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# Public Health Agency of Canada 2023–24 Departmental Plan

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## From the Ministers

We are pleased to present the 2023-2024 Departmental Plan for the Public Health Agency of Canada (PHAC). This Plan highlights the important role that PHAC plays in protecting Canadians' public health as well as the importance of robust preparedness, monitoring and response capability. PHAC has and will continue to leverage lessons learned and apply best practices from the pandemic to further enable science excellence, meaningful collaborations, strategic policy-making and integration for the long-term. This will involve working with all orders of government through effective collaboration, cooperation, communication and with a clarity of roles.

The COVID-19 pandemic has transformed the way Canadians think about public health and reinforced the importance of planning for readiness. It has highlighted systemic inequities and changed the way that PHAC works for the better – serving Canadians to achieve improved public health outcomes. Going forward, PHAC will build on effective collaborations and partnerships with federal departments, provinces, territories, Indigenous communities and stakeholders to continue to deliver the information and services that Canadians have come to expect from their public health agency.

The COVID-19 pandemic also highlighted the need for equitable public health approaches that are responsive and help Canadians who need it most. Improving mental and physical health outcomes remains a priority for PHAC. The Agency will continue to build and expand accessible mental health services and supports, especially for racialized and marginalized communities, older adults and youth. PHAC will also continue the work to advance suicide prevention efforts, prevent substance-related harms and prevent and address family and gender-based violence. To improve health outcomes, PHAC is working to reduce stigma and other barriers to access by tailoring supports and services to the diverse needs of communities.

Timely access to credible public health information and advice allows Canadians to make informed decisions regarding their health while helping to maintain public confidence in the actions taken by the Government and contribute to growing Canada's economy. We must continue to actively combat public health misinformation and serve as a trusted source of information for Canadians. PHAC will continue to rely upon the best available scientific evidence to address public health issues and pursue innovative approaches to seek solutions and ensure that a broad, science-based lens is applied to its programs and informs future policy initiatives. Collaborating with academic and research partners on issues of shared public health importance, PHAC will lead by example by applying the principles of open science, which fosters innovation and knowledge exchange and mobilization and encouraging other government departments to do the same.

In collaboration with federal, provincial and territorial governments, Indigenous Peoples, public health stakeholders and other partners, PHAC will focus its efforts to establish a health data system that is timely and open by design to inform decision-making and achieve results. This

focus on enhancing information management and data to promote a Pan-Canadian approach to preparedness for emergencies, to inform future public health policies and programs and to improve the Agency's understanding of the factors that impact the health of Canadians, will be supported through investments in data science and data systems. These partnerships will help maximize the effectiveness of public health responses and promote positive health outcomes as well as ensuring efficient use of resources to prevent outbreaks and the resurgence of vaccine-preventable diseases.

Without the efforts of PHAC's dedicated employees, its success in delivering much-needed health information, programs and support would not be possible. PHAC employees stepped up throughout the pandemic to support communities across Canada. This included managing screening at Ports of Entry, providing access to public health nurses and epidemiologists and serving those across the country, including in northern and remote communities. It is equally important to acknowledge the continued efforts of thousands of public health frontline workers who have and continue to support the health and well-being of Canadians.

Consistent with PHAC's commitments to apply Sex and Gender-Based Analysis (SGBA) Plus to its programs and activities, the Agency will also continue its efforts to ensure a healthy, diverse and inclusive workforce that is representative of the Canadian population and serves the needs of people in Canada effectively, both now and in the future.

**The Honourable Jean-Yves Duclos, P.C., M.P.**

**Minister of Health**

**The Honourable Carolyn Bennett, M.D., P.C., M.P.**

**Minister of Mental Health and Addictions and Associate Minister of Health**

The Public Health Agency of Canada acknowledges that this report was written on the traditional, unceded territory of the Algonquin Anishinabeg Nation.

## Plans at a glance

Recognizing that the pandemic is not over and compounded with the reality that concurrent public health events and emergencies such as mpox are increasingly becoming the norm, PHAC will continue to play an active and pivotal role to safeguard the health and well-being of Canadians. Building enhanced resilience and strengthening Canada's ability to predict, monitor and respond to public health threats and events remain paramount to PHAC. As part of PHAC's renewed importance and relevance in light of lessons learned over the last few years, the Agency is committed to providing trusted public health leadership, to building on strategic partnerships and to ensuring timely access to evidence-based information to support Canadians in protecting their health and the health of their families. The Agency will engage experts and other partners to inform efforts to reinforce a sustainable public health system today and over the long-term.

## **Responding to concurrent and cumulative crises**

To address new or re-emerging disease threats, Canada will continue to enhance its preparedness for and ability to respond to public health threats. PHAC's responses include the issuance of public health guidance based on scientific evidence, engagement with experts and communities relevant to a threat and ensuring essential supplies like vaccines and personal protective equipment are available to Canadians. This was demonstrated by PHAC's proactive response to mpox, which required the Agency to rapidly implement diagnostic capacity, whole genome sequencing, integrated genomic data analyses, wastewater and monitoring systems and research to assess potential vaccines and therapeutics. PHAC also piloted a robust science and research response to mpox which included an external science panel and significant collaboration amongst the scientific community. The Agency will continue to monitor the situation domestically and internationally and remains ready to respond.

## **Forward planning on preparedness: detect, monitor and respond**

Lessons learned from the COVID-19 pandemic reinforced the value of public health preparedness in Canada's evolving public health context. To support forward planning on preparedness, PHAC will continue to manage emergency preparedness and response plans to ensure they are valid and develop and run exercises to train emergency workers to be ready to put those plans into action if and when required. PHAC will also develop and deliver training courses to teach health workers how to respond to emergency situations, coordinate emergency management planning, deliver public health emergency management training and conduct activities developed to engage all levels of government and external stakeholders.

PHAC's final review of the Agency's COVID-19 Incident Management System is anticipated by the end of this fiscal year. The Review will identify successes and lessons learned and inform actions to improve the Agency's emergency preparedness and response efforts.

PHAC's National Microbiology Laboratory (NML) is known around the world for its scientific excellence. It provides critical scientific leadership for Canada's response to COVID-19 and its scientists are world leaders in many areas, including in genomics sequencing and wastewater monitoring. PHAC will continue work in these areas to effectively detect and observe the evolution of pathogens, which informs public health action. The NML also works closely with provincial and territorial public health laboratories to provide testing guidance and to increase testing capacity. In 2023-24, PHAC aims to build on this work by increasing NML's capacity to identify new and concurrent pathogens of national and international concern.

## **Fostering a collaborative science model at PHAC**

Moving forward, PHAC will continue to strengthen the foundation for an evidence-support system that enables sound evidence-based decision making in public health. In doing so, the Agency will align with global best practices. PHAC has drawn on this collaborative science model

in response to the mpox outbreak, advancing research and discovery by establishing an external science panel, developing a robust science plan, providing routine science briefings and demonstrating scientific leadership amongst the research community.

PHAC will continue to work with other government departments and academia to increase the Agency's understanding of the wider health impacts of the pandemic on chronic disease, mental health and mental illness, children and youth health, substance-related harms and risk and protective factors among Canadians.

## **Ongoing COVID-19 pandemic response activities**

Leveraging lessons learned, PHAC will continue to adjust and adapt approaches to promote a world-class public health agency. This includes enhancing future pandemic preparedness as well as leveraging engagements with provinces and territories. PHAC will continue to work in collaboration with federal partners, such as Health Canada, Public Services and Procurement Canada and other levels of government, Indigenous communities, and stakeholders to increase access to COVID-19 vaccines and therapeutics.

Using behavioural science research, PHAC will develop educational campaigns and messaging on the benefits of vaccination that resonates with Canadians and combats misinformation and disinformation. To complement these efforts and improve the rates of vaccination in Canada, PHAC will fund community-based projects aimed at supporting Canadians in increasing their awareness and understanding of the importance of staying up to date with vaccinations.

The Agency is working to better understand the longer-term health impacts of COVID-19, identify future areas of focus for public health and to help the medical community better respond to patients' needs; for example, through the development of clinical guidelines and tools for identification, prevention and management of post COVID-19 condition (PCC) that are adapted to the needs of all Canadians. PHAC is also planning to release a suite of products related to the results of the Canadian COVID-19 Antibody and Health Survey to support Canadians in increasing their knowledge and understanding of the longer-term COVID-19 symptoms.

PHAC will integrate the lessons learned from pandemic into future pandemic preparedness, planning and response by initiating a review of the Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector (CPIP) in consultation with provinces and territories and other partners to support pandemic preparedness planning and readiness to address multiple respiratory infectious disease threats.

## **Data driven health equity and prevention**

The Agency will advance health equity through the systemic application of Sex and Gender-Based Analysis (SGBA) Plus to all programs including funding opportunities for community-based projects and initiatives. As part of this commitment, all programs, projects and initiatives will be required to report annually to PHAC on data collection plans and results. Data will be used to inform future public health policies and programs.

Across the Health Portfolio (Health Canada, Canadian Institutes of Health Research), PHAC is supporting policy development and relationship building with partners on Indigenous data.

## **Pan-Canadian Health Data Strategy: providing a long-term vision for better data management**

Reliable, timely and relevant public health data are crucial to help public health officials provide their best advice in public health emergencies. Good health data also lead to improvements in health outcomes for Canadians in the longer term. Health data are collected and shared now, but there are important gaps that need to be addressed.

The Pan-Canadian Health Data Strategy will focus on strengthening the health data foundations by:

- Modernizing health data collection, sharing and interoperability
- Streamlining and updating the approach to privacy and access for the digital age
- Clarifying accountability and health data governance in the way governments share health data

To develop and implement the Pan-Canadian Health Data Strategy, PHAC is collaborating with provinces and territories and engaging stakeholders and Indigenous communities. Public engagement will also be sought to foster greater public trust and health data literacy.

## **What's New This Year?**

### **Canadians will be able to dial or text 9-8-8 to reach free suicide prevention and mental health crisis support**

In preparation for the November 30, 2023 launch of the 9-8-8 support line, PHAC is working closely with the Centre for Addiction and Mental Health (CAMH) and partners to ensure that anyone in Canada, regardless of where they live, will be able to access high quality suicide crisis support by dialling or texting 9-8-8. This includes engaging with a range of stakeholders, experts, Indigenous organizations and representatives from provincial and territorial governments to establish an approach and determine the resources required for successful implementation.

### **Launch of a renewal process for the National Immunization Strategy.**

In close collaboration with provincial and territorial governments, Indigenous partners and stakeholders, PHAC will develop a strengthened and cohesive framework to guide the appropriate, effective and efficient management of immunization programs in Canada. As part of the renewal process, PHAC is planning to enhance Canadians' access to timely and relevant information to support decision-making on vaccination.

**Embedding Public Health Officers across Canada to provide on-site expertise and advice**

PHAC will support Canadians by embedding Public Health Officers, including epidemiologists and nurses, across Canada to increase capacity for monitoring, responding to outbreaks and gathering evidence on important public health issues. PHAC will also deploy Public Health Officers to work directly in provincial and territorial Chief Coroner and Chief Medical Examiner offices to advance clear and well-grounded protocols for death investigations, data collection, federal data submission and monitoring mortality in Canada.

For more information on PHAC's plans, see the "[Core responsibilities: planned results and resources](#)" section of this plan.

## Core responsibilities: planned results and resources

This section contains detailed information on PHAC's planned results and resources for each of its core responsibilities.

### 1. Health Promotion and Chronic Disease Prevention

#### Description

Promote the health and well-being of Canadians of all ages by conducting public health research and supporting community-based projects which address the root causes of health inequities and the common risk and protective factors that are important to promoting better health and preventing chronic disease.

#### Planning highlights

#### Result 1.1 Canadians have improved physical and mental health

##### Supporting Canadians' mental health

Positive mental health strengthens individuals and communities while contributing to improved physical health and wellbeing, regardless of age or background. PHAC is committed to prioritizing equitable access to mental health support in Canada, reducing stigma and barriers and increasing access to mental health resources and care.

To address the needs of diverse communities, PHAC will continue to support projects led by national and community-based organizations through the [Promoting Health Equity: Mental Health of Black Canadians Fund](#). These projects aim to address the root causes of mental health challenges among Black Canadians, such as anti-Black racism and experiences of stigma and discrimination.

It will also support culturally focused knowledge, capacity building and programs that address mental health and its determinants for Black Canadians, including youth. Projects funded through the Promoting Health Equity: Mental Health of Black Canadians Fund's Implementation

Stream, including a Knowledge Mobilization Network and projects focused on Black 2SLGBTQI+ Canadians, are expected to share new information and evidence as projects come to an end on March 31, 2024, such as a collection of data specific to Black communities.

In collaboration with Statistics Canada, PHAC will develop a national parental experience survey that focuses on Canadians' mental health, access to mental health services and other key issues (for example, chest feeding, substance use, etc.) during the perinatal period. PHAC will also take steps to better understand changes in the mental health status of children and youth in Canada using the Strengths and Difficulties Questionnaire and examining the accuracy of the tool so that it can be used to shape interventions intended to improve the mental health of children and youth.

In 2023–24, PHAC will lead the development of a comprehensive National Suicide Prevention Action Plan. The goal of this work is to reduce suicide rates and improve mental well-being based on best practices and innovation in suicide prevention and life promotion. The plan will be developed over the coming year, with engagement from provinces and territories, Indigenous communities and people with lived and living experience. As part of this plan, Canadians will be able to dial or text 9-8-8 to reach free suicide prevention and mental health crisis support. This initiative was announced by the Canadian Radio-television and Telecommunications Commission in 2022. To prepare for the launch of the 9-8-8 support line on November 30, 2023, PHAC will work closely with the Centre for Addiction and Mental Health (CAMH) and partners to ensure that anyone in Canada, regardless of where they live, will be able to access high quality suicide crisis support by dialling or texting 9-8-8. This includes engaging with a range of stakeholders, experts, Indigenous organizations and representatives from provincial and territorial governments to establish an approach and determine the resources required for successful implementation.

PHAC will continue to expand and review all available data on suicide ideation, hospitalization for self-harm and deaths by suicide to understand trends, risks and protective factors. Similarly, this data will also help guide PHAC's efforts to address the needs of populations at greater risk for suicide-related behaviours. As well, PHAC will continue to assess and develop the use of innovative and alternative data sources on suicide-related behaviours.

### **Supporting healthy aging and those affected by dementia**

In 2023–24, PHAC will continue its role as a leader in coordinating the Government of Canada's efforts to support the United Nations (UN) Decade of Healthy Ageing (2021-2030). The decade is a global collaboration among diverse stakeholders, including government, academia and the private sector. It aims to improve the lives of older people, their families and the communities in which they live. PHAC's activities will focus on raising awareness, building capacity and encouraging action on healthy aging. Furthermore, PHAC will foster healthy aging by providing expertise, knowledge and tools to support communities with the implementation and evaluation of age-friendly initiatives.



### **Did you know?**





It is estimated that almost 452,000 Canadians over the age of 65 are living with diagnosed dementia in Canada and two thirds of them are women. As Canada's population ages, the number of Canadians living with dementia is expected to rise. Between the ages of 65 and 84, the risk of being diagnosed with dementia doubles with every 5-year increase in age. Statistics show that 0.8% of Canadians aged 65–69 years are diagnosed with dementia compared to 31.5% of those aged 90 years and older.

PHAC will also continue to advance the implementation of Canada's first national dementia strategy, A Dementia Strategy for Canada: Together We Aspire, which aims to prevent dementia, advance therapies, find a cure and improve the quality of life for people living with dementia and their caregivers. Through investments in PHAC's Dementia Strategic Fund and Dementia Community Investment <sup>1</sup>, the Agency will continue to support a variety of activities, including the development and implementation of:

- a national public education/awareness campaign
- targeted awareness-raising initiatives
- initiatives that support access to and use of dementia guidance
- community-based intervention research

As a part of this work, the Enhanced Dementia Surveillance Initiative aims to address key data gaps, including the lack of socio-demographic characteristics, risks and protective factors to better understand dementia in an effort to provide greater support for policy and program development and health service planning.

### **Supporting individuals with Autism Spectrum Disorder (ASD), their families and caregivers**

In partnership with Statistics Canada, the Canadian Institutes of Health Research and the Offord Centre for Child Studies at McMaster University, PHAC is investing in a second cycle of the Canadian Health Survey on Children and Youth. This survey will launch in 2023-24 and collect information on:

- the pathway to an autism diagnosis and on the diagnosis itself
- initial concerns raised by caregivers on the child's health and development
- perceived barriers regarding diagnosis of autism

This work will help highlight socio-economic factors among individuals with ASD, guide future research efforts and shape the development of policy and programs to better support individuals with ASD, their families and caregivers.

PHAC is also planning to finalize the development of a National Autism Strategy with ongoing engagement from provinces and territories, Indigenous communities and people with living experience. The goal of this work is to improve the health and well-being of individuals with ASD, their families and caregivers.

### **Engaging global partners to advance Canadian best practices**

PHAC, along with its Health Portfolio partners and other departments, will support the Minister of Mental Health and Addictions in her commitment to highlight Canada's best practices in international fora. For example, Canada is well-positioned to:

- lead engagement on integrating mental health and addiction services
- champion equitable access to services
- increase mental health investments for communities and people in vulnerable situations
- elevate the critical role of mental health promotion and services as a fundamental part of public health emergency response efforts

## **Result 1.2 Canadians have improved health behaviours**

### **Preventing substance-related harms**

Substance-related harms are having a significant adverse health, social and economic impact on Canadians. In collaboration with Canada's Chief Public Health Officer and the Associate Minister of Health and Minister of Mental Health and Addictions, PHAC is committed to preventing substance-related harms by:

- supporting schools and communities in implementing best practices that aim to prevent substance-related harms among youth. This includes focusing on approaches that enhance the resiliency of youth, promote equity, address the root causes of substance use and reduce stigma
- promoting trauma-informed care in substance use treatment practices
- supporting Canadians, particularly populations at increased risk of experiencing substance-related harms
- providing evidence-based information
- funding tobacco cessation and prevention interventions
- developing and disseminating materials to health professionals to equip them with the information required to reduce the stigma associated with substance use and provide support to their patients and clients who use substances

PHAC is also planning to undertake research and monitoring initiatives to better understand the socio-demographic characteristics of those who have died from substance- and alcohol-related poisoning. For example, the Agency aims to advance work on a national chart review study with provinces and territories which aims to integrate an understanding of the circumstances surrounding substance-related deaths. Evidence generated will be used to:

- produce helpful resources for Canadians, such as [modelling opioid-related deaths](#) to inform public health measures and guide decision-making
- inform provincial and territorial action to continue advancing prevention and response efforts and contribute to Canada's response to the opioid crisis
- support funding decisions that bolster provinces and territories' monitoring capacity

### **Fostering positive early development and stronger beginnings**

When healthy behaviours are instilled in youth, the likelihood of these behaviours carrying through to adulthood is much greater. Additional efforts are needed to ensure that these behaviours can be taught to youth facing inequities. In 2023-24, PHAC will continue to invest in programs dedicated to supporting youth in adoption of healthy behaviours, including:

- the Community Action Program for Children which promotes good health and well-being among children (from birth to six years of age) and families living in vulnerable situations and reaches 225,000 participants annually
- the Canada Prenatal Nutrition Program which takes steps to support the health and well-being of pregnant people living in vulnerable situations and their infants and reaches 45,000 participants annually
- the Healthy Early Years Program which aims to improve the healthy development of children (from birth to six years of age) living in official language minority communities and reaches 10,000 participants annually

To support positive health behaviours from preconception through childhood, including safe sleep, chest feeding, healthy pregnancies, postpartum and perinatal guidelines, PHAC will continue developing and sharing valuable information, tools and guidance for parents, guardians and public health partners. This includes:

- the Nobody's Perfect parenting program which supports parents and guardians of young children (from birth to five years of age) who are socially or economically marginalized
- PHAC's Fetal Alcohol Syndrome Disorder National Strategic Projects Fund (\$1.5 million annually) which develops and disseminates resources
- the School Health Grant for Youth program which promotes the health and well-being of school-aged youth (13 to 19 years)

### **Investing in Indigenous early learning and childcare in urban and northern communities**

Through investments in Indigenous Early Learning and Child Care and guided by Indigenous priorities, PHAC will support the Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program in providing high-quality, culturally responsive, early learning programming for Indigenous children living off-reserve in urban and northern communities. AHSUNC reaches between 4,200 and 4,300 young Indigenous children and their families annually across Canada. AHSUNC promotes positive health and education outcomes for Indigenous children through six program components:

- indigenous culture and language
- education and school readiness
- health promotion
- nutrition
- social support
- parental involvement

AHSUNC staff have enabled these successes by creating a sense of safety and belonging for Indigenous children and their families. This includes delivering programming and facilitating access to additional health and social services required for these children and their families to meet essential needs.

### **Preventing and addressing family and gender-based violence**

PHAC's work to prevent family and gender-based violence will include enhancing support for organizations to deliver and test community-based programming. This includes, supporting professionals and service providers in building the capacity to respond safely and effectively to survivors of violence.

As well, PHAC is enhancing and analyzing available data on child maltreatment in order to understand trends, risks and protective factors.

New projects funded in 2023–24 will address evidence gaps and support priority populations, including 2SLGBTQI+, children, youth and older adults. Additionally, PHAC will support two communities of practice in delivering forums that aim to develop knowledge and share best practices related to family and teen dating violence. PHAC's Family and Gender-Based Violence Prevention work will assess the effectiveness of violence prevention programs to better understand "what works" in supporting improved health outcomes and behaviours for survivors of family and gender-based violence.

## **Result 1.3 Chronic diseases are prevented**

### **Promoting healthy living and preventing chronic disease in priority populations**

PHAC will continue to advance its commitment to supporting projects that prevent chronic diseases such as diabetes, cardiovascular disease and cancer while addressing health inequities among priority populations (that is, populations at greater risk for these conditions).

In 2023–24, PHAC will support initiatives focused on the prevention and management of diabetes in Canada. One initiative is the Type 2 Diabetes Prevention Challenge which promotes innovative approaches to addressing the barriers that contribute to an increased risk of developing type 2 diabetes. Semi-finalists will be invited to move to the second stage of concept development, to be launched in summer 2023.

To address the unique needs and context of Indigenous communities and to allow sufficient time for meaningful and ongoing engagement, a national Indigenous-led engagement process on diabetes is underway with Indigenous Peoples, communities and organizations. This process aims to encompass the unique interests, circumstances and perspectives of First Nations, Inuit and Métis populations, while recognizing the principles of reconciliation and the right to self-determination.

In collaboration with international partners, PHAC will evaluate and standardize physical fitness measures, recognizing it as a sensitive health indicator of future disease risk among children and youth. PHAC will also revise and develop evidence on the physical fitness of children and youth in

consultation with international expert scientists to determine if these measures can supplement existing monitoring and reporting efforts on physical activity and childhood obesity.

In partnership with provinces and territories, PHAC will conduct monitoring and reporting of chronic diseases through the Canadian Chronic Disease Surveillance System. Ongoing investments in diabetes monitoring and reporting will help to establish study protocols with provincial and territorial governments. These include guidance on differentiation between Type 1 and Type 2 diabetes, complications, comorbidities and diabetes management and control.

### **Sex and Gender-Based Analysis (SGBA) Plus**

The Community Action Program for Children, Canada Prenatal Nutrition Program and Healthy Early Years promote positive health behaviours and outcomes by supporting the entire family unit, including diverse and non-traditional families. The programs are designed to facilitate stigma-free, culturally-safe and inclusive environments for all, including Indigenous Peoples, new immigrants, racialized people, 2SLGBTQI+ groups and people with disabilities.

Canada's National Dementia Strategy, A Dementia Strategy for Canada: Together We Aspire, provides a focused vision for addressing dementia prevention, care and support in Canada. The Strategy aims to emphasize health equity by focusing on populations that may be at higher risk of dementia or face barriers to equitable care, including women, Indigenous Peoples, older adults, ethnic and cultural minority communities, 2SLGBTQI+ groups and others who are particularly affected. Furthermore, PHAC is asking organizations applying for funding to integrate people with lived and living experience, SGBA Plus and other socio-demographic factors into their projects and report on these considerations in their annual report to the Agency.

Understanding the gender impacts of aging is a key goal of the New Brunswick Healthy Seniors Pilot Project. It has incorporated SGBA Plus considerations within the funding application and review process for all projects as well as mandatory SGBA Plus training. Project administrators are required to identify participants by gender, rurality, ethnicity and language to ensure that the project fosters diversity and inclusion. They are also required to report on lessons learned related to SGBA Plus throughout the life cycle of the project. As a result, adjustments in recruitment processes and program design have been made to ensure the participation of diverse populations.

PHAC's investment in Supporting the Mental Health of those Most Affected by the COVID-19 Pandemic is funding projects that reach disproportionately impacted populations. Projects involve the collection and analysis of data disaggregated by socio-demographic factors, including age, sex, sexual orientation, gender, income and geographic location in order to better understand the effectiveness of interventions on diverse populations.

PHAC's programming to prevent family and gender-based violence collects data from projects disaggregated by socio-demographic factors and will be developing new tools and processes to enhance data collection for 2023–24. This will ensure that proposals for funding are evaluated

with a health equity lens to ensure projects will contribute to reducing disparities in health outcomes among diverse population groups in Canada.

The Mental Health of Black Canadians Fund will support funded recipients in developing and reporting on robust performance measures, evaluation plans and the integration of SGBA Plus into their projects. All projects must describe how health equity is considered as part of the project design, recruitment and implementation stages and projects will also be required to report on achieving health equity.

Internationally, PHAC will continue to apply SGBA Plus by promoting the acknowledgment of social, economic, environmental and political determinants of health and their intersections when engaging with international partners. This will include prioritizing funding under the International Health Grants Program to projects that advance equity issues, such as gender equality, diversity and inclusion.

### **United Nations' (UN) 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals**

#### **Sustainable Development Goal (SDG) 3: Ensure healthy lives and promote well-being for all at all ages**

The Healthy Canadians and Communities Fund will continue to contribute to the achievement of SDG 3 by supporting projects that improve health behaviours (for example, physical activity, healthy eating and decreased tobacco use) to help Canadians lead healthy lives and promote their well-being.

#### **SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable**

PHAC will continue to promote the uptake and implementation of Age-Friendly Communities by bringing together key partners regularly, sharing knowledge and developing tools that enable a greater number of communities to implement the Age-Friendly Communities model. This work also aligns with the Canadian Indicator Framework target of "Canadians live in healthy, accessible and sustainable cities and communities."

#### **SDG 10: Reduce inequalities within and among countries**

PHAC will support projects that remove systemic structural barriers to improve health behaviours (for example, physical activity, healthy eating and decreased tobacco use) among priority populations that face or are at greater risk of developing chronic diseases such as diabetes, cancer and cardiovascular disease.

### **Innovation**

PHAC's Mental Health Promotion Innovation Fund (MHP-IF) will support the delivery of innovative, community-based programs in mental health promotion that address equity and aim to improve either the lives of individuals or the safety of a community. Through this initiative,

individuals and priority populations are better equipped to counteract risk factors. These programs also help to address the underlying determinants of health for infants, children and youth, young adults and caregivers of children and youth.

The MHP-IF targets priority groups who disproportionately experience mental health inequities, such as First Nations, Inuit and Métis Peoples, 2SLGBTQI+ groups, newcomers and refugees. Results from projects help to identify which programs and policies are the most effective for various population groups. This approach contributes to health equity through actions to scale up programs and change systems, to promote positive mental health among people in Canada. The MHP-IF will also bolster experimentation in the form of testing and delivering evidence-based population health initiatives in mental health promotion for children, youth, young adults and adults in caregiving roles. In 2020-21, the testing and design phase (Phase 1) continued for 20 projects, reaching over 19,000 individuals. In April 2022, PHAC began work on Phase 2 of the MHP-IF. It will support 15 organizations in their efforts to expand, evaluate and adapt interventions to benefit more people and foster sustainable policy and program development in mental health promotion. The results of these projects will be available for collection and analysis beginning in 2023–24.

Also in 2023–24, PHAC will develop new approaches and use alternative data sources to improve its understanding of the factors that impact the health of Canadians. These approaches include machine learning and other advanced dynamic modelling to give insights into how certain health behaviours and health conditions, including substance use, incidence of cardiovascular illness, events due to extreme weather conditions (for example, heat stress) and opioid-related deaths may evolve over time across different scenarios. Simulation models may also be used to inform future public health activities.

Finally, through a partnership with the Centre for Aging and Brain Health Innovation, PHAC will fund approximately 100 innovators in developing, disseminating, scaling and promoting the adoption of promising innovations to support healthy aging and improve brain health. PHAC is also planning to help accelerate the innovation-to-commercialization process by providing scientific advice, training and procurement options.

Planned results for Health Promotion and Chronic Disease Prevention

The following table shows, for Health Promotion and Chronic Disease Prevention, the planned results, the result indicators, the targets, the target dates for 2023–24 and the actual results for the three most recent fiscal years for which actual results are available.

| Departmental result   | Departmental result indicator | Target | Date to achieve target | 2019-20 actual result | 2020-21 actual result | 2021-22 actual result |
|---|-------------------------------|--------|------------------------|-----------------------|-----------------------|-----------------------|
| <b>Legend:</b> CCDSS — Canadian Chronic Disease Surveillance System; CCHS — Canadian Community Health Survey—Annual Component; CHMS — Canadian Health Measures Survey; CHSCY — Canadian Health Survey on Children and Youth; HALE — Health Adjusted Life Expectancy |                               |        |                        |                       |                       |                       |

| Departmental result                                | Departmental result indicator   | Target   | Date to achieve target | 2019-20 actual result  | 2020-21 actual result  | 2021-22 actual result   |
|--|---|--|------------------------|--|--|---|
| Canadians have improved physical and mental health | % of low-income children in very good or excellent health                       | At least 80%   | Mar. 31, 2025          | 84.1% (CHSCY 2019)   | 84.1% (CHSCY 2019) <sup>2</sup>  | 84.1% (CHSCY 2019) <sup>3</sup>   |
|  | % of population who have high psychological well-being <sup>4</sup>             | At least 75%   | Mar. 31, 2025          | 75% (CCHS 2019)  | 75% (CCHS 2019) <sup>5</sup>   | 75% (CCHS 2019)   |
| Canadians have improved health behaviours          | % increase in average minutes/day of physical activity among adults             | At least 20% above baseline (with a baseline of 25 min/day, a 20% increase represents 30 min/day). | Mar. 31, 2025          | +4% (26 min/day) (CHMS 2016-17)                                      | +10% (27.4 min/day) (CHMS 2018-19) <sup>7</sup>                        | +10% (27.4 min/day) (CHMS 2018-19) <sup>8</sup>                                     |
|  | % increase in average minutes/day of physical activity among children and youth | At least 10% above baseline (with a baseline of 58 min/day, a 10% increase represents 64 min/day)  | Mar. 31, 2025          | +9% (63 min/day) (CHMS 2016-17) (baseline: 58 min/day, CHMS 2012-13) | +2% (59.2 min/day) (CHMS 2018-19) (baseline: 58 min/day, CHMS 2012-13) | +2% (59.2 min/day) (CHMS 2018-19) <sup>9</sup> (baseline: 58 min/day, CHMS 2012-13) |

**Legend:** CCDSS — Canadian Chronic Disease Surveillance System; CCHS — Canadian Community Health Survey — Annual Component; CHMS — Canadian Health Measures Survey; CHSCY — Canadian Health Survey on Children and Youth; HALE — Health Adjusted Life Expectancy



| Departmental result            | Departmental result indicator   | Target  | Date to achieve target | 2019-20 actual result                                      | 2020-21 actual result  | 2021-22 actual result  |
|--------------------------------|---|---|------------------------|--|--|--|
| Chronic diseases are prevented | % increase in years lived in good health by seniors   | At least 4% above baseline<br>Baseline is currently HALE (Health-adjusted life expectancy) at age 65 = 14.9 years. A 4% increase represents a HALE of 17 years at age 65. | Mar. 31, 2025          | 1%<br>15 years (Statistics Canada, 2010-2012 to 2015-2017) | 1%<br>15 years (Statistics Canada, 2010-2012 to 2015-2017) <sup>10</sup> | 1%<br>15 years (Statistics Canada, 2012 to 2017) <sup>11</sup> |
|                                | Age-standardized rate per 1,000 of new diabetes cases (types combined, excluding gestational diabetes) among Canadians age 1 year and older <sup>12</sup> | At most 6.2 cases per 1,000 ages 1 and older  | Mar. 31, 2025          | 6.2 cases per 1,000 ages 1 and older (CCDSS 2016-17)       | 6.0 per 1,000 ages 1 and older (CCDSS 2017-18)                           | 6.0 per 1,000 ages 1 and older (CCDSS 2017-18) <sup>13</sup>   |
|                                | % of adults who are obese <sup>14</sup>   | At most 28%   | Mar. 31, 2025          | 24.4% (CHMS 2018-19)                                       | 24.4% (CHMS 2018-19) <sup>15</sup>                                       | 24.4% (CHMS 2018-19) <sup>16</sup>                             |
|                                | % of children and youth who are obese <sup>17</sup>   | At most 13%   | Mar. 31, 2025          | 10% (CHMS 2018-19)   | 10% (CHMS 2018-19) <sup>18</sup>   | 10% (CHMS 2018-19) <sup>19</sup>                               |

**Legend:** CCDSS — Canadian Chronic Disease Surveillance System; CCHS — Canadian Community Health Survey — Annual Component; CHMS — Canadian Health Measures Survey; CHSCY — Canadian Health Survey on Children and Youth; HALE — Health Adjusted Life Expectancy

The financial, human resources and performance information for PHAC's program inventory is available on [GC InfoBase](#).

**Planned budgetary spending for Health Promotion and Chronic Disease Prevention**

The following table shows, for Health Promotion and Chronic Disease Prevention, budgetary spending for 2023–24, as well as planned spending for that year and for each of the next two fiscal years.

| 2023-24 budgetary spending (as indicated in Main Estimates) | 2023-24 planned spending | 2024-25 planned spending | 2025-26 planned spending |
|---|--------------------------|--------------------------|--------------------------|
| 415,676,441   | 415,676,441              | 318,236,930              | 281,220,834              |

From 2023-24 to 2025-26, planned spending decreases mostly due to the expiry of budgetary authorities for distress line investments and support of the mental health of those most affected by the COVID-19 pandemic in 2023-24 and the surveillance and risk assessment initiative in 2024-25.

Financial, human resources and performance information for PHAC’s program inventory is available on [GC InfoBase](#).

**Planned human resources for Health Promotion and Chronic Disease Prevention**

The following table shows, in full-time equivalents, the human resources the department will need to fulfill this core responsibility for 2023–24 and for each of the next two fiscal years.

| 2023-24 planned full-time equivalents | 2024-25 planned full-time equivalents | 2025-26 planned full-time equivalents |
|---------------------------------------|---------------------------------------|---------------------------------------|
| 611                                   | 612                                   | 543                                   |

Planned full-time equivalents decrease in 2025-26 due to the expiry of budgetary authorities for the surveillance and risk assessment initiative in 2024-25.

Financial, human resources and performance information for PHAC’s program inventory is available on [GC InfoBase](#).

**2. Infectious Disease Prevention and Control**

**Description**

Protect Canadians from infectious diseases by predicting, detecting, assessing and responding to outbreaks and new threats; and contribute to the prevention, control and reduction of the spread of infectious disease among Canadians.

**Planning highlights**

**Result 2.1 Infectious diseases are prevented and controlled**

**Wastewater and monitoring systems**

PHAC's National Microbiology Laboratory (NML) is known around the world for its scientific excellence. It provides critical scientific leadership for Canada's response to COVID-19 and its scientists are world leaders in many areas, including genomics sequencing and its use as a monitoring tool. The work done by NML and its partners informs:

- the priorities for sequencing in Canada to quickly identify COVID-19 variants and inform public health measures that help mitigate their introduction and spread
- the coordination of vaccination efforts
- guidance on the distribution of antiviral treatments

Since the onset of the COVID-19 pandemic, PHAC provides on-going testing support to First Nations communities. In 2023-24 PHAC will explore options to deliver innovative solutions to provide equitable access to testing for northern, remote, and isolated communities.

PHAC's NML is also conducting whole genome sequencing, an enhanced fingerprint analysis, on Canadian samples of mpox. This sequencing will help our experts understand the chains of transmission occurring in Canada. NML is also working in close collaboration with provincial and territorial public health laboratories to provide testing guidance and to increase testing capacity for mpox.

In 2023-24, PHAC aims to build on this work to increase NML's capacity to identify new and concurrent pathogens of national and international concern.

### **Reducing the emergence and spread of Antimicrobial Resistance (AMR)**

AMR is among the most serious threats to public health in Canada and globally. Furthermore, many risks for AMR are tied to socio-demographic factors. PHAC's goals for addressing health equity and AMR across One Health (that is, collaborative, multisectoral and transdisciplinary) include working with domestic and international partners to support:

- contributing to global AMR commitments through collaborations with partners to encourage innovation in AMR, sharing of best practices and promoting equitable access to new antimicrobials
- coordinating and collaborating with domestic networks and multidisciplinary partners in the development and implementation of complementary stewardship initiatives
- expanding the Canadian Integrated Program for AMR monitoring which monitors trends in AMR and Antimicrobial Use (AMU) in selected bacterial organisms from human, animal and food sources across Canada
- expanding the Canadian Nosocomial Infection Surveillance Program in hospitals and long-term care facilities to strengthen infection prevention and control measures and reduce transmission through monitoring and reporting in Canadian acute care hospitals and long-term care settings
- targeting monitoring systems and auditing tools, including the National Antimicrobial Prescribing Survey, to develop effective strategies and tools such as practical guidelines and best practices to address AMR within a continuum that includes humans, animals and their environment

- increasing provincial participation in the Enhanced Surveillance of Antimicrobial Resistant Gonorrhea Program to better understand the current trends of AMR gonorrhea and support the development of treatment guidelines and public health interventions to minimize the spread of AMR gonorrhea in Canada
- integrating whole-genome sequencing to better track and bring clarity to our understanding on how AMR circulates among humans, food production and the environment
- monitoring the effectiveness of interventions

Scientists at PHAC's NML are working in collaboration with provincial and territorial public health organizations and laboratories to understand the extent of AMR in Canada through the development of a lab-based monitoring system called the Antimicrobial Resistance Network or AMRNet. This monitoring system will gather data from bacterial and fungal samples tested for AMR in clinical (human) and veterinary laboratories, organizing it into a standardized format and making it available to the public health and scientific community. These data are then used to inform interventions that can prevent illness and reduce the spread of AMR.

Work is also underway with the Canadian Institutes of Health Research to develop a Pan-Canadian Action Plan that focuses on four pillars for action: monitoring, stewardship, infection prevention and control, and research and innovation.

### **Reducing the health impacts of Sexually Transmitted and Blood-borne Infections (STBBI)**

Between 2022-2027, PHAC will invest \$33.4 million to support 173 time-limited projects across Canada to address HIV, hepatitis C and other sexually transmitted infections through the HIV and Hepatitis C Community Action Fund and Harm Reduction Fund. In addition to funding, PHAC intends to share lessons learned from previous funding cycles (for example, 2017 to 2022).

PHAC will use monitoring to inform the development of effective strategies to respond to STBBIs, including:

- initiating the next round of national estimates for the incidence and prevalence of HIV and hepatitis C in Canada
- reporting on HIV and hepatitis C prevalence and risk factors among priority populations
- monitoring and reporting on Canada's progress towards global targets
- reporting on trends in HIV diagnosis, Sexually Transmitted Infections (STIs), hepatitis B and hepatitis C, by SGBA Plus factor
- reporting on the descriptive epidemiology of AMR gonorrhea to inform treatment guidelines among priority populations

### **Partnering for better results**

PHAC will continue to engage diverse groups through roundtable discussions, surveys, workshops and sharing circles. This engagement aims to foster improved communication, education and sharing of best practices to support culturally competent care strategies.

In 2023-24, PHAC will revise the Government of Canada's Action Plan on STBBI to reflect the current context of STBBI in a post-pandemic world. The revised Plan will be co-developed with priority populations and centered on key and/or emerging issues in the HIV/AIDS response (for example, Undetectable=Untransmittable [U=U]). Recognizing the health and social impacts of COVID-19 on STBBI, PHAC is committed to working with communities, partners, stakeholders and populations most affected by STBBI to better understand lessons learned from the pandemic and develop more meaningful action items.

### **i Did you know?**

Undetectable = Untransmittable (U=U) is a global campaign that underscores that people living with HIV who are on medication and maintain an undetectable amount of virus in their blood can lead a long, healthy life without the fear of passing HIV to their sexual partner(s). PHAC strongly endorses the U=U call to action that was announced at the 2022 AIDS Conference.

Plans are underway to launch a U=U awareness campaign in Canada, developed in collaboration with communities and people most affected by stigma, to support healthcare professionals in increasing their awareness of the U=U principle. Healthcare professionals are most often the first point of contact for patients and can significantly help decrease stigma and increase uptake in HIV testing, treatment and achieving viral suppression—contributing to the global goal of ending HIV and AIDS as a public health concern by 2030.

Reaching those who are undiagnosed is the first step toward connecting people to HIV treatment and achieving viral suppression. Linking them to care is a critical next step. In 2022, PHAC announced time-limited funding to support community-based and Indigenous organizations in the acquisition of HIV self-test kits. These organizations integrate the distribution of HIV self-test kits into ongoing activities to increase accessibility among the populations they serve.

Finally, PHAC will work with provincial, territorial and Indigenous partners to develop indicators and targets to measure its progress in implementing the Pan-Canadian STBBI Framework for Action. Public consultations will be launched to validate and finalize the indicators which will be published in summer 2023.

### **Addressing rising rates of syphilis**

Syphilis remains a serious public health concern as data demonstrate that the national rate of infectious syphilis increased from 5.1 per 100,000 population in 2011 to 24.7 per 100,000 population in 2020. In 2023–24, PHAC will monitor trends in diagnosed STBBI to assess Canada's progress in reducing the health impacts of these infections. These trends will help inform:

- updates to STBBI screening and treatment guidance for healthcare professionals
- priorities to improve management practices in Canada's blood and transplantation systems to enhance safety

PHAC is also working diligently with federal, provincial, territorial and Indigenous partners to respond to multiple ongoing outbreaks of infectious and congenital syphilis across Canada. To increase Canadians' awareness and understanding of the risks of syphilis and prevention methods, PHAC will develop a public awareness campaign that includes adaptable and accessible materials and toolkits aimed at promoting getting tested and reminds people across Canada that syphilis is treatable. To ensure that this campaign is effective and accessible, PHAC will carry out community consultations with its federal partners and stakeholders to plan and develop resources and marketing materials that will resonate with Canadians.

### **Renewing the Canadian Immunization Guide**

PHAC will launch a renewal process for the National Immunization Strategy, in close collaboration with provincial and territorial governments, Indigenous partners and stakeholders to develop a strengthened and cohesive framework to guide the appropriate, effective and efficient management of immunization programs in Canada.

As part of the renewal process, PHAC is planning to enhance Canadians' access to timely and relevant information to support decision-making on vaccination. In collaboration with federal partners, provinces and territories PHAC will:

- continue to build on Canadians' understanding, confidence and trust in the safety and effectiveness of Health Canada-authorized vaccines
- monitor vaccine coverage and uptake among Indigenous communities, racialized communities and other priority populations
- support priority populations and communities through the delivery of vaccine confidence programming
- monitor socio-demographic factors linked to vaccination rates and access
- advance studies on vaccine safety and effectiveness, informing ongoing public health practices (for example, prevention and mitigation) and guiding immunization plans and monitoring
- detect, prioritize and assess all reported adverse events following vaccination against COVID-19
- identify safety signals for potential regulatory or public health action
- provide expert immunization guidance from the National Advisory Committee on Immunization (NACI) to support provinces and territories' decision-making on the use of vaccines in immunization programs and additional COVID-19 topics, in alignment with NACI's 2022–2024 work plan
- develop vaccine administration guidance for healthcare practitioners to support ongoing COVID-19 programs, as well as other practical information for immunization providers (for example, building vaccine confidence)
- explore the impact of COVID-19 on vaccine coverage, confidence and uptake for vaccine-preventable diseases

PHAC will continue to monitor and provide policy guidance on the delivery of the Vaccine Injury Support Program to ensure that people in Canada who are seriously and permanently injured after receiving a Health Canada-authorized vaccine on or after December 8, 2020, with access to fair and timely financial support.

To reinforce Canada's preparedness for future pandemics and health emergencies, PHAC will:

- negotiate and act as a technical authority for primary and back-up pandemic influenza vaccine supply agreements through strategic partnerships
- work with federal partners, provinces and territories to support Canadians' timely access to approved and recommended vaccines to meet public health programmatic objectives and population requirements. This includes supply chain-strengthening initiatives and the implementation of digital technologies such as Track and Trace to ensure access, storage, deployment and management of up-to-date vaccine formulations
- work closely with manufacturers as well as federal, provincial and territorial jurisdictional partners to meet population needs
- manage federal vaccine supply reserves as necessary (for example, standard dose and high-dose seasonal influenza vaccines, pneumococcal vaccines) or on an ongoing basis (for example, mpox vaccine)

### **Advance Health Systems and Interoperability**

PHAC aims to ensure that public health data are findable, accurate, interoperable and re-used wherever possible. This includes having access to the ethical data that the Agency needs in order to meet its mandate while empowering ecosystem partners to do the same. PHAC also aims to have the technology, systems, governance and policies in place to ethically and effectively use data to achieve the Agency's objectives.

Recognizing the space that PHAC occupies within the public health ecosystem nationally and reflecting on the difficulty of aggregating like-data for critical public services, the Agency will establish a standards-based approach to health system interoperability and is working on strengthening partnerships with key players across jurisdictions to enable this change.

Critical to advancing health systems' interoperability is modernizing data systems' governance and operations to maximize the likelihood of achieving public health outcomes, supported by effective processes for communicating, prioritizing and resolving IT issues. PHAC is committed to working with partners across Canada to improve our common public health data infrastructure, empowering all levels of government to make timely, evidence-based public health decisions and actions.

PHAC will launch a Data Stewardship Network in 2022-23 to promote the identification of data issues and solutions along with pathways for escalation of issues or solutions that require senior management decision or approval. The Data Stewards at PHAC will provide input and receive updates on PHAC's Chief Data Officer-led enterprise programs, tools, processes and activities.

The Network will create an environment for stewards to explore potential partnerships, seek advice from colleagues, collaborate to find innovative data processes and implement enterprise standards, policies and best practices.

Through the Data Stewardship Network, PHAC will ensure that the right resources, including people, policies, standards, processes and technologies are in place to more effectively manage data ethically and transparently while maintaining the safety and security of Agency data and that of our partners. This Network will be part of an Agency-wide Data Governance Framework that will build on existing best practices and formalize the accessibility, consistency and standardization of data management across PHAC. It will also increase opportunities for cross-collaboration of different public health data sets and public health issues, thereby facilitating a One Health approach to public health in Canada.

### **Advancing public health data collection and sharing research**

PHAC continues to develop a flexible and systematic approach for the identification of science and research opportunities for public health in partnership with other government departments, external experts, academia and funding agencies. In 2023–24, the Agency will continue its vital work of collecting and sharing Canadian public health data and scientific research, including for infectious diseases. This includes advancing efforts to improve the disaggregation of monitoring and reporting data by socio-economic and socio-demographic factors. This helps to inform Canadians of public health considerations, supports provinces and territories as the primary health care jurisdictions in Canada and assists frontline health care workers and organizations in their work. This work also enables PHAC to develop reports, analyses and research related to infectious diseases (for example, measles, seasonal influenza and respiratory syncytial virus).

### **Advancing work to mitigate impacts of climate change on health**

Through its Infectious Disease and Climate Change program, PHAC supports the implementation of the Pan-Canadian Framework on Clean Growth and Climate Change as well as the Government of Canada's National Adaptation Action Plan. In 2023–24, PHAC will:

- provide advice, analyses and direction to support the advancement of Canada's first National Adaptation Strategy on climate change, working closely with health partners and other governmental organizations to build resiliency, particularly among communities disproportionately affected by the impacts of climate change
- carry out risk assessments using modelling to identify current and future climate risks
- bring together current evidence on monitoring, prevention and control methods to support early warning of emerging diseases
- develop laboratory diagnostic methods to underpin the monitoring of diseases that may emerge or re-emerge with climate change
- enhance systems and tools to support health professionals and the public in understanding the health risks associated with climate-sensitive infectious diseases and the importance of taking action to protect health



- build on investments as part of the Infectious Disease and Climate Change Fund and continue to invest in new and innovative projects that support health professionals, communities and priority populations
- advance PHAC's understanding and application of behavioural science insights into program design and policy advice

### **Behavioural science experimentation**

Building on the success of behavioural science experimentation during the COVID-19 pandemic, PHAC will expand its behavioural science research activities to accelerate high impact innovations in other priority public health areas such as antimicrobial resistance (AMR), vaccine confidence and mis/disinformation.

PHAC will also carry out research to examine mental health literacy among Canadians to better support work in the priority area of mental health in 2023–24. The research will include a nationally representative survey sample to ensure the voices of people living across Canada by sex, age and race are heard. Focus will be placed on amplifying the voices of Indigenous populations who face significant mental health inequities. This work will be done through the collection of disaggregated data based on key demographic variables including sex, gender and sexual orientation. Experimentation will help PHAC deliver better public health messaging by testing communication strategies to learn which approaches lead to improved mental health literacy. The findings from this research will inform the development of communication materials and other policy and program decisions in mental health.

### **Result 2.2 Infectious disease outbreaks and threats are prepared for and responded to effectively**

PHAC is committed to strengthening its process to promote credible and timely risk assessments to guide public health responses to limit the spread of infectious diseases. To advance this commitment, PHAC, in collaboration with key stakeholders including provinces and territories, will stabilize and strengthen critical risk assessment and monitoring capacities to optimize the Agency's ability to anticipate, detect and act on potential public health risks to Canadians in both the immediate- and long-term.

#### **Identification of emerging threats**

In 2023-24, to ensure PHAC is equipped to rapidly identify and respond to emerging threats and provide timely and reliable evidence to inform decision-makers, PHAC will strengthen existing COVID-19 and other emerging respiratory disease surveillance operations and capacity by:

- working to integrate epidemiological, immunization and laboratory data to support new risk assessment needs. This includes consulting with data partners to identify challenges and barriers as well as developing and implementing data linkage pilot projects to address these issues
- enhancing the data monitoring platform for influenza and other respiratory diseases by implementing innovative tools and approaches to collect and analyze information in support

of open data on emerging diseases

- enhancing external influenza and emerging respiratory infections surveillance (including for COVID-19) and supporting research networks including developing a severe, acute respiratory infectious diseases pilot

PHAC will also build policy and planning structures in support of pandemic preparedness starting with the re-establishment of pre-COVID-19 pandemic governance structures. This will include initiating a review of the Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector with the intention of establishing new planning guidance that will go beyond preparing for an influenza pandemic to address multiple respiratory infectious disease threats.

### **Providing national and international leadership**

A foundational component in PHAC's ability to protect Canadians from new and emerging infectious diseases is its laboratory science, which is vital to the generation of scientific evidence used across the Agency. In collaboration with provincial, national and international public health partners, PHAC's NML will continue to exemplify its scientific excellence in the field of infectious diseases. Through laboratory-based monitoring, the NML detects and investigates infectious diseases while monitoring for trends. Its highly specialized reference laboratory services will continue to detect diseases that are difficult to identify or diagnose and apply discovery research to develop:

- support for clinical decision-making
- experimental vaccines and treatments
- advanced testing and diagnostic methods
- guidance and support for public health programs and risk assessment, preparedness and intervention

The NML also provides federal leadership to public health laboratories, setting the standard for provincial and territorial public health labs across Canada. By optimizing technologies and solutions, the NML will continue to expand genomic sequencing and bioinformatics services to track and assess COVID-19 variants of concern.

### **Reducing the impact of foodborne illness outbreaks**

PHAC aims to improve Canadians and health professionals' awareness of diseases that can be transmitted to humans from animals in order to take preventative actions that could reduce potential health risks. In 2023-24, PHAC will continue to support Canadians in reducing the impact of foodborne illness outbreaks through educational and awareness activities, monitoring and reporting and preparedness and response efforts.

Through the use of monitoring data gathered, PHAC will position itself to detect, assess and respond to foodborne illness clusters. The Agency will continue to lead investigations and provide technical expertise on issues related to foodborne disease and illness outbreaks. This work and much more will lend itself to delivering food safety policies and support PHAC in leading future responses.

Building on the success from the original Foodbook, which is based on a telephone survey that collects data on the types of food Canadians eat over a seven-day period, PHAC will be launching a second version of Foodbook in 2023-24. Data collected will be summarized and published in an online report to inform policy decisions, contribute to other public health studies and determine trends in food consumption across Canada.

### **Increasing awareness and reducing the impact of zoonotic diseases**

In 2023-24, PHAC will continue to lead prevention, preparedness and response efforts to reduce the impact of zoonotic diseases. More specifically, this includes:

- detecting, assessing and responding to emerging and ongoing zoonotic threats using a One Health approach
- developing guidance on zoonotic infectious diseases to inform public health and clinical practice
- expanding PHAC's successful Lyme and other tick-borne diseases email subscription list to include zoonotic infectious diseases
- working in collaboration with provinces, territories and Indigenous partners to develop and deliver social media posts and a digital advertising to build awareness on the risks of Lyme disease and how to best protect yourself and loved ones
- engaging a wide range of experts and diverse stakeholders while providing opportunities for them to share their expertise, input and experience
- creating culturally sensitive and accessible digital tools, a virtual tick exhibit, online educational games and a teacher's toolkit which includes educational material and digital content

### **Pursuing a behavioural and equity informed approach to advance public health objectives**

PHAC will apply lessons learned from the COVID-19 pandemic and to advance behavioural and equity informed approaches to achieve public health objectives. For example, the Agency is planning to take steps to expand behavioural science awareness capacity and strengthen partnerships. Planned results include delivering evidence-based and data-informed insights to help improve public health outcomes. To support these planned results, PHAC will:

- establish research infrastructure to house evidence that is generated, supporting PHAC in delivering timely insight on priority public health issues
- establish surge capacity to supplement urgent responses for behavioural science needs
- expand behaviour science-centered communities of practice and networks to facilitate professional development amongst behavioural analysts, share best practices and tools and increase awareness of the importance of applying behavioural science in the public health context

### **Providing evidence-based public health guidance**

PHAC works to mitigate the community transmission of respiratory infectious diseases that are spread from human to human (for example, known pathogens, new variants of known pathogens, newly identified and/or unknown pathogens) by monitoring, reviewing and synthesizing data in support of providing evidence-based public health guidance. In 2023-24, PHAC will continue to provide evidence-based public health guidance and advice on public health measures to provinces, territories, stakeholders and public health professionals to inform decision-making. In addition, PHAC will utilize the evidence-based public health guidance to support policy development, run lessons learned and improve future pandemic preparedness and response.

Wastewater monitoring can also provide an early warning of a potential outbreak. When cases spike, it can alert leadership and public health in the area to take steps to curb the outbreak such as distributing rapid testing supplies or initiating public health measures. The information gathered from testing sewage is important in coordinating vaccination efforts and/or guiding the distribution of antiviral treatments. PHAC will continue to strive to provide timely and highly specialized laboratory expertise for existing and emerging infectious disease threats and continue to support the Agency's monitoring programs.

The Agency will carry out research on infectious diseases to provide knowledge and evidence to guide public health action in Canada. Working with academia, industry and public health partners (for example, provincial, territorial, Indigenous and community-based organizations), PHAC's NML will contribute to advancing a broad range of infectious disease priorities such as AMR, STBBI and research and development to form future medical interventions.

PHAC will continue to work with the Toronto Metropolitan University's National Institute to expand the scope of an interactive individual COVID-19 risk assessment tool to other respiratory infectious diseases (for example, influenza and RSV). Further, PHAC will continue to conduct and support research to fill important knowledge gaps regarding the effectiveness and unintended consequences of public health measures for respiratory infectious diseases.

### **Addressing the impacts of tuberculosis**

Tuberculosis (TB) remains a public health challenge in Canada which disproportionately impacts Indigenous Peoples, Inuit communities and foreign-born individuals. Working with partners across the federal government and with provinces and territories, PHAC aims to reduce the incidence of TB while addressing its impact on individuals, families and communities. The Agency will work with provincial and territorial public health authorities and laboratories to continue national surveillance of active TB disease and TB drug resistance, while leveraging public health officers placed in northern, rural and remote jurisdictions across Canada to support TB monitoring and follow-up.

### **Sex and Gender-Based Analysis Plus**

### **Ensuring vaccine equity**

SGBA Plus considerations are reflected in the research and development, acquisition and procurement of vaccines and therapeutics. SGBA Plus analyses will continue to be used to identify priority populations for the promotion of vaccination, vaccine confidence, actions to support access and guide monitoring vaccine safety, effectiveness and coverage.

Two key elements of SGBA Plus relevant to this work are meaningful engagements with people with lived experience and inclusive communication practices that address barriers to accessing health information, including ensuring information is culturally appropriate. As the responsibility for vaccine administration lies within provincial and territorial jurisdictions, PHAC works closely with provinces, territories and Indigenous partners (in partnership with Indigenous Services Canada) to support achieving vaccine equity by prioritizing and reaching underserved, equity-deserving and marginalized communities, Indigenous Peoples, including actions to reduce access barriers. Through ongoing and robust engagements with existing federal, provincial and territorial tables and other bilateral and multilateral meetings, PHAC will continue to provide provinces and territories the opportunity to share information on their engagement efforts as well as lessons learned that can be used by other jurisdictions in developing their vaccination programs.

### **Improving vaccine coverage**

PHAC will use vaccine coverage surveys and public opinion research to complement data from provincial and territorial vaccine registries to improve vaccine coverage in Canada. These surveys provide in-depth information on sociodemographic factors (for example, age, gender, ethnicity, Indigenous status, education, income and country of birth), knowledge, attitudes and beliefs about COVID-19 vaccines and vaccines in general, vaccination status and reasons for not having been vaccinated.

PHAC is also developing dedicated monitoring to improve vaccine coverage among priority populations. Epidemiological investigations of vaccine safety will also be conducted to help understand the differences in risks between sexes of adverse events following vaccination.

### **Applying SGBA Plus data collection plans**

Where possible, PHAC is committed to collecting disaggregated data to support behavioural science research projects in considering and assessing socio-demographic factors. For example, sample sizes will be designed to provide the statistical power to disaggregate data based on key socio-demographic variables to support the design of communications and programs that increase equitable health outcomes.

The Infectious Disease and Climate Change Program Fund will fully integrate SGBA Plus considerations into new documents, such as funding application forms and guides and work towards integrating SGBA Plus performance measures into project reporting tools and templates.

PHAC is also applying SGBA Plus to its strategy to address STBBI. The Agency will work directly with community partners and people with living experience to inform the direction of federal STBBI programs. PHAC's Community Action Fund and Harm Reduction Fund programs apply SGBA Plus to prioritize community engagement and focus on priority populations (for example, men who have sex with men, people who use substances, First Nations, Inuit and Métis Peoples, racialized communities and migrants).

The development of public health measures guidance products systematically integrates health equity considerations through the application of SGBA Plus, which is an essential step of the development process. SGBA Plus takes into account potential indirect or unintended implications on stakeholders. Guidance is tailored to consider factors such as the needs of priority populations facing disproportionate impacts, including people with disabilities, people living in different geographic regions and people who face barriers to accessing health resources, among others.

### **Raising public awareness of infectious diseases**

PHAC will expand the accessibility, availability and cultural competency of resources and materials to promote public awareness of infectious diseases. This work leverages the Agency's subject matter expertise with lessons learned in developing accessible materials for populations (for example, children and youth) with an increased likelihood of becoming infected with a disease from an organism (vector borne). The Agency will also continue to offer resources in multiple languages. PHAC will also develop new videos, interactive exhibits and games for children and youth to improve prevention and reduce risks in populations with an increased likelihood of getting infected with a vector-borne disease.

PHAC also funds the Vaccine Community Innovation Challenge, an initiative that encourages individuals and groups from across Canada to promote vaccine confidence within their communities. The second round of the Challenge, launched in 2022-23 and to be completed in 2023-24, focuses on priority populations and regions where the uptake of COVID-19 vaccine boosters is low, including Indigenous populations, racialized communities, newcomers to Canada, persons with disabilities and youth.

### **United Nations' 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals**

#### **SDG 3: Ensure healthy lives and promote well-being for all at all ages**

PHAC will work with partners to:

- support projects and initiatives that integrate cultural competencies and social determinants of health to improve health outcomes for Canadians
- support the UN's Goals for Tuberculosis reduction
- donate vaccines internationally—PHAC will work with its federal partners in 2023–24 to donate additional surplus doses beyond its initial 200 million dose commitment

## **SDG 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development**

Rising levels of AMR will hinder progress towards many SDGs, particularly those focused on health and well-being, poverty reduction, food security and economic growth. PHAC's work to address AMR threats and challenges in collaboration with partners and stakeholders will contribute to Canada's efforts to implement the UN 2030 Agenda for Sustainable Development. It will also directly support the 2030 Agenda for Sustainable Development by working towards improving two AMR-specific SDG indicators in Canada:

- SDG 3.d.2: Percentage of bloodstream infections due to selected antimicrobial-resistant organism
- SDG 3.d.3: Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis

## **Innovation**

### **Expanding wastewater monitoring and systems**

Building on the success of innovative activities undertaken during the COVID-19 pandemic, PHAC will continue to innovate using wastewater monitoring and systems to detect and track the changes within pathogens to inform public health action. In collaboration with partners, PHAC aims to expand the network and implement new delivery models to increase whole genome sequencing testing capacity to improve the timeliness and accessibility of genomic data.

### **Leveraging innovations to build on scientific advancements**

PHAC is exploring innovative solutions to areas of public health needs through the Innovative Solutions Canada program, which is a key component of the Government's Innovation and Skills Plan. Leveraging innovations, strategic investments and partnerships, PHAC will continue to work with Innovation, Science and Economic Development Canada and Health Canada to help improve Canada's pandemic readiness capacity in the areas of domestic biomanufacturing and life sciences.

### **Monitoring adverse events following immunization**

PHAC is experimenting with new tools for monitoring. This includes exploring the use of artificial intelligence to improve and streamline the intake and processing of data related to adverse events following vaccination. It is also exploring the feasibility of harnessing social media data to provide an early warning of potential adverse events following vaccination.

### **Using behavioural science findings to innovate**

Building on the success that behavioural science experimentation activities have had in helping to design behaviourally informed responses during the COVID-19 pandemic, PHAC will expand its behavioural science research focus to test high impact innovations that support other priority public health areas. PHAC will undertake experimentation in the following areas:

- Experimenting using behavioural science findings to help reduce AMR will involve collaboration with multiple stakeholders to identify concrete, evidence-based strategies to combat AMR and promote antimicrobial stewardship practices in long-term care facilities
- Applying experimentation to better understand drivers and barriers to vaccine confidence and uptake, using an evidence-informed approach to help design behavioural interventions to boost COVID-19-related vaccination and improve confidence in routine immunizations
- Examining drivers of misinformation among youth and using experimentation to assess and identify strategies to lower susceptibility to misinformation

## Planned results for Infectious Disease Prevention and Control

The following table shows, for Infectious Disease Prevention and Control, the planned results, the result indicators, the targets and the target dates for 2023–24 and the actual results for the three most recent fiscal years for which actual results are available.

| Departmental result                              | Departmental result indicator  | Target  | Date to achieve target | 2019-20 actual result                          | 2020-21 actual result                          | 2021-22 actual result                                |
|--|--|---|------------------------|--|--|--|
| Infectious diseases are prevented and controlled | % of 2-year-old children who have received all recommended vaccinations                            | At least 95%  | Dec. 31, 2025          | 68%  | 68% (2019) <sup>20</sup>                       | 68% (2019) <sup>21</sup>                             |
|  | Proportion of national vaccination coverage goals met for children by 2 years of age <sup>22</sup> | Exactly 7 <sup>23</sup>   | Dec. 31, 2025          | 0/7  | 0/7 (2019) <sup>24</sup>                       | 0/7 (2019) <sup>25</sup>                             |
|  | Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV) <sup>26</sup>        | 0.6 Cases per 100,000 population                                | Dec. 31, 2030          | 6.2 Cases per 100,000 (2018)                   | 5.5 Cases per 100,000 (2019)                   | 4.3 Cases per 100,000 (2020)                         |
|  | Rate of a key antimicrobial resistant infection identified among people in hospitals               | At most 0.7 cases per 1,000 patient admissions <sup>27 28</sup> | Jun. 30, 2025          | 0.85 Cases per 1,000 patient admissions (2019) | 0.86 Cases per 1,000 patient admissions (2020) | 0.84 Cases per 1,000 admissions (2021) <sup>29</sup> |



| Departmental result  | Departmental result indicator   | Target       | Date to achieve target | 2019-20 actual result | 2020-21 actual result | 2021-22 actual result |
|--|---|--------------|------------------------|-----------------------|-----------------------|-----------------------|
| Infectious disease outbreaks and threats are prepared for and responded to effectively | % of foodborne illness outbreaks responded to within 24 hours of notification                   | At least 90% | Mar. 31, 2024          | 98%                   | 93%                   | 97%                   |
|  | % of new pathogens of international concern that Canada has the capacity to accurately test for | At least 90% | Mar. 31, 2024          | 100% (2019)           | 100% (2020)           | 100% (2021)           |

The financial, human resources and performance information for PHAC's program inventory is available on [GC InfoBase](#).

#### Planned budgetary spending for Infectious Disease Prevention and Control

The following table shows, for Infectious Disease Prevention and Control, budgetary spending for 2023-24, as well as planned spending for that year and for each of the next two fiscal years.

| 2023-24 budgetary spending (as indicated in Main Estimates) | 2023-24 planned spending | 2024-25 planned spending | 2025-26 planned spending |
|---|--------------------------|--------------------------|--------------------------|
| 3,379,801,950   | 3,379,801,950            | 823,097,882              | 712,741,311              |

From 2023-24 to 2025-26, planned spending decreases mostly due to the expiry of budgetary authorities for procurement of COVID-19 vaccines in 2023-24 and the surveillance and risk assessment initiative in 2024-25.

Financial, human resources and performance information for PHAC's program inventory is available on [GC InfoBase](#).

#### Planned human resources for Infections Disease Prevention and Control

The following table shows, in full-time equivalents, the human resources the department will need to fulfill this core responsibility for 2023–24 and for each of the next two fiscal years.

| 2023-24 planned full-time equivalents | 2024-25 planned full-time equivalents | 2025-26 planned full-time equivalents |
|---------------------------------------|---------------------------------------|---------------------------------------|
| 1,674                                 | 1,691                                 | 1,202                                 |

Planned full-time equivalents increase in 2024-25 mostly due to new budgetary authorities for the surveillance and risk assessment initiative. These authorities expire at the end of 2024-25 resulting in a decrease to planned full-time equivalents for 2025-26.

Financial, human resources and performance information PHAC's program inventory is available on [GC InfoBase](#).

### 3. Health Security

#### Description

Prepare for and respond to public health events and emergencies (for example, floods, forest fires and outbreaks such as COVID-19); address health and safety risks associated with the use of pathogens and toxins; and address travel-related public health risks.

#### Planning highlights

#### **Result 3.1 Public Health events and emergencies are prepared for and responded to effectively**

##### **Ongoing COVID-19 pandemic response activities**

Leveraging lessons learned, PHAC will continue to adjust and adapt approaches that allow for a strong and resilient public health agency. This includes integrating lessons learned during COVID-19 into PHAC's future pandemic preparedness, building on engagements with provinces and territories on a broad range of public health issues (for example, climate change, opioid crisis, etc.) and implementing recommendations from the audit on [COVID-19 Vaccines](#). PHAC will continue to work in collaboration with Health Canada, Public Services and Procurement Canada, other government departments, provinces, territories, Indigenous communities and stakeholders to increase accessibility to COVID-19 vaccines and therapeutics. Surplus vaccine doses will continue to be shared with countries in need in an effort to promote global vaccine equity.

Using behavioural science research, PHAC will continue to develop educational campaigns and messaging on the benefits of vaccination that resonate with Canadians and combat misinformation and disinformation. To complement these efforts and improve the rates of vaccination in Canada, PHAC will fund community-based projects aimed at supporting Canadians in increasing their awareness and understanding of the importance of staying up to date with vaccinations.

The Agency is also working to better understand the longer-term health impacts of COVID-19. This includes developing clinical guidelines and tools for the identification, prevention and management of Post COVID-19 Condition (long COVID). PHAC is also reviewing symptoms, risk factors, prevention measures and the number of Canadians having difficulties with regular activities and daily living due to long COVID. To support Canadians in increasing their knowledge and understanding of long COVID symptoms, the Agency is planning to release a suite of products that align with the results generated from the [Canadian COVID-19 Antibody and Health Survey](#).

In collaboration with other government departments and academia, PHAC is working to increase Canada's understanding of the wider health impacts of the COVID-19 pandemic on chronic disease, Canadians' mental health, children and youth health, substance-related harms, as well as risk and protective factors among Canadians. This work will inform the development of indicators to support a data visualization tool aimed at sharing evidence with Canadians and informing planning around future health events.

### **Responding to cumulative crisis**

To address new, emerging and concurrent disease threats, Canada's response to mpox required PHAC to rapidly implement diagnostic capacity, whole genome sequencing, integrated genomic data analyses, wastewater and monitoring systems and research to assess potential vaccines and therapeutics. PHAC also piloted a robust science and research response to mpox which included an external science panel, a robust science plan, science leadership among intra- and extra-mural researchers, and routine science briefings. PHAC's response efforts demonstrated its critical leadership role in public health emergency management in successfully contain mpox. The Agency will continue to monitor the situation domestically and internationally and remains ready to respond if there is a resurgence of cases in Canada.

### **Forward planning on preparedness**

Lessons learned from the COVID-19 pandemic reinforced the value of public health preparedness in Canada's evolving public health context. To support forward planning on preparedness, PHAC will continue to manage emergency preparedness and response plans to ensure they are valid, develop and run exercises to train emergency workers so that they are ready to put those plans into action if, and when required. PHAC will also develop and deliver training courses that teach health workers how to respond to emergency situations, coordinate emergency management planning, deliver public health emergency management training and conduct activities developed to engage all levels of government and external stakeholders.

PHAC's final review of the Agency's COVID-19 Incident Management System is anticipated by the end of this fiscal year. The Review will identify successes and lessons learned and inform actions to improve the Agency's emergency preparedness and response efforts.

PHAC will also continue working with other countries and international partners to strengthen global pandemic prevention, preparedness and response. This includes the development of a new World Health Organization (WHO) pandemic instrument that will improve global cooperation, strengthen collective action and accountability, and address gaps in pandemic prevention, preparedness, and response. To ensure that Canadian priorities and values are reflected in the pandemic instrument, PHAC is working with youth, the private sector, academic experts, Indigenous organizations, civil society organizations and provincial and territorial governments. The development of this instrument is expected to take until at least 2024; however, a progress report will be presented at the 76th World Health Assembly in May 2023.

### **Strengthening PHAC's emergency surge support capabilities**

In 2023–24, PHAC will strengthen the National Emergency Strategic Stockpile to ensure that medical assets such as personal protective equipment, medical countermeasures and personnel are available to help provinces and territories respond to public health emergencies and disasters. By building on lessons learned from recent experiences requiring surge support capabilities, PHAC will address key findings and recommendations identified by the Office of the Auditor General in its report on Securing Personal Protective Equipment and Medical Devices.

#### **Improving public health intelligence capacity**

Health intelligence is crucial in responding to emerging public health threats. In 2023–24, PHAC will continue to work diligently to improve Canada's readiness for the next health emergency, drawing on lessons learned from COVID-19 and addressing recommendations from the Independent Review of the Global Public Health Intelligence Network (GPHIN), and the Auditor General's 2021 Report on Pandemic Preparedness, Surveillance, and Border Control Measures. For example, the Agency aims to strengthen the early detection and warning of potential public health threats by establishing mechanisms to connect GPHIN information and classified intelligence signals to PHAC's broader monitoring activities for further verification, risk assessment and response.

#### **Providing on-site expertise and advice**

PHAC will support Canadians by embedding Public Health Officers, such as epidemiologists and nurses, across Canada to increase capacity for monitoring, responding to outbreaks and gathering evidence on important public health issues. PHAC will also deploy Public Health Officers to work directly in provincial and territorial Chief Coroner and Chief Medical Examiner offices to advance clear and well-grounded protocols for death investigations, data collection, federal data submission and monitoring mortality in Canada.

### **Result 3.2 Public health risks associated with the use of pathogens and toxins are reduced**

#### **Enhancing PHAC's oversight and engagement with Canadian laboratories working with or intending to work with human pathogens and toxins**

PHAC will monitor and strengthen compliance with the *Human Pathogens and Toxins Act and Regulations* by conducting inspections and other assessments of federally regulated facilities and by offering current and comprehensive guidance and tools.

#### **Modernizing Canada's regulatory framework for human pathogens and toxins**

In response to Canada's rapidly expanding domestic biomanufacturing and life sciences sector, PHAC will propose amendments to modernize and promote innovation in the regulatory framework for human pathogens and toxins. These amendments take into consideration Canada's evolving operating context which includes new operators and more complex risks. Developing and implementing measures to ensure proper oversight and safe operations of regulated facilities is a priority for the Government of Canada.

#### **Modernizing regulatory operations**

PHAC will modernize regulatory operations by moving its biosafety case management system to a cloud-based platform. This move includes integrating digital tools to facilitate laboratory inspections, streamline operations and improve exchanges and communications with regulated parties.

### **Advancing global health priorities in biosafety and biosecurity**

Through engagements with international partners, PHAC aims to support biosafety and biosecurity regulatory convergence and capacity building as a member of the WHO Collaborating Centre for Biosafety and Biosecurity. PHAC will also continue to support global efforts to contain polio by advancing the destruction or transfer of all unneeded potentially infectious materials within Canada to a designated containment facility.

## **Result 3.3 Public health risks associated with travel are reduced**

### **Identifying and mitigating public health risks related to travel**

As millions of people travel across the globe and enter Canada each year, they carry the risk of transporting communicable diseases that may pose health risks to Canadians. To continue mitigating public health risks associated with travel, PHAC will:

- develop accessible travel health advice for Canadians
- improve public outreach in collaboration with health care professionals and key stakeholders
- advance the development of travel health guidance to support health professionals in the prevention and treatment of infectious diseases and other health hazards related to international travel through its role on the Committee to Advise on Tropical Medicine and Travel
- integrate the application of lessons learned from the COVID-19 pandemic as part of program and operational planning to improve future responses

### **Managing travel-related public health risks on passenger conveyances and ancillary services**

In 2023–24, PHAC will conduct inspections of federally regulated public conveyances and their ancillary services, including potable water, food and sanitation. It will also undertake assessments, outreach and training, focusing its efforts on areas of greatest risk to public health. For example, cruise ships could become the source of communicable disease spread if public health protocols are not followed.

### **Sex and Gender-Based Analysis (SGBA) Plus**

Recognizing the changing footprint of Canada's biomanufacturing sector, PHAC will incorporate SGBA Plus in assessing relevant influential socio-demographic factors for facilities and organizations handling human pathogens and toxins. PHAC will also ensure that SGBA Plus is applied in the development of publications such as the Canadian Biosafety handbook, biosafety advisories and directives and Pathogen Safety Data Sheets which describe the hazardous properties of a human pathogen and provide guidance and advice on how to work safely with these agents.

## United Nations' (UN) 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals

### **SDG 3, Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks**

PHAC provides technical expertise and capacity-building tools to other countries to enable them to enhance their respective biosafety and biosecurity oversight frameworks and meet International Health Regulations commitments. PHAC also helps improve biosafety and biosecurity indicators for international benchmarking exercises including the Joint External Evaluation, the States Parties Self-Assessment Annual Reporting, and more recently, the Universal Health and Preparedness Review.

### **SDG 5: Achieve gender equality and empower all women and girls**

PHAC actively promotes gender equality and parity in international settings. This includes advocating for the importance of incorporating gender equity in current and future work.

### **SDG 6: Ensure availability and sustainable management of water and sanitation for all**

PHAC will administer the Potable Water on Board Trains, Vessels, Aircraft and Buses Regulations by conducting inspections and assessments on international and interprovincial airplanes, trains, cruise ships, ferries and buses to protect the health and safety of travellers. This will ensure that passenger transportation operators are compliant with the regulations, that the water on their transport is safe for travelling public consumption and any required actions are addressed in a timely manner.

## **Innovation**

Building on the success of using innovative approaches for establishing testing infrastructure during the COVID-19 pandemic, PHAC will:

- strengthen scientific testing capacity for medical equipment and supplies to increase the availability of sustainable Canadian services for the National Emergency Strategic Stockpile
- support decision-making in the areas of procurement, quality control and quality assurance
- explore opportunities to refine testing standards to support a more consistent, comparable and robust quality management of medical equipment and supplies

In 2023-24, PHAC will develop a new nationally coordinated training and learning tool with an updated course curriculum for Environmental Health Officers (EHOs). EHOs are responsible for the assessment and mitigation of public health risks associated with water, food and sanitary conditions on passenger conveyances and ancillary services such as airplanes, cruise ships, passenger trains, ferries and airport/port terminals. This initiative aims to increase efficiencies in training and designation of EHOs.

## **Planned results for Health Security**

The following table shows for Health Security, the planned results, the result indicators, the targets and the target dates for 2023–24 and the actual results for the three most recent fiscal years for which actual results are available.

| <b>Departmental result</b>   | <b>Departmental result indicator</b>   | <b>Target</b>                   | <b>Date to achieve target</b> | <b>2019–20 actual result</b> | <b>2020–21 actual result</b> | <b>2021–22 actual result</b> |
|--|--|---------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| Public health events and emergencies are prepared for and responded to effectively | Level of Canada's readiness to respond to public health events and emergencies as assessed independently by the World Health Organization                            | At least 4<br>(Rating out of 5) | Jun. 30, 2023                 | 4.5                          | 4.5                          | 4.5                          |
|  | % of provincial and territorial requests for assistance (for deployment of Agency staff) responded to within negotiated timelines                                    | Exactly 100%                    | Mar. 31, 2024                 | 100%                         | 100%                         | 100%                         |
|  | % of provincial and territorial requests for assistance (for the provision of supplies) responded to within negotiated timelines                                     | 100%                            | Mar. 31, 2024                 | 100%                         | 100%                         | 100%                         |
|  | % of provincial and territorial requests for assistance (for inter-jurisdictional mutual aid for health care professionals) responded to within negotiated timelines | 100%                            | Mar. 31, 2024                 | 100%                         | 100%                         | 100%                         |
| Public health risks associated with the use of pathogens and toxins are reduced    | % of compliance issues in Canadian laboratories successfully responded to within established timelines   | At least 85%                    | Mar. 31, 2024                 | 98%                          | 100%                         | 98%                          |

| Departmental result                                    | Departmental result indicator   | Target                       | Date to achieve target | 2019–20 actual result | 2020–21 actual result | 2021–22 actual result |
|--|---|------------------------------|------------------------|-----------------------|-----------------------|-----------------------|
| Public health risks associated with travel are reduced | Level of Canada's capacity for effective public health response at designated points of entry into Canada | At least 4 (Rating out of 5) | Mar. 31, 2024          | 5                     | 5                     | 5                     |
|  | % of inspected passenger transportation operators that meet public health requirements                    | At least 95%                 | Mar. 31, 2024          | 96%                   | 100%                  | 98%                   |

The financial, human resources and performance information for PHAC's program inventory is available on [GC InfoBase](#).

#### Planned budgetary spending for Health Security

The following table shows, for Health Security, budgetary spending for 2023–24, as well as planned spending for that year and for each of the next two fiscal years.

| 2023-24 budgetary spending (as indicated in Main Estimates) | 2023-24 planned spending | 2024-25 planned spending | 2025-26 planned spending |
|---|--------------------------|--------------------------|--------------------------|
| 308,178,850   | 308,178,850              | 193,084,592              | 176,136,094              |

From 2023-24 to 2025-26, planned spending decreases mostly due to the gradual reduction in funding for the management of medical supplies and equipment, including personal protective equipment related to the COVID-19 pandemic and the expiry of budgetary authorities for the surveillance and risk assessment initiative in 2024-25.

Financial, human resources and performance information for PHAC's program inventory is available on [GC InfoBase](#).

#### Planned human resources for Health Security

The following table shows, in full-time equivalents, the human resources that PHAC will need to fulfill this core responsibility for 2023-24 and for each of the next two fiscal years.

| 2023-24 planned full-time equivalents | 2024-25 planned full-time equivalents | 2025-26 planned full-time equivalents |
|---------------------------------------|---------------------------------------|---------------------------------------|
| 625                                   | 449                                   | 373                                   |

From 2023-24 to 2025-26, planned full-time equivalents decrease mostly due to the gradual reduction of funding for the management of medical supplies and equipment, including personal protective equipment and the expiry of budgetary authorities for the surveillance and risk assessment initiative in 2024-25.



Financial, human resources and performance information for PHAC's program inventory is available on [GC InfoBase](#).

## Internal services: planned results

### Description

Internal services are the services that are provided within a department so that it can meet its corporate obligations and deliver its programs. There are 10 categories of internal services:

- management and oversight services
- communications services
- legal services
- human resources management services
- financial management services
- information management services
- information technology services
- real property management services
- materiel management services
- acquisition management services

### Planning highlights

#### Building on a foundation of science

PHAC will continue to strengthen the foundation for an evidence-support system that enables sound evidence-based decision making in public health. In doing so, the Agency will align with global best practices. PHAC has drawn on this collaborative science model in response to the mpox outbreak, advancing research and discovery by establishing an external science panel, developing a robust science plan, providing routine science briefings and providing scientific leadership amongst the research community.

In 2023-24, the Agency will advance the implementation of the Strengthening the Voice of Science initiative. The pillars for this approach include:

- attracting diverse, highly skilled and knowledgeable scientists
- promoting scientific values and excellence
- taking measures to ensure scientific data and information is included in decision-making
- enhancing partnerships and networks
- improving tools and processes for greater efficiency

This approach will facilitate collaboration and information sharing within PHAC, as well as among its partners and the public.

Applying an equity, diversity and inclusion lens to science is an important area of focus for the Agency, so PHAC is developing an "anti-racism in science" strategy and action plan in 2023-24. Focusing on culture, methods and work environment, PHAC will take steps to better understand

and raise awareness of the impacts of racism in science in order to identify and implement solutions that support science excellence.

### **Providing a long-term vision for better data management: Pan-Canadian Health Data Strategy**

Reliable, timely and relevant public health data are crucial to help public health officials provide their best advice in public health emergencies. Good health data also lead to improvements in health outcomes for Canadians in the longer term. Health data are collected and shared now, but there are important gaps to be addressed.

The Pan-Canadian Health Data Strategy will focus on strengthening the health data foundations by:

- modernizing health data collection, sharing and interoperability
- streamlining and updating the approach to privacy and access for the digital age
- clarifying accountability and health data governance to bring meaningful change in the way governments share health data

To create the Pan-Canadian Health Data Strategy, PHAC is collaborating with provinces and territories and reaching out to stakeholders and Indigenous communities. Public engagement will be sought to create a forum for promoting public trust and health data literacy.

PHAC is also taking steps to ensure that its technical infrastructure will improve the Agency's ability to make timely, evidence-based public health decisions and actions.

### **Recruiting and Retaining Data Talent**

Via a culture of innovation and continuous learning, PHAC aims to develop a reputation for technical excellence in public health, an innovative employer of choice and a data-driven and proficient organization that is equipped to impact public health challenges of the future.

Public health data has grown in scale and complexity, and recruiting and retaining in-demand data talent is critical to PHAC's ability to make informed decisions about the health of Canadians. By recruiting and retaining data talent, PHAC can harness new analytical methods, capabilities and technologies to discover new patterns in data linked to environmental factors, lifestyle behaviours measured through novel data sources and provide an opportunity to better understand and impact wicked public health problems and improve health outcomes for people in Canada.

There are long-standing recruitment challenges facing the government in hiring talent with advanced data skills. Data science and expertise in other data-related domains is highly sought after by the private sector, which can often offer more competitive wages and unique working environments for career advancement. Further, other government departments are also competing for data professionals with expertise in cloud, cyber security, data management, advanced data analytics, human-centered design and related fields. With the increased demand in the job market for highly specialized data talent, PHAC will implement multiple measures to recruit and retain high-end data talent to build public health workforce capacity.

PHAC will explore and build closer collaboration with academia to establish a talent pipeline for recruiting and retaining data talent. PHAC will establish up to six interchanges per year for world-class data talent through this program, where data professionals will be able to work with leading edge data analytics technology (for example, ML/DL) to contribute to enhancing the Agency's analytical capabilities. Through this program, data professionals will be able to better understand PHAC's mission and mandate and contribute meaningfully to public health analytics on priority files such as the impacts of climate change on human health.

PHAC will leverage its Data Science Recruitment Program, launched in 2022, to equip the Agency and federal partners with top talent, advancing the public service into a sought-after employer of world class data science talent.

### **Providing timely, trusted and evidence-based information**

The Agency will inform and engage people living in Canada through various means, including through stakeholder engagement, public statements, news releases, press conferences, social media, content on Canada.ca, advertising and public education and partnerships.

Communications efforts will focus on health promotion, chronic disease prevention, infectious disease prevention and control, and public health security. In addition, through public education campaigns, including marketing, advertising, outreach and partnership activities, PHAC will support priorities such as (but not limited to) vaccination, promotion of positive mental health, prevention of substance-related harms and STBBI.

### **Engaging with global partners to advance shared priorities**

In 2023-24, PHAC will continue to promote transparency, accountability, good governance and advance priority issues through Canada's active participation on governing bodies and in multilateral fora, including through Canada's term on the World Health Organization (WHO) Executive Board from 2022–2025. This engagement will provide Canada with an enhanced decision-making role at the WHO. Canada sits on the International Association of National Public Health Institute's (IANPHI) Executive Board until 2024, is a member state at Pan American Health Organization (PAHO) governing body meetings and advances Canada's health objectives through the G7 and G20 and various United Nations (UN) bodies.

PHAC, along with its Health Portfolio partners and other departments, will support the Minister of Health in his commitment to reinforce international efforts to ensure that people around the world have access to health interventions to fight COVID-19, including vaccines, therapeutics and strengthened health systems. PHAC will advocate for the prioritization of people in vulnerable situations, such as older adults, women and girls, Indigenous Peoples and frontline health workers, and will work with international partners to enhance emergency response capacity in other countries.

### **Healthy, Diverse, Inclusive workforce**

#### **Accessibility**

PHAC will implement the Agency's Accessibility Plan which includes removing systemic barriers to the recruitment of persons with disabilities, continuing to support employees throughout their career and achieving PHAC's share of the Government of Canada's commitment to hiring 5,000 persons with disabilities by 2025.

### **Diversity and Inclusion**

PHAC will continue to support employee networks for all equity deserving groups and ensure equitable access to career development including second language training.

### **Promoting Mental Health and Wellness of Its Employees**

In 2023-24, PHAC will focus on demonstrating visible leadership on mental health in the workplace. This includes equipping employees, at all levels, with the tools and resources required to support their mental health, including Employee Assistance Services, LifeSpeak, Wellness Together, the Decompression Program and a Mental Health Toolkit. In early 2023, a module on Workload Management will be launched to provide additional support to employees.

### **Advancing policy and applying lessons learned from the pandemic**

PHAC's rapid response and public health mobilization efforts during the COVID-19 pandemic highlighted the importance of having strong public health capacity that can mount a rapid and effective response to crises, be resilient to change and evolving priorities, and continue to promote and protect the health and well-being of the population. There is an opportunity to apply lessons learned from the COVID-19 pandemic and strengthen the Agency's capacity to respond to public health events now and in the future. PHAC is engaging its employees through the Renewal Ideas Exchange, an online platform which invites them to contribute their expertise and feedback to help guide Renewal initiatives and activities. This work will position the Agency as a leading, evidence-driven public health agency that is agile, equipped and inclusive.

### **Sex and Gender-Based Analysis Plus**

The Agency will advance health equity through the systemic application of SGBA Plus to all programs including funding opportunities for community-based projects and initiatives. As part of this commitment, all programs, projects and initiatives will be required to report annually to PHAC on data collection plans and results. Data will be used to inform future public health policies and programs.

Across the Health Portfolio (Health Canada, Canadian Institutes of Health Research), PHAC is supporting policy development and relationship building with partners on Indigenous data.

PHAC is committed to using an intersectional approach to systematically integrate health equity into all policies, programs, research, evaluation, surveillance and other initiatives. The PHAC SGBA Plus focal point will lead the implementation of the Health Portfolio SGBA Plus Policy and enhances equity, diversity and inclusion considerations to improve accountability, evidence and expertise.

The PHAC SGBA Plus focal point will continue to strengthen governance and accountability by nominating Branch-level SGBA Plus leads and monitoring policy implementation progress through surveys and other reporting mechanisms. PHAC will also continue to provide a robust SGBA Plus challenge and support function in the review of all guidance documents, Cabinet documents and other high visibility documents to ensure the ongoing systematic integration of SGBA Plus and equity, diversity and inclusion considerations.

The PHAC SGBA Plus focal point will deliver SGBA Plus training, presentations and organizational change tools tailored to the public health context. It will also create and promote health equity learning roadmaps that are aligned with public health competencies to ensure that equity, diversity and inclusion considerations are embedded in its internal practices. Finally, to support the development of equity-informed, culturally-relevant policies and programming, the focal point will develop guidance to engage with diverse stakeholders and partners to better understand their lived experiences and develop responsive initiatives.

**Planning for contracts awarded to Indigenous businesses**

The following table shows in % the actual, forecasted and planned value for the target.

| 5% reporting field description                           | 2021-22<br>actual %<br>achieved | 2022-23<br>forecasted %<br>target | 2023-24<br>planned %<br>target   |
|--|---------------------------------|-----------------------------------|----------------------------------|
| Total percentage of contracts with Indigenous businesses | N/A                             | N/A                               | Phase 3 <sup>30</sup> :<br>[N/A] |

PHAC is in a later phase of the implementation, however, the Agency is committed to meeting the mandatory minimum target of 5% by 2024-25. To facilitate the achievement of the target, the Agency is continuing to champion change and awareness through the development of guidance and tools for its employees. It is also collaborating with other government departments to leverage expertise and best practices and will monitor progress towards the target. Program managers and contracting authorities will be supported through training and learning opportunities.

**Planned budgetary spending for Internal Services**

The following table shows, for Internal Services, budgetary spending for 2023–24, as well as planned spending for that year and for each of the next two fiscal years.

| 2023-24<br>budgetary spending (as indicated in Main Estimates) | 2023-24<br>planned<br>spending | 2024-25<br>planned<br>spending | 2025-26<br>planned<br>spending |
|--|--------------------------------|--------------------------------|--------------------------------|
| 113,116,232  | 113,116,232                    | 109,930,065                    | 99,142,629                     |

From 2023-24 to 2025-26, planned spending decreases mostly due to the gradual reduction in funding for the management of medical supplies and equipment, including personal protective equipment and the expiry of budgetary authorities for the surveillance and risk assessment

initiative in 2024-25.

Planned human resources for Internal Services

The following table shows, in full-time equivalents, the human resources the Agency will need to fulfill this core responsibility for 2023–24 and for each of the next two fiscal years.

| 2023–24 planned full-time equivalents | 2024–25 planned full-time equivalents | 2025–26 planned full-time equivalents |
|---------------------------------------|---------------------------------------|---------------------------------------|
| 428                                   | 423                                   | 408                                   |

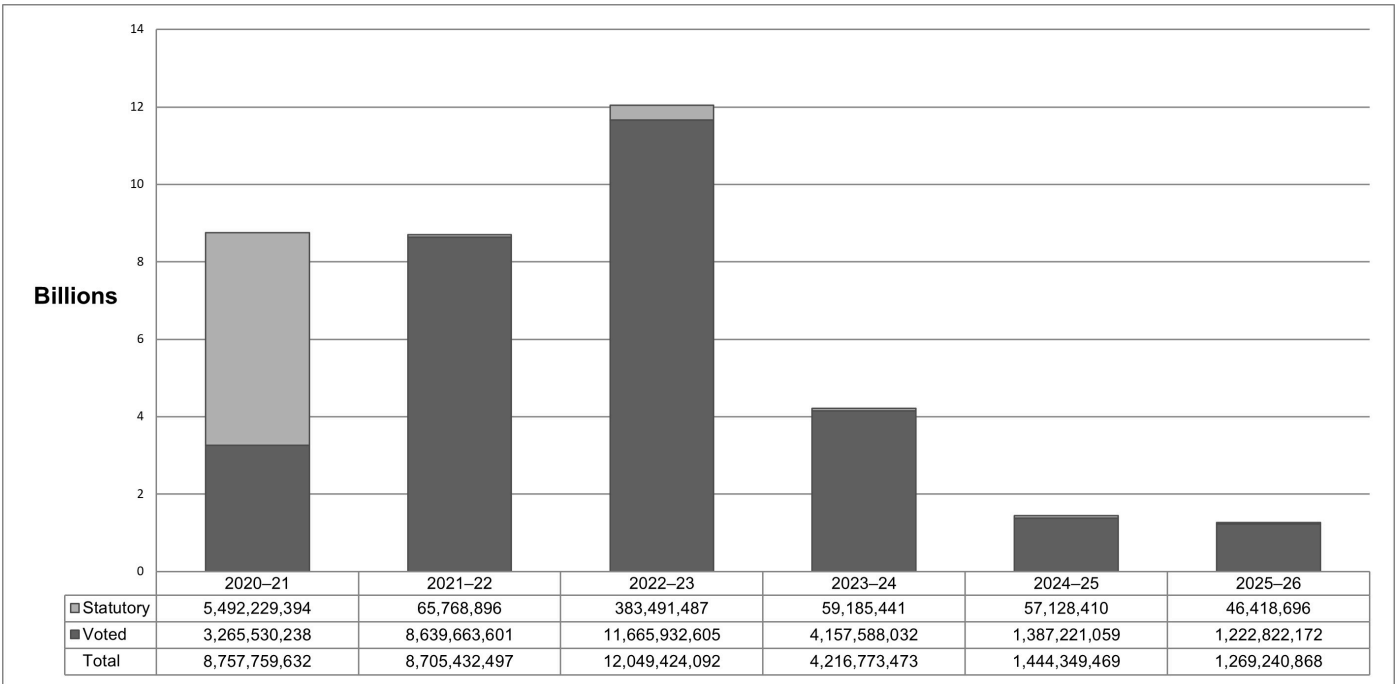
From 2023-24 to 2025-26, planned full-time equivalents decrease mostly due to the expiry of budgetary authorities for the surveillance and risk assessment initiative in 2024-25.

Planned spending and human resources

This section provides an overview of the Agency's planned spending and human resources for the next three fiscal years and compares planned spending for 2023–24 with actual spending for the current year and the previous year.

Planned spending

Departmental spending 2020–21 to 2025–26.



► Text description

The preceding graph presents planned spending (voted and statutory expenditures) over time. Spending from 2020-21 to 2022-23 reflects the significant investments made to support the Agency's COVID-19 response, namely:

- the management of medical supplies and equipment, including personal protective equipment, vaccines, therapeutics and rapid test kits
- the management and implementation of border health measures

- mental health support for those affected by the COVID-19 pandemic
- sero-surveillance.

Also included in 2022-23 are new budgetary authorities to increase awareness and reduce the emergence of antimicrobial resistance and to enhance the Agency's pandemic readiness by the strengthening of key surveillance and risk assessment capabilities.

Planned spending in 2023-24 decreases significantly due to the expiry of temporary budgetary authorities for key COVID-19 initiatives, namely: surge capacity and border health measures in 2022-23. Other COVID-19-related initiatives such as the procurement of vaccines, the management of medical supplies and equipment, including personal protective equipment and sero-surveillance have a reduction in funding in 2023-24.

Planned spending for 2024-25 decreases mostly due to further funding reductions for the procurement of vaccines, the management of medical supplies and equipment, including personal protective equipment, support for mental health activities of those affected by the COVID-19 pandemic and the expiry of budgetary authorities for the sero-surveillance initiative in 2023-24. This decrease is partially offset by new budgetary authorities to strengthen Canada's capacity to produce vaccines domestically.

Planned spending for 2025-26 decreases mostly due to the expiry of budgetary authorities for the surveillance and risk assessment initiative in 2024-25.

Decisions on the renewal of initiatives with expiry of budgetary authorities will be taken in future budgets and reflected accordingly in subsequent Estimates.

### Budgetary planning summary for core responsibilities and Internal Services (dollars)

The following table shows information on spending for each of PHAC's core responsibilities and for its Internal Services for 2023–24 and other relevant fiscal years.

| Core responsibilities and Internal Services     | 2020-21 expenditures | 2021-22 expenditures | 2022-23 forecast spending | 2023-24 budgetary spending (as indicated in Main Estimates) | 2023-24 planned spending | 2024-25 planned spending |
|---|----------------------|----------------------|---------------------------|---|--------------------------|--------------------------|
| Health Promotion and Chronic Disease Prevention | 291,289,487          | 288,018,815          | 436,888,874               | 415,676,441   | 415,676,441              | 318,000,000              |
| Infectious Disease Prevention and Control       | 3,794,133,883        | 6,863,543,133        | 10,435,016,311            | 3,379,801,950   | 3,379,801,950            | 823,000,000              |
| Health Security                                 | 4,459,284,771        | 1,350,729,504        | 802,201,616               | 308,178,850   | 308,178,850              | 193,000,000              |
| <b>Subtotal</b>                                 | <b>8,544,708,141</b> | <b>8,502,291,452</b> | <b>11,674,106,801</b>     | <b>4,103,657,241</b>  | <b>4,103,657,241</b>     | <b>1,314,000,000</b>     |

| <b>Core responsibilities and Internal Services</b> | <b>2020-21 expenditures</b> | <b>2021-22 expenditures</b> | <b>2022-23 forecast spending</b> | <b>2023-24 budgetary spending (as indicated in Main Estimates)</b> | <b>2023-24 planned spending</b> | <b>2022-23 forecast spending</b> |
|--|-----------------------------|-----------------------------|----------------------------------|--|---------------------------------|----------------------------------|
| Internal Services                                  | 213,051,491                 | 203,141,045                 | 375,317,291                      | 113,116,232  | 113,116,232                     | 109,116,232                      |
| <b>Total</b>                                       | <b>8,757,759,632</b>        | <b>8,705,432,497</b>        | <b>12,049,424,092</b>            | <b>4,216,773,473</b>   | <b>4,216,773,473</b>            | <b>1,416,773,473</b>             |

From 2020-21 to 2022-23, spending in **Health Promotion and Chronic Disease Prevention** focused on supporting border isolation sites, distress centres and supporting the mental health of those affected by the COVID-19 pandemic. In 2022-23, the Agency received new budgetary authorities to strengthen key surveillance and risk assessment capabilities to help prepare for future pandemics. From 2023-24 to 2025-26, planned spending decreases mostly due to the expiry of budgetary authorities for the Agency's COVID-19 surge capacity in 2022-23, the surveillance and risk assessment initiative in 2024-25 and a gradual reduction of funding in support for the mental health of those affected by COVID-19 and distress line investments.

From 2020-21 to 2022-23, spending in **Infectious Disease Prevention and Control** reflects the Agency's significant investment in the COVID-19 response. Forecasted spending for 2022-23 also includes funding to protect Canadians against mpox through the procurement of vaccines, enhancement of laboratory and research capacity for the control and prevention of antimicrobial resistance and for the surveillance and risk assessment initiative. From 2023-24 to 2025-26, planned spending decreases mostly due to the expiry of budgetary authorities for the Agency's COVID-19 surge capacity in 2022-23, the surveillance and risk assessment initiative in 2024-25 and gradual reductions to funding for the procurement of vaccines, proof of vaccination credentials and sero-surveillance. Beginning in 2024-25, decreases in planned spending are partially offset by funding to strengthen Canada's capacity to produce vaccines domestically.

From 2020-21 to 2022-23, spending in **Health Security** for COVID-19 mainly supported border testing measures, the sustainment of the Agency during the pandemic and the management of medical supplies and equipment, including personal protective equipment. The Agency's forecast spending for 2022-23, includes initiatives such as strengthening key surveillance and risk assessment capabilities, protecting Canadians against mpox through procurement of vaccines and enhancement of laboratory and research capacity and supporting for health assessments for Afghans and Ukrainians coming into Canada. Planned spending decreases due to the expiry of budgetary authorities for the Agency's COVID-19 surge capacity and border measures in 2022-23, for the management of medical supplies and equipment, including of personal protective equipment in 2023-24 and for the surveillance and risk assessment in 2024-25.

From 2020-21 to 2022-23, spending in **Internal Services** reflects the funding received to sustain the Agency's pandemic response for corporate functions such as communications, human resources, finance and administration, information management and technology, strategic



policy, and material management. Starting in 2023-24, planned spending decreases due to the expiry of budgetary authorities for the Agency's COVID-19 surge capacity in 2022-23, for the management of medical supplies and equipment, including of personal protective equipment in 2023-24 and for the surveillance and risk assessment initiative in 2024-25.

Decisions on the renewal of initiatives with expiry of budgetary authorities will be taken in future budgets and reflected accordingly in subsequent Estimates.

### Planned human resources

The following table shows information on human resources, in full-time equivalents (FTEs), for each of PHAC's core responsibilities and for its internal services for 2023–24 and the other relevant years.

#### Human resources planning summary for core responsibilities and internal services

| <b>Core responsibilities and internal services</b> | <b>2020-21 actual fulltime equivalents</b> | <b>2021-22 actual fulltime equivalents</b> | <b>2022-23 forecast fulltime equivalents</b> | <b>2023-24 planned fulltime equivalents</b> | <b>2024-25 planned fulltime equivalents</b> | <b>2025-26 planned fulltime equivalent</b> |
|--|--|--|--|---|---|--|
| Health Promotion and Chronic Disease Prevention    | 542  | 564  | 648  | 611   | 612   | 543  |
| Infectious Disease Prevention and Control          | 1,149                                      | 1,697                                      | 2,479  | 1,674                                       | 1,691                                       | 1,202                                      |
| Health Security                                    | 743  | 1,448                                      | 973  | 625   | 449   | 373  |
| <b>Subtotal</b>                                    | <b>2,434</b>                               | <b>3,709</b>                               | <b>4,100</b>                                 | <b>2,910</b>                                | <b>2,752</b>                                | <b>2,118</b>                               |
| Internal Services                                  | 426  | 659  | 745  | 428   | 423   | 408  |
| <b>Total</b>                                       | <b>2,860</b>                               | <b>4,368</b>                               | <b>4,845</b>                                 | <b>3,338</b>                                | <b>3,175</b>                                | <b>2,526</b>                               |

Since 2020-21, the Agency expanded its workforce to mount and sustain its COVID-19 pandemic response. The Agency hired experts such as policy officers, lab technicians, scientists, epidemiologists, data analysts, financial experts and various administrative support staff to support its COVID-19 pandemic response. This has resulted in a gradual increase in staffing levels over the last three years with a forecasted complement of 4,845 full-time equivalents by the end of 2022-23. Beginning in 2023-24, staffing levels decline as temporary funding for COVID-19 initiatives expires or is gradually reduced over time.

From 2020-21 to 2022-23, full-time equivalents within **Health Promotion and Chronic Disease Prevention** increased primarily due to additional staff required to support the Agency's COVID-19 response. In 2022-23, the Agency added full-time equivalents to strengthen key surveillance and risk assessment capabilities. Planned full-time equivalents decrease in future years mostly due to the expiry of budgetary authorities for the Agency's COVID-19 surge capacity in 2022-23 and for the surveillance and risk assessment initiative in 2024-25.

From 2020-21 to 2022-23, full-time equivalents **within Infectious Disease Prevention and Control** increased to support the procurement and distribution of vaccines, therapeutics and rapid tests, to strengthen capacity for the development of pre-clinical countermeasures and to support the development of innovative technologies to enhance capacity and respond to emerging threats. In 2022-23, the Agency added full-time equivalents to strengthen key surveillance and risk assessment capabilities. Planned full-time equivalents decrease in future years mostly due to the expiry of budgetary authorities for the Agency's COVID-19 surge capacity and innovative technology in 2022-23, security of supply and deployment of COVID-19 vaccines in 2023-24 and for the surveillance and risk assessment initiative in 2024-25.

From 2020-21 to 2022-23, full-time equivalents within **Health Security** increased to support the management of personal protective equipment and border testing measures. In 2022-23, the Agency added support for a three-year initiative to strengthen key surveillance and risk assessment capabilities and short-term support for health assessments for Afghans and Ukrainians. Planned full-time equivalents decrease in future years due to the expiry of budgetary authorities for the Agency's COVID-19 surge capacity and border travel measures in 2022-23, to support the management of the National Emergency Strategic Stockpile program and volume of medical supplies and equipment needed for COVID-19 in 2023-24 and for the surveillance and risk assessment initiative in 2024-25.

From 2020-21 to 2022-23, full-time equivalents within **Internal Services** increased support for the various COVID-19 initiatives. Also, for 2022-23, the Agency added support for a three-year initiative to strengthen key surveillance and risk assessment capabilities. Planned full-time equivalents decrease in future years mostly due to the expiry of budgetary authorities for the Agency's COVID-19 surge capacity in 2022-23 and for the surveillance and risk assessment initiative in 2024-25.

Decisions on the renewal of initiatives with expiry of budgetary authorities will be taken in future budgets and reflected accordingly in subsequent Estimates.

### **Estimates by vote**

Information on PHAC's organizational appropriations is available in the [2023–24 Main Estimates](#).

### **Future-oriented condensed statement of operations**

The future oriented condensed statement of operations provides an overview of PHAC's operations for 2022–23 to 2023–24.

The forecast and planned amounts in this statement of operations were prepared on an accrual basis. The forecast and planned amounts presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net cost of operations with the requested authorities, are available on [PHAC's website](#).

#### Future oriented condensed statement of operations for the year ending March 31, 2024 (dollars)

| <b>Financial information</b>                                      | <b>2022-23<br/>forecast<br/>results</b> | <b>2023-24<br/>planned<br/>results</b> | <b>Difference<br/>(2023-24 planned<br/>results minus<br/>2022-23 forecast<br/>results)</b> |
|---|---|--|--|
| Total expenses  | 11,861,535,353                          | 5,009,348,289                          | (6,852,187,064)  |
| Total revenues  | 14,903,203                              | 14,113,153                             | (790,050)  |
| Net cost of operations before<br>government funding and transfers | 11,846,632,150                          | 4,995,235,136                          | (6,851,397,014)  |

The reduction in net cost of operations for 2023-24 is primarily due to a decrease in planned expenditures related to the procurement and distribution of COVID-19 vaccines and therapeutics to provinces and territories, support for mental health of those affected by the COVID-19 pandemic, the sero-surveillance initiative, and the expiration of temporary budgetary authorities in 2022-23 for the COVID-19 surge capacity and border health measures. These reductions are offset by investments in 2023-24 in the strengthening of key surveillance and risk assessment capabilities, protecting Canadians through the procurement of vaccines and the enhancement of laboratory and research capacity, and support for health assessments for Afghans and Ukrainians coming into Canada.

The Agency's Future-oriented Statement of Operations is based on its 2023-24 Main Estimates and accrual information and does not include future supplementary estimates. Amounts for 2022-23 include estimated funding to be received in Supplementary Estimates (C).

## Corporate information

### Organizational profile

#### Appropriate minister(s):

The Honourable Jean-Yves Duclos, P.C., M.P. Minister of Health

The Honourable Carolyn Bennett, M.D., P.C., M.P. Minister of Mental Health and Addictions and Associate Minister of Health

**Institutional head:** Dr. Harpreet S. Kochhar

**Ministerial portfolio:** Health

**Enabling instrument(s):** Public Health Agency of Canada Act, Department of Health Act, Emergency Management Act, Quarantine Act, Human Pathogens and Toxins Act, Health of Animals Act, Federal Framework on Lyme disease Act, and the Federal Framework for Suicide Prevention Act.

**Year of incorporation/commencement:** 2004

**Other:** In June 2012, the Deputy Heads of Health Canada and the Public Health Agency of Canada signed a Shared Services Partnership Framework Agreement. Under this agreement, each organization retains responsibility for a different set of internal services and corporate functions. These include:

- human resources
- real property
- information management/information technology
- security
- internal financial services
- communications
- emergency management
- international affairs
- internal audit services
- evaluation services

**Raison d'être, mandate and role: who we are and what we do**

Information on PHAC's raison d'être, mandate and role is available on the Public Health Agency of Canada's website.

Information on PHAC's mandate letter commitments is available in the mandate letters for the Minister of Health and Minister of Mental Health and Addictions and Associate Minister of Health.

**Operating context**

PHAC operates in a complex, interconnected and evolving environment where drivers such as social determinants of health, climate change and advancements in technology affect the health of Canadians. PHAC continues to adapt its resources, such as human resources and skills, tools, processes and partnerships, to maintain the capacity to rapidly and effectively prevent, detect and respond to emerging global and domestic public health events and continue keeping Canadians healthy and safe from emerging threats.

The COVID-19 pandemic continues to have social, economic and health impacts on Canadians. Health inequalities in Canada have been highlighted through the COVID-19 pandemic, with some communities carrying disproportionate burden. Many inequalities are the result of social, political and economic disadvantages, which existed in Canada long before the pandemic was declared. The distribution of social and economic resources (for example, social support,

education, income, housing) influences people's capacity to achieve and maintain good health, which in turn foster inequalities in health behaviours, access and use of health services, and influences infectious and chronic disease outcomes.

While COVID-19 continues to circulate in our communities, other new and emerging pathogen are on the rise, compounding the challenges the Agency faces. To continue to build resiliency in Canada's public system and in PHAC itself, the Agency has and will continue to engage public health leaders, Indigenous Peoples, academics and other levels of government in order to leverage our collective expertise to attain public health goals.

PHAC continues to support the Government of Canada in the implementation of public health measures to prevent the further spread of COVID-19 and combat misinformation and disinformation found online including through social media, which continues to be a direct contributor to the growing global and domestic concerns over vaccine hesitancy. This enduring spread of false information creates a barrier to managing the COVID-19 pandemic and is associated with increasing rates of vaccine-preventable diseases among Canadians.

Life expectancy at birth for Canadians is 80 years for men and 84 years for women, however, not all people experience the same health status. Health inequalities persist and are intensifying further among some segments of the population. Certain populations such as northern, rural and remote communities, low-income families, children living in conditions of risk, Indigenous Peoples, unemployed or underemployed adults and older adults continue to experience poorer health outcomes than the average Canadian.

The pandemic has unfortunately also been associated with worsening mental health for Canadians. For example, positive mental health among adults in Canada significantly declined between 2019 and fall 2020 and there were further declines in winter and spring of 2021. Moreover, 25% of Canadians aged 18 and over had moderate to severe symptoms of depression, anxiety or probable posttraumatic stress disorder in spring 2021, up from 21% in fall 2020. While there was no clear sign of increased suicide mortality or self-harm hospitalizations, the prevalence of suicidal ideation increased from fall 2020 (2.4%) to winter and spring of 2021 (4.2%). Climate change also presents a range of risks to the health status of Canadians, including poor air quality and the increasing spread of vector-borne diseases, such as Lyme disease. PHAC is working to address these climate-related challenges at the population level.

Infectious diseases continue to be of concern as some vaccine-preventable diseases, such as measles, continue to increase globally. To enhance routine immunizations, the Government of Canada committed an additional \$45.5 million (2020 to 2023) to continue to support community-based efforts to increase COVID-19 vaccine acceptance and uptake among Canadians, address vaccine misinformation and disinformation, and reduce vaccine-preventable disease.

Concurrently, Canadians continue facing an increasing risk of AMR, which has been identified by the WHO as one of the top ten risks to global health. There is also a steadily continuing rise in sexually transmitted infections, such as gonorrhea, syphilis and chlamydia and PHAC is developing information for the public to advise on risks to help individuals protect themselves.

Timely and reliable data are essential to developing sound policies, ensuring effective programming that delivers results to Canadians, delivering accurate information to Canadians and supporting overall government priorities (for example, SGBA Plus, Sustainable Development Goals). In response to the pandemic, PHAC has evolved, which includes the creation of new Branches such as the Corporate Data and Surveillance Branch and Chief Financial Officer and Corporate Management Branch. This organizational realignment is contributing to renewal efforts to ensure that the Agency has the necessary tools, resources and authorities to meet current and future needs.

PHAC continues to build capacity to ensure it can prepare for and respond to new public health events and emergencies that may arise and this requires partners across all levels of government to respond to public health events and emergencies and maintain potentially long-term response efforts.

Public health is a shared responsibility in Canada, requiring coordination between the federal, provincial, territorial and municipal governments. By improving its understanding of the priorities, activities and concerns of partners and stakeholders, PHAC will be better able to adapt its programs, including those supported through grants and contributions, to respond to the diverse public health needs across Canada. PHAC's commitment to accountability, openness and results will help promote important multi-sectoral collaborations and the solutions needed to help improve the health of Canadians.

## Reporting framework

PHAC's approved departmental results framework and program inventory for 2023–24 are as follows:

### Core Responsibility 1: Health Promotion and Chronic Disease Prevention

#### Result 1.1 Canadians have improved physical and mental health

- **Indicator:** % of low-income children in very good or excellent health
- **Indicator:** % of population who have high psychological well-being

#### Result 1.2 Canadians have improved health behaviours

- **Indicator:** % increase in average minutes per day of physical activity among adults
- **Indicator:** % increase in average minutes per day of physical activity among children and youth

#### Result 1.3 Chronic diseases are prevented

- **Indicator:** % increase in years lived in good health by seniors
- **Indicator:** Age-standardized rate per 1000 of new diabetes cases (types combined, excluding gestational diabetes) among Canadians age 1 year and older
- **Indicator:** % of adults who are obese
- **Indicator:** % of children and youth who are obese

## Program Inventory

- Health Promotion
- Chronic Disease Prevention
- Evidence for Health Promotion, and Chronic Disease and Injury Prevention

## Core Responsibility 2: Infectious Disease Prevention and Control

### Results 2.1 Infectious diseases are prevented and controlled

- **Indicator:** % of 2 year old children who have received all recommended vaccinations
- **Indicator:** Proportion of national vaccination coverage goals met for children by 2 years of age
- **Indicator:** Rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (HIV)
- **Indicator:** Rate of a key antimicrobial resistant infection identified among people in hospitals

### Result 2.2 Infectious disease outbreaks and threats are prepared for and responded to effectively

- **Indicator:** % of foodborne illness outbreaks responded to within 24 hours of notification
- **Indicator:** % of new pathogens of international concern that Canada has the capacity to accurately test for

## Program Inventory

- Laboratory Science Leadership and Services
- Communicable Diseases and Infection Control
- Vaccination
- Foodborne and Zoonotic Diseases

## Core Responsibility 3: Health Security

### Result 3.1 Public health events and emergencies are prepared for and responded to effectively

- **Indicator:** Canada's readiness to respond to public health events and emergencies as assessed independently by the World Health Organization
- **Indicator:** % of provincial and territorial requests for assistance (for deployment of Agency staff) responded to within negotiated timelines
- **Indicator:** % of provincial and territorial requests for assistance (for the provision of supplies) responded to within negotiated timelines
- **Indicator:** % of provincial and territorial requests for assistance (for inter-jurisdictional mutual aid for health care professionals) responded to within negotiated timelines

### Result 3.2 Public health risks associated with the use of pathogens and toxins are reduced

- **Indicator:** % of compliance issues in Canadian laboratories successfully responded to within established timelines

### Result 3.3 Public health risks associated with travel are reduced

- **Indicator:** Level of Canada's capacity for effective public health response at designated points of entry into Canada
- **Indicator:** % of inspected passenger transportation operators that meet public health requirements

### Program inventory

- Emergency Preparedness and Response
- Biosecurity
- Border and Travel Health

### Internal Services

- Management and Oversight Services
- Communications Services
- Legal Services
- Human Resources Management Services
- Financial Management Services
- Information Management Services
- Information Technology Services
- Real Property Management Services
- Materiel Management Services
- Acquisition Management Services

Changes to the approved reporting framework since 2022–23 include an update to one of the indicators in Result 1.3 to specify the types of diabetes being measured as well as to clarify that the rate is age-standardized.

### Supporting information on the program inventory

Supporting information on planned expenditures, human resources and results related to PHAC's program inventory is available on [GC InfoBase](#).

### Supplementary information tables

The following supplementary information tables can be found on [PHAC's Departmental Plans website](#):

- Details on transfer payment programs;
- Sex and Gender-Based Analysis (SGBA) Plus; and
- United Nations 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals.

### Federal tax expenditures

PHAC's Departmental Plan does not include information on tax expenditures.



Tax expenditures are the responsibility of the Minister of Finance. The Department of Finance Canada publishes cost estimates and projections for government-wide tax expenditures each year in the Report on Federal Tax Expenditures. This report provides detailed information on tax expenditures, including objectives, historical background and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis plus.

## Organizational contact information

Public Health Agency of Canada  
130 Colonnade Road  
Ottawa, ON K1A 0K9

**Telephone:** 1-844-280-5020

**Website(s):** [Public Health Agency of Canada](https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2023-2024-departmental-plan.html)

## Appendix: definitions

### appropriation

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

### budgetary expenditures

Operating and capital expenditures; transfer payments to other levels of government, organizations, or individuals; and payments to Crown corporations.

### core responsibility

An enduring function or role performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

### Departmental Plan

A document that sets out a department's priorities, programs, expected results and associated resource requirements, covering a three-year period beginning with the year indicated in the title of the report. Departmental Plans are tabled in Parliament each spring.

### departmental result

A change that a department seeks to influence. A departmental result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

### departmental result indicator

A factor or variable that provides a valid and reliable means to measure or describe progress on a departmental result.

### departmental results framework

A framework that consists of the department's core responsibilities, departmental results and departmental result indicators.

### Departmental Results Report

A report on a department's actual performance in a fiscal year against its plans, priorities and expected results set out in its Departmental Plan for that year. Departmental Results Reports are

usually tabled in Parliament each fall.

**full-time equivalent**

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

**gender-based analysis plus (GBA Plus)**

An analytical tool used to support the development of responsive and inclusive policies, programs and other initiatives. GBA Plus is a process for understanding who is impacted by the issue or opportunity being addressed by the initiative; identifying how the initiative could be tailored to meet diverse needs of the people most impacted; and anticipating and mitigating any barriers to accessing or benefitting from the initiative. GBA Plus is an intersectional analysis that goes beyond biological (sex) and sociocultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography, language, race, religion and sexual orientation.

**government-wide priorities**

For the 2023–24 Departmental Plan, government-wide priorities are the high-level themes outlining the Government's agenda in the 2021 Speech from the Throne: building a healthier today and tomorrow; growing a more resilient economy; bolder climate action; fighter harder for safer communities; standing up for diversity and inclusion; moving faster on the path to reconciliation and fighting for a secure, just and equitable world.

**high impact innovation**

High impact innovation varies per organizational context. In some cases, it could mean trying something significantly new or different from the status quo. In other cases, it might mean making incremental improvements that relate to a high-spending area or addressing problems faced by a significant number of Canadians or public servants.

**horizontal initiative**

An initiative in which two or more federal organizations are given funding to pursue a shared outcome, often linked to a government priority.

**non-budgetary expenditures**

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

**performance**

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve and how well lessons learned have been identified.

**plan**

The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally, a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

**planned spending**

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

**program**

Individual or groups of services, activities or combinations thereof that are managed together within a department and that focus on a specific set of outputs, outcomes or service levels.

**program inventory**

An inventory of a department's programs that describes how resources are organized to carry out the department's core responsibilities and achieve its planned results.

**result**

An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program, or initiative; instead, they are within the area of the organization's influence.

**statutory expenditures**

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

**target**

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified period. Targets can be either quantitative or qualitative.

**voted expenditures**

Expenditures that Parliament approves annually through an Appropriation Act. The vote wording becomes the governing conditions under which these expenditures may be made.

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## Endnotes

- 1 Populations identified as being likely to be at higher risk for dementia or those that may face barriers to accessing equitable dementia care are being prioritized as part of this initiative.
- 2 There are no 2020-21 results available from the CHSCY. The results from 2019 are the most recent and will be used until new data is available. Expected date of data availability is 2024-25.
- 3 There are no 2021-22 results available from the CHSCY. The results from 2019 are the most recent and will be used until new data is available. Expected date of data availability is 2024-25.

- 4 High psychological well-being is an indicator of positive mental health and it measures the number of participants surveyed with a mean score of 20 or higher on a scale of 0–28, based on the six psychological well-being questions contained in the Canadian Community Health Survey (CCHS) Mental Health Continuum Short-Form (MHC-SF). This is for adults 18+ only—improved psychological well-being may be measured differently for youth and children.
- 5 There are no 2020-21 results available from the CCHS. The results from 2019 are the most recent and will be used until new data is available.
- 6 Data for 2021-22 is not available as the CCHS's current collection period runs from February 7, 2022, to December 31, 2022.
- 7 Data for 2020-21 is not available as the CHMS Cycle 6 took place from 2018-19 and Cycle 7 is taking place from fall 2022 to fall 2024. The results from 2018-19 are the most recent and will be used until new data is available.
- 8 Data for 2021-22 is not available as the CHMS Cycle 6 took place from 2018-19 and Cycle 7 is taking place from fall 2022 to fall 2024. The results from 2018-19 are the most recent and will be used until new data is available.
- 9 Data for 2021-22 is not available as the CHMS Cycle 6 took place from 2018-19 and Cycle 7 is taking place from fall 2022 to fall 2024. The results from 2018-19 are the most recent and will be used until new data is available.
- 10 There are no 2020-21 results available from Statistics Canada. The results from 2015-17 are the most recent and will be used until new data is available.
- 11 There are no 2021-22 results available from Statistics Canada. The results from 2015-17 are the most recent and will be used until new data is available.
- 12 This indicator measures the number of new cases of diabetes diagnosed in the population in a particular year over the total population at risk for diabetes in a particular year.
- 13 There are no 2021-22 results available from the CCDSS. The results from 2018 are the most recent and will be used until new data is available.
- 14 This indicator measures the number of adults aged 18 and older that are classified as obese according to Body Mass Index. For adults, obesity is defined as BMI  $\geq 30.0$  kg/m<sup>2</sup>.
- 15 Data for 2020-21 is not available as the CHMS Cycle 6 took place from 2018-19 and Cycle 7 is taking place from fall 2022 to fall 2024. The results from 2018-19 are the most recent and will be used until new data is available.

- 16 Data for 2021-22 is not available as the CHMS Cycle 6 took place from 2018-19 and Cycle 7 is taking place from fall 2022 to fall 2024. The results from 2018-19 are the most recent and will be used until new data is available.
- 17 This indicator measures the number of children and youth aged 5– 17 that are classified as obese according to Body Mass Index.
- 18 Data for 2020-21 is not available as the CHMS Cycle 6 took place from 2018-19 and Cycle 7 is taking place from fall 2022 to fall 2024. The results from 2018-19 are the most recent and will be used until new data is available.
- 19 Data for 2021-22 is not available as the CHMS Cycle 6 took place from 2018-19 and Cycle 7 is taking place from fall 2022 to fall 2024. The results from 2018-19 are the most recent and will be used until new data is available.
- 20 The results from 2019 are the most recent and will be used until new data is available. Data is collected biannually.
- 21 The results from 2019 are the most recent and will be used until new data is available. Expected date of data availability is 2023.
- 22 The National Immunization Strategy has set a vaccination coverage goal of 95% for each of seven childhood vaccines, <https://www.canada.ca/en/public-health/services/immunization-vaccine-priorities/national-immunization-strategy/vaccination-coverage-goals-vaccine-preventable-diseases-reduction-targets-2025.html#1.1.2>.
- 23 In 2019-20, the number of national vaccination coverage goals changed from 12 to 7.
- 24 The results from 2019 are the most recent and will be used until new data is available. Data is collected biannually.
- 25 The results from 2019 are the most recent and will be used until new data is available. Expected date of data availability is 2023.
- 26 In Canada, health and health care are the responsibility of provincial/territorial governments and other partners, including different levels of government, hospitals and non-government organizations. As a result, the lowering of this rate is a shared, common goal among all stakeholders.
- 27 A target of "at most 0.7 per 1,000 patient admissions" is meant to be an upper limit target based on observed fluctuations in the rate over time.

- 28 As of 2018, data for this indicator will no longer be used due to a change in methodology. Based on World Health Organization/Global Antimicrobial Resistance Surveillance System requirements, in 2018, the Canadian Nosocomial Infection Surveillance Program (CNISP), has started to collect data only on methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections and not on all (total) MRSA infections (as reported above), which included blood and non-blood infections such as skin/soft tissue, respiratory, etc. For 2020-21 the target will be at most 0.7 cases per 1,000 patient admissions.
- 29 Rate information is obtained from CNISP, which collects data related to healthcare-associated infections including antimicrobial resistant organisms from Canadian acute-care hospitals. There were no 2021-22 results available. The results from 2020 were the most recent available results in 2021-22 and will be used until new data for 2021-22 is made available.
- 30 The schedule prescribed by Indigenous Services Canada for when departments are required to meet the 5% target uses a phased approach. Departments classified under Phase 3 (the final phase) are required to meet the mandatory minimum target of 5% by no later than 2024-25.
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