to partnerships, such as the one exemplified by the Canadian Partnership Against Cancer³.

AN AGENCY CULTURE



³ The Canadian Partnership Against Cancer: PHAC will be working closely with the new Canadian Partnership Against Cancer, announced in November 2006, to implement the Canadian Strategy for Cancer Control (CSCC). As a knowledge translation platform, Canadian Partnership Against Cancer 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.

From cooperating and controlling to influencing and leading

The well-established silos that have been built up will need to be broken down, including those that exist between the areas of chronic and infectious disease prevention, between health promotion and health protection, and between policy, research and programming. Breaking down these silos will require better linkages between PHAC's information and knowledge development functions and its actions, a concept driven by the fact that PHAC is an evidence-based organization. The information that the Agency is collecting and managing must be translated into useful knowledge and shared for the benefit of decision-makers and stakeholders. The information must also be considered in the context of the more general knowledge available in order to inform the actions that the

Agency is undertaking. Conversely, the actions that the Agency is undertaking need to direct both the kinds of information that are being generated and collected and the knowledge that is being created.

In practical terms, the Agency's research activities need to support its programs and priorities, ensuring that high quality policy options and advice are available to decision-makers and those managing and delivering programs. Furthermore, the information that is gathered through PHAC's programs must be translated into useful knowledge that can be used by other programs and our partners and stakeholders across the country. In addition, policy and programming decisions need to be based on evidence and context (including context related to society, culture, legal frameworks, capacity, and roles and responsibilities). Results, performance and accountability need to be clearly and effectively articulated.



FROM EVIDENCE TO RESULTS

From programs setting policy to evidence-based policies guiding programming

By strengthening the links between the Agency's information and knowledge development functions and its actions, PHAC will be able to move away from actions based on individual interests and move toward strong Agency positions, based on evidence, on key public health issues and priorities.

Building an agency culture will also require that PHAC's corporate services clearly support integrated business and human resources planning. Integrated planning, in turn, will reflect the Agency's priorities, ensure the appropriate alignment of resources and make sure that accountabilities are clear.

Opportunities

- Increasing recognition of the importance of public health in contributing to improved health outcomes
- Role of CPHO as lead health professional in Canada responsible for communicating with the public on public health issues (e.g., publication of the CPHO's Annual Report on Public Health)
- Established domestic and international networks which can be leveraged
- Global interest in public health and importance of international collaboration

Challenges

- Need to make difficult choices and align resources with priorities
- Changing environment
- Stakeholder expectations
- Increasing complexity of public health system
- Diverse responsibility for public health issues
- Level of resources in Canada's public health system
- Managing as an evidence-based organization in a public service environment
- Determining the appropriate federal role for delivering on priorities
- Difficulties in monitoring, attributing and reporting on impact of our actions on the health of Canadians

Strategic Objectives

The fold-out diagram outlines how the vision and mission, strategic objectives and action areas fit together to allow PHAC to contribute to the strategic outcome, in collaboration with a range of partners.

The left side of the document represents the "backdrop" for PHAC's Strategic Plan. As such, the mission and vision of the Agency remain unchanged and convey the message that the work of the Agency is broader than the areas listed in its Strategic Plan.

The list of public health functions, taken from the Agency's enabling legislation, shows that action on public health is shared and that a range of partners, both within and outside of federal jurisdiction, are involved in achieving health outcomes. They represent the full range of tools that PHAC uses to collaborate with partners to achieve its strategic outcome.

PHAC has identified three strategic objectives, and a set of action areas stemming from each, to guide its actions over the next five years. This section represents the backbone of the Strategic Plan. The Agency must focus on these areas over the next five years to address key public health challenges, deliver in order to maintain credibility, manage change, increase capacity, realign and realize efficiencies, manage key risks, build an agency culture, maximize opportunities and support its organization and people. **These areas do not represent everything that the Agency does nor everything that the Agency considers to be important.**



Dr. Yang Mao has worked in the area of disease surveillance for more than 30 years and has published more than 200 articles in peer-reviewed scientific journals. Dr. Mao is a proud recipient of the Science/Medical Research PHAC Merit Award in 2006 and the Queen's Golden Jubilee Medal (2003) for his remarkable career achievements and strong commitment to the health of Canadians.

1. Anticipate and respond to the health needs of Canadians

In support of this strategic objective, PHAC will focus on a number of priorities that are critical to its abilities to reduce health disparity and contribute to a stronger public health capacity. Central to this objective will be the ability of the Agency to effectively fulfill its mandate, maintaining credibility and enhancing its already strong reputation. The policy and program priorities in this section are not an exhaustive list of all the issues PHAC will continue to work on or consider important. They represent specific areas where the Agency has made a clear decision to make significant headway over the next five years in addressing major public health challenges, as well as key determinants of health, health disparities among Aboriginal peoples, children, and seniors, and gaps in public health capacity.

In delivering on policy and programming priorities under this objective, PHAC will concentrate on establishing integrated frameworks and delivery mechanisms and a cohesive approach to addressing health determinants. As the Agency moves forward, it will be essential to maintain the links between the priorities and work of the broader Health Portfolio, other departments and other governments.

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

Programs and research in the Agency will be aligned to support the priorities identified under Objective 1. Key to the success of the alignment will be better linkages between PHAC's information and knowledge development functions and its actions, as described previously.

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

To continue providing high quality public health programming, research and advice, PHAC needs to ensure that the organization and its people have the necessary organizational, management and cultural supports.

This objective is about making sure that the Agency is well-positioned and equipped to address the first two objectives. Simply put, it is about managing to deliver on priorities.

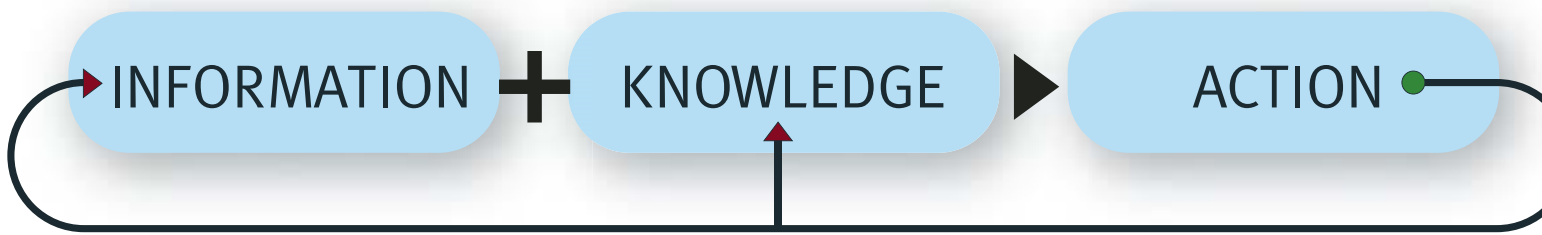


Dr. Paul Sandstrom, Dr. Sohail Abbas, Dr. Alix Adrien, and Dr. Chris Archibald provide technical assistance on HIV surveillance and laboratory services to Pakistan as part of the Canada-Pakistan HIV/AIDS Surveillance Project. They assist with the analysis and interpretation of data on high-risk groups which is used to enhance the prevention and control of HIV/AIDS in Pakistan.



As a Senior Policy Advisor, Claude Giroux coordinates and facilitates policy development initiatives and special projects in the area of infectious disease and emergency preparedness. In event of a public health emergency, Claude would form part of the emergency management team liaising with the Emergency Operations Centre (EOC). The EOC is the central nervous system for emergency response within the Agency. It is maintained in a constant state of readiness in order to deal with public health emergencies.

PHAC Strategic Plan: 2007-2012



PHAC

VISION
Healthy Canadians and communities in a healthier world

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

PHAC STRATEGIC

OBJECTIVES

To anticipate and respond to the health needs of Canadians.

To ensure actions are supported by integrated information and knowledge functions.

To further develop PHAC's dedicated workforce by providing it with the it needs and by ensuring a support

SHARED PUBLIC HEA

Population Health Assessment

Health Surveillance

Health Promotion

Disease and Injury Prevention

Health Protection

Public Health Emergency Preparedness and

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Five-Year Priorities for Action

Strategic Objective 1:

Anticipate and respond to the health needs of Canadians

Delivering on Policy and Programming Priorities

Meeting Major Public Health Challenges:

The Agency will remain flexible to address emerging public health issues and will continue to look for opportunities to address common risk factors and take advantage of integrated platforms. However, we will make significant inroads on a number of public health challenges related to chronic and infectious disease.

The impact of an uncontrolled outbreak of any infectious disease would be significant and serious. Governments, stakeholders and citizens would look to the Agency to take a leadership role in protecting Canadians. Domestically and globally, there are significant concerns related to **pandemic influenza and emerging infections**. Given concerns stemming from the risks associated with an outbreak of avian and/or pandemic influenza, \$1 billion was allocated to federal departments and agencies in Budget 2006 to strengthen preparedness. PHAC will take a leadership role with other federal departments, provincial/territorial governments, and stakeholders to carefully manage these resources to enhance and maintain an all-hazards approach. This means that many of the things we would do to prepare for an influenza pandemic would also be useful in the event of a different type of uncontrolled outbreak of infectious disease or public health emergency, such as a natural or man-made disaster.

As we saw during SARS, public health is brought to the forefront in times of crisis, when infection control becomes a primary means of reducing the impact of an emerging infectious disease. The federal government plays a key role in reducing the threat of emerging infectious diseases, in conjunction with provincial, territorial, and local governments. As such, PHAC will ensure that its all-hazards approach allows it to provide leadership in detecting and identifying potential sources of infectious disease outbreaks and reducing and preventing the spread of emerging and or re-emerging infectious diseases.

We will continue to manage the Federal Initiative on **HIV/AIDS**, support Canada-wide action, and sustain a global response, while remaining responsive to shifts in the epidemic and forging new and collaborative relationships to address its emerging issues. PHAC will partner with the Bill & Melinda Gates Foundation to support the Canadian Vaccine Initiative, a new effort to speed up the development of an HIV/AIDS vaccine and address critical research gaps.



Field Epidemiologist Andrea Currie spent seven weeks assisting in the public health response to the powerful earthquake that struck Pakistani Kashmir in October of 2005. PHAC's field epidemiologists are deployed to investigate disease outbreaks and other unexpected public health problems in Canada and internationally.

Although Canadians tend to associate the work of the Agency with infectious disease prevention and health protection, PHAC has an equally important role to play in addressing injuries and chronic diseases, which account for the majority of deaths and disease in Canada. Given the important role of obesity in chronic diseases, such as diabetes and cardiovascular disease, the Agency will work "upstream" to develop a policy framework and action plan on **obesity** in partnership with stakeholders. The plan will include the development of knowledge and expertise in this emerging area of concern, and will focus on how best to intervene and prevent obesity.

The Agency realizes that physical health is only one component of health. At least one in five people will be affected by mental illness during their lifetime. Preserving and promoting **mental health** among Canadians contributes to healthy families, productive workplaces and nurturing communities. The Agency will augment its capacity to address mental health and mental illness and develop a policy framework and action plan focussed on developing information and knowledge, providing effective public health advice concerning effective interventions, and liaising with the new Canadian Mental Health Commission.

Addressing Determinants and Disparities:

The health of certain groups of Canadians continues to be much poorer than the health of the overall population. PHAC will place a high priority on mobilizing efforts across sectors to address public health disparity and influence the determinants of health.

To address the significant health disparities experienced by Aboriginal Canadians, PHAC will increase its capacity in this area and develop a strong **Aboriginal public health** policy. Currently, the First Nations and Inuit Health Branch of Health Canada provides public health programming and services to on-reserve First Nations communities and the Inuit. Provincial/territorial governments provide programming and services to off-reserve First Nations and other Aboriginal populations, including the Inuit. PHAC provides some programs to off-

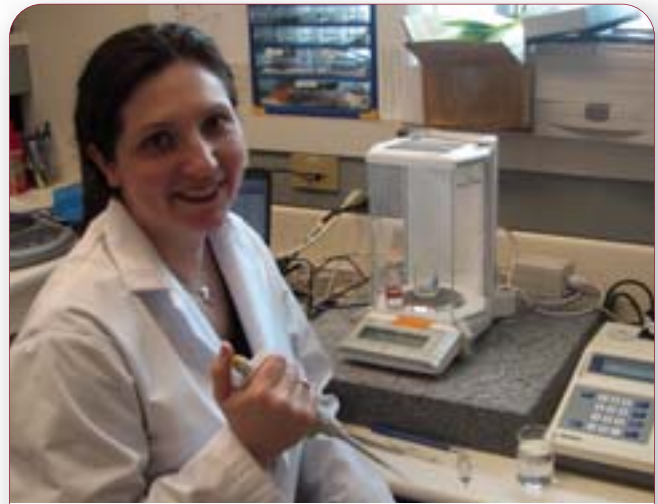
reserve First Nations and other Aboriginal populations, including the Métis, and there are Aboriginal components in a number of PHAC's programs, but the need for an over-arching strategic policy on Aboriginal public health is clear. In this analysis, one area of particular concern is the need for better data and information on the health of Aboriginal populations, which will need to be addressed as part of a broader framework. To develop this Aboriginal public health policy and assume a greater role in developing and delivering Aboriginal public health programs across Canada, PHAC will launch and maintain collaborative relationships with national and regional Aboriginal organizations and other federal departments.

PHAC has also identified the importance of child health and development in its five-year plan, given the health disparities experienced by certain groups of **children** (e.g., Aboriginal children and children living in poverty) as well as the significant impact of early childhood development as a key determinant of health. In addition, a priority on children is appropriate given that unintentional injury is the leading cause of death, morbidity and disability among Canadian children and youth. There are a number of programs in the Agency that currently address child health. It is important that we assess this work in light of evolving needs and priorities for Canadian children, current evidence, and Agency directions. As such, we will develop a comprehensive policy for child health and development, focussing on the development of knowledge and tools.

Although upstream interventions are needed on child health, the Agency also recognizes that the aging of Canada's population continues to increase. An aging population brings with it serious concerns with regard to the prevalence of chronic disease, the incidence of injury and the disproportionate vulnerability of this group to the consequences of public health emergencies. A comprehensive strategy on **seniors and healthy aging** will focus on emergency preparedness, injury prevention, mental health and active aging.



Robert St-Pierre is a Policy and Planning Analyst for the Québec Region. He is responsible for scanning and analysing public health issues and programs in Québec and maintains close relationships with provincial government public health representatives.



Calibration Technician Hannah Richards is a key member of the National Microbiology Laboratory. She ensures that lab equipment in the Lab is maintained and calibrated as required by international standards.

While placing a priority on addressing the needs of certain populations, the Agency also recognizes that the impact of the **environment** is a key health issue and priority of governments and Canadians. PHAC will develop a strong and comprehensive policy and program response on the public health impacts stemming from the environment (e.g., infectious disease risks associated with climate change, food contaminant/zoonosis risks, chronic disease and environmental hazards, etc.). We will enhance our partnerships with Health Canada, Environment Canada, Agriculture and Agri-Food Canada and non-governmental partners to allow a strong public health contribution to the broader environment agenda.

Our priorities on addressing public health disparity and influencing the determinants of health cannot be restricted to Canada alone. **Global public health** is in Canada's interest. A reduced global disease burden strengthens global health security and protects Canadians against many current and emerging public health threats. In keeping with this interest, the Agency will work to strengthen the government's policy coherence related to global public health and consider its impact on other areas, such as migration health. This work will involve international leadership and participation in strategic international initiatives to promote approaches to addressing the determinants of health and to build capacity in global public health systems.

Building Public Health Capacity:

There are significant challenges associated with traditionally weak and limited public health capacity in Canada. The Agency will continue working in partnership with stakeholders and other governments to develop strategies to address gaps in public health capacity in order to enhance our ability to take action on major health issues and respond to potential public health emergencies.

As a first step, the Agency needs to augment its efforts to monitor the human, financial, program, policy, research and legal dimensions of public health capacity. The establishment of better mechanisms for **monitoring public health capacity** (e.g., developing benchmarks and markers of performance) will result in more effective strategies to address weaknesses and fill the gaps. PHAC will also place a priority on collaborating with other levels of government to fill gaps in **public health human resources**, both within the Agency and in other jurisdictions, and on working with partners to provide leadership in the areas of training and skills development, core competencies, accreditation, and recruitment and retention policies.

The availability of safe and effective **vaccines** plays a major role in public health capacity. By preventing disease, immunization reduces pressures on the health care and public health systems, by reducing outbreaks of infectious disease, outpatient visits, hospitalizations and long-term disabilities. But there are gaps in terms of the equitable and timely access to safe and sustainable vaccines across the country. PHAC will place a priority on demonstrating leadership toward a federal approach to new vaccine research, development, production and supply, and program monitoring and evaluation in Canada and around the world. To support this work, the federal government has announced an increase in federal funding to support the construction of the International Vaccine Centre, a high-containment animal research facility that will expand domestic capacity for pre-clinical vaccine research on pathogens that affect both animals and humans.

The Agency will develop a robust **National Health Emergency Management System** in collaboration with federal partners, provinces and territories, and social assistance/relief agencies. The System will be seamless and comprehensive and will include development of an Incident Management System, bringing together tried and true operating procedures with the personnel who are trained and exercised to implement these procedures in the event of an emergency. Enhancements will be made to the National Emergency Stockpile System, ensuring that sufficient supplies of appropriate and modern products and materials are available in the event of a public health emergency.

Fulfilling our Mandate:

In order to deliver on these priorities and fulfill our mandate, PHAC needs to be in a position to exert influence and leadership in the broader public health environment. The ability to lead and influence will be enhanced when the Agency has a strong reputation as a world leader in public health and a high degree of **credibility** with citizens, other governments and stakeholders. Reputation and credibility stem from effectiveness. PHAC will demonstrate its effectiveness by delivering on its priorities and by reporting on results to Canadians.

The Agency will also demonstrate effectiveness by ensuring that the most timely, precise and accurate public health advice is available to stakeholders, Canadians and the international community. For example, we will strive to ensure that the **CPHO's annual report**, a requirement stipulated in the Agency's enabling legislation, is viewed as an evidence-based, highly anticipated and respected publication providing leadership on public health issues.



Dr. Paula Stewart is a Senior Medical Officer who is making a difference by raising awareness and increasing knowledge and understanding about the importance of issues pertaining to mental health and mental illness in this country.



Dr. Jamie Hockin leads and directs a number of programs aimed at improving public health human resource capacity in Canada. In particular, these programs aim to develop and maintain high levels of relevant skills and knowledge among public health practitioners, including epidemiologists.

Five-Year Priorities for Action

Strategic Objective 2:

Ensure actions are supported by integrated information and knowledge functions

Aligning Programs and Research to Support Priorities

Effective and timely **surveillance** is critical to the ability of the government and provinces/territories to accurately track, plan for and respond to diseases. As such, it is a core competency of PHAC and requires strong partnerships with provincial and territorial governments, and other organizations such as the Canadian Institutes of Health Research and Canada Health Infoway Inc. A successful surveillance system requires a combination of robust and flexible systems with people who know how to use them; data collection, sharing and management across jurisdictions and settings; expert analysis and interpretation; and communication with public health partners. It is essential in planning, implementing and evaluating public health interventions, supporting the Minister of Health by informing action on ministerial and federal priorities, and often serves as an early warning of potential issues of importance to public health. PHAC has a number of strong surveillance systems capturing important information on public health. However, an overall surveillance strategy is needed to provide the basis for an integrated approach to information, knowledge and action in PHAC and to support action at the provincial/territorial level. The Agency will streamline its surveillance into a coherent and integrated national surveillance system, positioning surveillance as a strategic resource for the Agency – one that all key stakeholders can maximize to its full potential. The end result will be a responsive system that provides added value, employs cutting-edge technology and provides timely and accurate information to policy-makers, clinicians and laboratories.

Further to the *PHAC Act*, the Agency will develop its **information regulations and related systems**, permitting it to better collect, use and disclose public health information, protect personal information, and enhance relationships with provinces and territories around information sharing. These regulations will be critical to our ability to conduct effective surveillance and population health assessment to inform programming and policy decisions.

Closely tied to surveillance and information collection, science and research are important strategic resources for the Agency. Over the next five years, PHAC will focus on further developing its strong **science and research** capacity and ensuring that it is responsive to the priorities of the Agency. In this way,



Dr. Theresa Tam is both a pediatric infectious disease specialist and field epidemiologist with a primary interest in vaccinology and respiratory infections. She has spent most of her career working in the area of national and international public health.



Margaret Gillis, Director of PHAC's Division of Aging and Seniors, was invited to Windsor Castle to accept an award from Her Majesty the Queen. The award was given in recognition of the leadership the Agency has provided domestically and internationally to increase the focus on the importance of emergency preparedness for seniors.

Agency science and research will provide the much-needed evidence to support decision-making concerning programming and policies. Unique science capacities and high-containment/lab biosafety expertise will be leveraged to strengthen the Agency's credibility and reputation. A special focus will be placed on technology and development innovation, immunotherapy and biotechnology. Above all, PHAC will maintain a standard of scientific and research excellence, ensuring that its work stands up to expert review and meets or exceeds international standards.

Streamlined surveillance, supported by information regulations and aligned science and research will provide a strong foundation for a focus on **knowledge translation and partnerships**. PHAC will strengthen its internal capacity to enhance knowledge access, appraisal, sharing and application across programs. A more effective knowledge translation function in the Agency will support evidence-based actions on public health. However, this work will also necessitate key strategic partnerships with organizations such as the Canadian Institutes of Health Research and the National Collaborating Centres for Public Health, building on existing strengths and facilitating the sharing of knowledge that can be put into practice at all levels of the public health system across Canada.

Building on the partnerships that will be enhanced with regard to knowledge translation, the Agency will launch a broader strategic approach to **stakeholder relations management**. The approach will involve strengthening the Agency's relationships with partners, resulting in better engagement in coordinated efforts to advance shared public health objectives on common priorities.

Our approach to enhancing stakeholder relations will also apply to the development of an **International Policy Framework**. The Agency will work with other federal departments and international organizations to develop a strategic and coherent approach to the development and implementation of its international policies and activities related to public health, with distinct priorities, measurable objectives, and clear roles and responsibilities. Although the framework will provide a tool for planning and advancing PHAC's international activities, it will be closely linked to domestic and Agency priorities.

The success of our efforts to align our integrated information and knowledge functions will be demonstrated in our reporting on results and performance to Canadians. To improve public reporting on **results and performance**, PHAC must strengthen its evaluation, in the broadest sense, and embed it into the Agency's decision-making processes. Evaluations must be tailored to focus on health outcomes and direct impacts on Canadians. Information on results will be translated into knowledge (e.g., best practices), disseminated to stakeholders and used to make decisions and influence policies and programming. Public reporting will be balanced, transparent and easy to understand.

Five-Year Priorities for Action

Strategic Objective 3:

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

Enhancing Agency Capabilities and Accountability

PHAC's greatest asset is its **people**. To maintain standards of excellence and establish in the minds of Canadians that PHAC is a prestigious and desirable organization in which to build a career, PHAC must attract, recruit, retain and rejuvenate a highly qualified, skilled, and motivated workforce. To achieve this result, human resources strategies, policies and practices will be improved and streamlined. PHAC will foster a principle of continuous learning, including specific development stream plans. It will maintain a representative workforce and encourage the use of both of Canada's official languages. Finally, the Agency will foster a culture of fairness, supportiveness, health and safety.

In building its agency culture, PHAC will strengthen its **governance** by establishing transparent and accountable mechanisms for enhanced leadership on policy and program development and for reviews of capacity, risk management,



Emergency Response Assistance Plan members respond to accidents involving dangerous pathogens by containing spills and practicing decontamination procedures.

audit, surveillance and portfolio relations. A system for coordinated governance in the Agency will ensure timely, efficient and effective issue management within the Agency.

More effective Agency governance will also allow for more active participation and leadership in **portfolio and interdepartmental** fora. The Agency must have the ability to lead files across the Health Portfolio and interdepartmentally (e.g., social determinants of health), provide timely and coherent public health input to the priorities of other departments (e.g., public safety and security, seniors' health, disability, drug strategy, healthy food) and coordinate the advancement of public health objectives in concert with other government priorities. Above all, the Agency must show leadership in serving the Minister of Health with clear, high quality and well-respected public health advice.

Recognizing that management of corporate risks and health risks is critical to PHAC's effectiveness and credibility, the Agency's senior executives will adopt a formal, integrated **risk management** framework to oversee, identify, assess, disclose, manage and mitigate risk. This work will involve better integration between risk identification and risk profiling in policy development and decision-making processes of the Agency. A Chief Risk Officer will act as a pivotal centre of responsibility for the systematic and consistent implementation of this function across PHAC business lines.

PHAC will work to realize a vision for Agency Regional Offices that contribute to the range of PHAC's priorities and activities,



Lisa Fernando is a biologist with the National Microbiology Laboratory (NML) mobile lab deployment team. She and the rest of the team respond to deadly infectious disease outbreaks throughout the world. The NML maintains two mobile labs, each capable of providing field diagnostic testing with fully transportable equipment. A team of highly trained specialists are ready to be deployed with as little as two-hours notice.



Pam Amulaku is a program consultant in the Alberta/Northwest Territories Region. Through the AIDS Community Action Program, she works closely with community-based organizations mandated to help prevent HIV transmission and promote health for people living with HIV/AIDS.

capitalizing on the fact that **Agency Regional Offices** are close to communities and provincial/territorial partners. This vision involves alignment and coherence between regional and national levels with respect to structure, governance, priorities and accountability to achieve PHAC's strategic objectives. Work will continue to ensure that Agency Regional Offices are fully involved in providing information and strategic advice from regional perspectives to influence and participate in decision-making.

Work will continue to build a strong **Winnipeg presence**, based on good business sense and capitalizing on the city's world-class scientific research capacity. The Agency will build on the reputation of the National Microbiology Lab and strengthen linkages to academia and public health organizations at national and international levels.

The extent of the Agency ability to manage its efforts to deliver on priorities will rely heavily on building effective **stewardship and accountability**. PHAC will enhance its effectiveness of management and control in support of information, assets, money, people and services. A key component will involve the development of effective, coherent and integrated financial and planning systems, mechanisms and processes. A full financial management control framework and robust internal audit capacity will reinforce the Agency's capacity to manage its resources with credibility and comply with central agency requirements. An agency-wide capacity assessment exercise will form the basis for reallocation and realignment. In keeping with principles of management excellence, accountability will be clearly assigned and allow for the effective execution of responsibility.

Moving Forward with Accountability



Myrna Majano works in the area of child and maternal health at PHAC. She tracks emerging issues and trends which impact on community projects in Manitoba and facilitates communication between PHAC, the province, and other stakeholders.

PHAC Strategic Plan: Information • Knowledge • Action is a high-level policy document to guide the implementation of PHAC's strategic objectives through detailed business and human resources plans. The next step will be to identify targets and deliverables to provide a link between the priorities and the concrete steps that will be taken to deliver on them over the next five years. These targets will set the Agency on track toward its strategic outcome of healthier Canadians, reduced health disparities and a stronger public health capacity.

The Agency's planning cycle will link human resource, business, financial and strategic planning more closely. The process will begin early with the setting of annual priorities based on environmental scanning, demographic analysis, public health evidence, and emerging issues and challenges. The second phase will begin with business planning around each Program Activity Architecture (PAA)⁴ outcome; the PAA will serve as a tool to elaborate on the priorities outlined in the Strategic Plan. The third phase will include the development of planning tools for central agencies and Parliament, such as the Report on Plans and Priorities and the Sustainable Development Strategy. During the final phase, service level and performance agreements will be finalized and human resources plans will be completed. It is in the integrated business and human resources plan that accountabilities for results will be clearly assigned. Delegations will be regularly reviewed, managers will oversee performance and individual and corporate commitments will be aligned.

PHAC's Strategic Plan is the core document for PHAC's new integrated approach to planning. In implementing this Strategic Plan, the Agency will strive to balance priorities with resources. While the Plan sets out a five-year vision, PHAC will re-evaluate its priorities annually and adjust them as required to ensure that the Agency continues to anticipate and respond to the health needs of Canadians.

We can never predict with absolute certainty what will lie ahead, but we cannot let this uncertainty deter us from planning. With this in mind, we set out to plot a course toward a vision for the Agency that would allow us to deliver on our mandate to Canadians. We can imagine a time five years from now, when we will be afforded the opportunity to reflect back on the plan that we wrote in 2007. It is our hope that we will see that not only did we have the right vision and plot the right course, but that we followed that course, respecting and delivering on priorities and commitments to Canadians. Above all, we hope that we will have exceeded the standards that we set for ourselves and that we will have created an Agency that makes a significant contribution to reduced health disparities, strengthened public health capacity and improved health for all Canadians.



Dr. Frank Plummer is the Scientific Director General of the National Microbiology Laboratory in Winnipeg, the Director General of the Centre for Infectious Disease Prevention and Control, and Chief Science Advisor to the CPHO. Dr. Plummer was named an Officer of the Order of Canada, recognizing his invaluable contributions to global health.

⁴ The Program Activity Architecture (PAA) is a program inventory that hierarchically links all of the Agency's programs to the Agency's strategic outcome.

Annex

PHAC Strategic Plan - How We Got There

The PHAC Five-Year Strategic Plan was developed through an inclusive and iterative process involving PHAC staff and senior management, and was informed by public health experts and key stakeholders. The process was led by the Strategic Policy Directorate.

An employee Reference Group was integral to the development and credibility of the Plan. Members of the group were selected by senior management as being a representative sample of PHAC employees who are considered leaders among their peers and positive team players in their occupational groups. Throughout the process, they were invaluable in providing input and feedback and engaging staff. They have been and will continue to be the ultimate “champions” of the Strategic Plan by supporting and advocating for both the content of the Plan as well as for the process for its development.

Early in the process, PHAC’s executive team and the employee Reference Group hosted a retreat with a group of stakeholders to hear external perspectives about what the public health and policy environment may look like over the next five years and to

reflect on the implications for the Agency. Topics included changing Canadian demographics, the political environment, public health human resources and capacity, stakeholder expectations, and significant developments on the public health horizon, including Aboriginal public health and the impact of the environment. The same group of experts was also invited to provide feedback on the draft of the Plan. The information and advice obtained from these stakeholders informed the contextual basis for the Strategic Plan and contributed to the thinking around PHAC’s policy priorities for the next five years.

Throughout the process, groups of employees met across the country to share their thoughts and vision for the Agency. Employees agreed that PHAC’s work is critical and that the Agency needs to show leadership and vision. They felt that the time is right for a Strategic Plan that reflects current realities and articulates a clear vision of the Agency’s directions and priorities to staff, partners and stakeholders. But from a more personal perspective, they also wanted to make sure that the Plan would show how their important work fits into the bigger strategic picture and how the directions and priorities will influence their day-to-day work. They also agreed that it is crucial that the Strategic Plan build in strong mechanisms for implementation and accountability.

PHAC’s Strategic Plan is as much about the process as it is about the outcome. In working together toward a vision and a path forward, staff and senior management came together and worked in partnership, gaining a better understanding of the Agency’s work, its opportunities and challenges, and the expertise and commitment of its staff. We are proud of the inclusiveness of our process and the consensus that we achieved. The culture of teamwork and level of consensus will provide a strong foundation for us to continue to work together, in partnership with our stakeholders, toward realizing our vision and delivering on priorities.



The results of a typical "brainstorm" on the Strategic Plan