Public Health Agency of Canada | Agence de la santé publique du Canada

Supplementary Information Tables: 2014–15 Departmental Performance Report

Table of Contents

Canada

Departmental Sustainable Development Strategy

1. Overview of the Federal Government's Approach to Sustainable Development

The Federal Sustainable Development Strategy (FSDS) 2013–16 presents the Government of Canada's sustainable development activities, as required by the *Federal Sustainable Development Act*. In keeping with the objectives of the Act to make environmental decision making more transparent and accountable to Parliament, the Agency supports the implementation of the FSDS through the activities in this supplementary information table.

This Departmental Sustainable Development Strategy presents the results for Theme I – Addressing Climate Change and Air Quality and Theme IV – Shrinking the Environmental Footprint – Beginning with Government.

2. Themes I to III: Department and Agency-led Targets

FSDS Goal	FSDS Performance Indicator	FSDS Target	FSDS Performance Status
N/A	N/A	N/A	N/A

3. Themes I to III: Implementation Strategies

FSDS Theme I: Addressing Climate Change and Air Quality Linkages to the Program Alignment Architecture (PAA): Sub-Sub-Program 1.2.1.3: Food-borne, Environmental and Zoonotic Infectious Diseases

FSDS GOAL 1 – Climate Change: In order to mitigate the effects of climate change, reduce greenhouse gas emission levels and adapt to unavoidable impacts.

FSDS Target 1.2 – Climate Change Adaptation: Facilitate reduced vulnerability of individuals, communities, regions and economic sectors to the impacts of climate change through the development and provision of information and tools.

FSDS Implementation Strategy led by the Agency: 1.2.2 Work with domestic and international stakeholders to reduce infectious disease risks and public health threats related to climate change by increasing public health capacity and expertise through targeted research, modelling and cost-benefit analysis.

2014-15 Performance Summary and Analysis of Program Activity

CAA Program: 2011–2016: Preventative Public Health Systems and Adaptation to Climate Change (PPHSACC) Program

CAA Program	Expected Results	Performance Indicators	2014–15 Performance Summary
2011–16: PPHSACC Program	Increased collaboration on climate change adaptation	Number of collaborations with organizations	Met: Total of 26 formal collaborations: • One research collaboration on Lyme disease health care costs.

CAA Program	Expected Results	Performance Indicators	2014-15 Performance Summary
			• Two research collaborations on climate change impacts on drinking water. • One research collaboration on decision analysis tool for vector-borne diseases. • One international collaboration on climate change and infectious diseases. • One research collaboration on flooding and climate change. • One research collaboration on climate change and adaptation toolkit. • Thirteen (13) national/international research collaborations on climate change and vector-borne disease adaptation. • One research collaboration with a federal department on modeling health impacts in vulnerable communities. • Two research collaborations with local organizations on a drinking water risk modeling framework. • One research collaboration for an expert elicitation. • Two international research collaborations on a case study to inform a food and water safety modeling framework.
	Targeted communities and sectors recognize the need for adaptation	Number of presentations requested on public health and environmental change	Met: Multiple presentations given to stakeholder groups, organizations and workshops, webinars and conferences. • 15 presentations • One webinar • One workshop
	Targeted communities and sectors are aware of relevant adaptation measures	Number of science-based decision-making tools disseminated	Met: Two (2) communications products produced and published: • One decision tool on Lyme surveillance and control • One draft risk model tool
		Number of reports disseminated	Met: Twenty-nine (29) reports disseminated: • 11 copies of the *Pilot Infectious Disease Impact and Response Systems (*PIDIRS) program report. • Seven (7) regional dialogue reports. • One (1) report on climate change resources and tools. • One (1) report on a climate change and adaptation framework for public health on floods.

CAA Program	Expected Results	Performance Indicators	2014-15 Performance Summary
			• One (1) report on economic burden of Lyme disease. • One (1) report on climate change and drinking water. • Three (3) reports on climate change and vector-borne diseases. • Two (2) reports on a climate change and drinking water risk assessment. • One (1) report: Human Health Chapter in Canada in a Changing Climate: Sector Perspectives on Impacts and Adaptation. • One (1) report on a decision analysis tool for vector-borne disease workshop.
		Number of publications disseminated	Met: Twelve (12) publications disseminated: • Eleven (11) peer-reviewed articles were generated. • One (1) book chapter was generated.
	Adaptation measures have been identified to address risks and opportunities arising from climate change	Number of stakeholders / organizations that identify the need to develop adaptation plans/strategies to address their needs	For the 2014–15 reporting period, no stakeholders or organizations identified the need to develop adaptation plans/strategies to address their requirements.

The expected results of this program acknowledge the growing demand among Canadians for current knowledge and resources to better prepare for and respond to the health impacts of climate change. Working with key stakeholders/partners (e.g. public health, emergency management officials) to identify what is needed to inform and influence decision-making is essential to this process. The Public Health Agency of Canada (the Agency) has a national leadership role to strengthen Canada's public health capacity to anticipate and respond to the health risks associated with a changing climate. The 2014–15 Performance Summary demonstrates how the Agency has engaged stakeholders in multiple ways (e.g. research collaborations, publications) to ensure they are aware of current research and decision-making tools available to minimize impacts and adapt to climate and environmental changes.

Presentations: To enhance adaptive capacity the Agency presented to a variety of stakeholder groups and organizations on climate change and adaptation. These included conferences, symposiums and workshops. Presentations of note include:

- Climate Change and Adaptation Strategies related to Infectious Diseases, Liveable Cities Forum 2014.
- Early Warning System and Other Tools for Infectious Diseases in Canada, 26th Annual International Society for Environmental Epidemiology Conference.
- Climate change and emergence of zoonoses, American Society of Microbiology.
- Climate and vector-borne disease, Toronto Public Health, Healthy Environments Symposium on Climate Change.
- Modeling Health Risks of Climate Change. National Academies of Science, Standing Committee on Emerging Science for Environmental Health Decisions workshop.

- A Risk Modelling Framework to Evaluate the Impacts of Climate Change on Food and Water Safety, Global Development Symposium.
- A Framework for Modelling Climate Change Impacts on Microbial Risks, Canadian National Conference on Drinking Water.
- Climate Change Impacts on Food and Water Safety: A QMRA Framework, Society for Risk Analysis.

Webinars: Web-based virtual meetings allow for presentations by subject matter experts to a pan-Canadian audience on topics related to health and environmental changes. One webinar was conducted in 2014–15:

- Modelling Climate Change Impacts on Drinking Water Safety

Scientific publications: On-going, targeted research based on identified needs to address knowledge gaps is a key role for the Agency. Recent research has focused on better understanding the impacts of climate change on infectious diseases, with a specific focus on arctic regions, and risk assessment of climate change impacts on food and water safety. Publications include:

- Austin SE, Ford JD, Berrang-Ford L, Araos M, Parker S, Fleury MD (2015). Public health adaptation to climate change in Canadian jurisdictions. *International Journal of Environmental Research and Public* Health; 12(1):623-51.
- Guo Y, Gasparrini A, Armstrong B, Li S, Tawatsupa B, Tobias A, Lavigne E, de Sousa Zanotti Stagliorio Coelho M, Leone M, Pan X, Tong S, Tian L, Kim H, Hashizume M, Honda Y, Guo YL, Wu CF, Punnasiri K, Yi SM, Michelozzi P, Saldiva PH, Williams G (2014). Global variation in the effects of ambient temperature on mortality: a systematic evaluation. *Epidemiology*; 25(6):781-789.
- Harper SL, Edge VL, Ford J, Thomas MK, IHACC Research Group, Rigolet Inuit Community Government, McEwen SA (2015). Lived experience of acute gastrointestinal illness in Rigolet, Nunatsiavut: "just suffer through it. *Social Science and Medicine*; 126:86-98.
- Harper SL, Edge VL, Ford J, Thomas MK, Pearl DL, Shirley J, IHACC Research Group, RICG and McEwan SA (2015). Acute gastrointestinal illness in two Inuit communities: burden of illness in Rigolet and Iqaluit, Canada. *Epidemiology and Infection*; 20:1-16 [Epub ahead of print].
- Lemke LD, Lamerato LE, Xu X, Booza JC, Reiners Jr JJ, Raymond III DM, Villeneuve PJ, Lavigne E, Larkin D, Krouse HJ (2014). Geospatial relationships of air pollution and acute asthma events across the Detroit-Windsor international border: study design and preliminary results. *Journal of Exposure Science and Environmental Epidemiology*; 24:346-357.
- Ogden NH (2014). Lyme Disease and Climate Change. In: Climate Change and Global Health. (ed.) CD Butler, British Library, London, UK.
- Ogden NH, Radojevic M, Caminade C, Gachon P (2014). Recent and projected future climatic suitability of North America for the Asian tiger mosquito *Aedes albopictus*. *Parasites & Vectors*; 7(1):532.
- Parkinson AJ, Evengard B, Semenza JC, Ogden NH, Børresen ML, Berner J, Brubaker M, Sjöstedt A, Evander M, Hondula DM, Menne B, Pshenichnaya N, Gounder P, Larose T, Revich B, Hueffer K, Albihn A (2014). Climate Change and Infectious Diseases in the Arctic: Establishment of a circumpolar working group. *International Journal of Circumpolar Health*; 73:25163.
- Simon JA, Marrotte RR, Desrosiers N, Fiset J, Gaitan J, Gonzalez A, Koffi JK, Lapointe F-J, Leighton PA, Lindsay LR, Logan T, Milord F, Ogden NH, Rogic A, Roy-Dufresne E, Suter D, Tessier N, Millien V (2014). Climate change, habitat fragmentation, ticks and the white-footed mouse drive occurrence of *B. burgdorferi*, the agent of Lyme disease, at the northern limit of its distribution. *Evolutionary Applications*; 7(7):750–764.
- Smith BA, Ruthman T, Sparling E, Auld H, Comer N, Young I, Lammerding AM, Fazil A (2015). A risk modeling framework to evaluate the impacts of climate change and adaptation on food and water safety. *Food Research International*; 68:78-85.
- Young I, Gropp K, Fazil A, Smith BA (2015). Knowledge synthesis to support risk assessment of climate change impacts on food and water safety: a case study of the effects of water temperature and salinity on *Vibrio parahaemolyticus* in raw oysters and harvest waters. *Food Research International*; 68:86-93.

- Young I, Smith BA, Fazil A (2014). A systematic review and meta-analysis of the effects of extreme weather events and other weather-related variables on *Cryptosporidium* and *Giardia* in fresh surface waters. *Journal of Water and Health*. Available online September 2, 2014.

Clean Air Agenda Planned Spending for 2014–15: $1,500,000

Clean Air Agenda Actual Expenditures for 2014–15: $1,518,600

4. Theme IV: Targets and Implementation Strategies

Goal 7: Waste and Asset Management

Target 7.1: Real Property Environmental Performance

As of April 1, 2014, and pursuant to departmental Real Property Sustainability Frameworks, an industry-recognized level of high environmental performance will be achieved in Government of Canada (GoC) real property projects and operations.

Scope and Context

The Agency is custodian of three laboratories totalling 20,900 m^2 and is a tenant in 60,400 m^2 of leased space that accommodates 2101 employees in 60 locations.

The Agency and Health Canada (HC) worked jointly to transform their individual Green Buildings Strategic Frameworks into a shared Real Property Sustainability Framework. Greening practices outlined in the Framework are applied to all temperature controlled office and laboratory spaces over 1000 m^2 where benchmark information is available.

Link to Department's Program Alignment Architecture

Internal Services

Performance Measurement

Expected Result

An industry-recognized level of high environmental performance will be achieved in GoC real property projects and operations.

Performance Indicator	Performance level achieved
Real Property Sustainability Framework in place to improve the management of energy, waste and water in departmental real property assets by March 31, 2015	Yes [March 31, 2015]
Total number of existing Crown-owned buildings (over 1000 m^2) and new lease or lease renewal projects (over 1000 m^2) where the Crown is the major lessee, assessed for environmental performance using an industry-recognized assessment tool, and associated floor space (m^2)	0 Crown-owned buildings 0 m^2
	0 new lease or lease renewal projects 0 m^2

Performance Indicator	Performance level achieved
	Assessment tool used: - BOMA BESt[1] - International Institute for Sustainable Laboratories (laboratory projects only)
Total number of existing Crown-owned buildings, new construction, build-to-lease projects, major renovations projects, achieving an industry-recognized level of high environmental performance, and associated floor space (m^2)	0 Crown-owned buildings 0 m^2
	0 New construction projects 0 m^2
	0 Build-to-lease projects 0 m^2
	0 Major renovation projects 0 m^2 Environmental performance level achieved: - 3 Green Globes[2] (projects $1M-$10M) - LEED[3] (CI) Silver (projects $10M+) - International Institute for Sustainable Laboratories (laboratory project only)
Number of fit-up and refit projects achieving an industry-recognized level of high-environmental performance	0 fit-up and refit projects 0 m^2 Environmental performance achieved: - LEED CI Silver
Implementation Strategy Element or Best Practice	**Performance level achieved**
7.1.1.1. Achieve a level of performance that meets or exceeds the custodian's current commitment(s) to sustainable buildings using industry-recognized assessment and verification tool(s)	Reached "Achieved"
7.1.1.4. Manage the collection, diversion and disposal of workplace waste in Crown-owned buildings in an environmentally responsible manner.	Reached "Achieved"
Target 7.2: Green Procurement	
As of April 1, 2014, the Government of Canada will continue to take action to embed environmental considerations into public procurement, in accordance with the federal *Policy on Green Procurement*.	
Scope and Context	
The Public Health Agency of Canada has continued to focus on greening its procurement of office supplies, information technology (IT) hardware, and office equipment. The scope of each target area is outlined below: • Office Supplies: Excludes purchases using acquisition cards; • IT Hardware: Includes automatic data processing equipment (e.g. computers) and excludes laboratory, field equipment and purchases using acquisition cards; and	

[1] BOMA BESt
[2] Green Globes Fit-Up
[3] Canada Green Building Council

- Office Equipment: Includes all printers, faxes, scanners, multi-functional devices and photocopiers. Excludes laboratory, field equipment and purchases using acquisition cards.

The Agency relies on HC's procurement and materiel management specialists in order to fulfill these functions.

Link to department's Program Alignment Architecture	
Program: Internal Services Sub-Program: Asset Management Services	
Performance Measurement	
Expected Result	
Environmentally responsible acquisition, use and disposal of goods and services.	
Performance indicator	**Performance level achieved**
Departmental approach to further the implementation of the *Policy on Green Procurement* in place as of April 1, 2014.	Yes, March 31, 2014
Number and percentage of procurement and/or materiel management specialists who completed the Canada School of Public Service Green Procurement course (C215) or equivalent, in fiscal year 2014–15.	3 (Training scheduled to be completed by March 31, 2016) 0% for 2014–15
Number and percentage of managers and functional heads of procurement and materiel whose performance evaluation includes support and contribution toward green procurement, in fiscal year 2014–15.	1 (Training scheduled to be completed by March 31, 2016) 0% for 2014–15
Departmental green procurement target	
By March 31, 2017, 90% of IT hardware purchases will include criteria to reduce the environmental impact associated with the production, acquisition, use and disposal of the equipment.	
Performance Indicator	**Performance level achieved**
Volume of IT hardware purchases that meet the target objective relative to the total dollar value of all IT hardware purchases in the year in question.	74.2%
Departmental green procurement target	
By March 31, 2017, 80% of office supply purchases will include criteria to reduce the environmental impact associated with the production, acquisition, use and disposal of the supplies.	
Performance indicator	**Performance level achieved**
Volume of office supply purchases that meet the target objective relative to the total dollar value of all office supply purchases in the year in question.	47%
Departmental green procurement target	
By March 31, 2017, 90% of purchases of office equipment (printers, faxes, scanners and photocopiers) will have one or more environmental features.	

Performance indicator	Performance Target (RPP)
Volume of office equipment purchases that meet the target objective relative to the total dollar value of all purchases for office equipment in the year in question	99%
Implementation strategy element or best practice	**Performance level achieved**
7.2.1.5. Leverage common use procurement instruments where available and feasible	Reached “Achieved” status.

Target 7.3: Sustainable Workplace Operations	
As of April 1, 2015, the GoC will update and adopt policies and practices to improve the sustainability of its workplace operations.	
Scope and Context	
The Agency has 2,101 employees in 60 locations across Canada. Although some unique situations exist, the majority of Agency workplaces are offices, boardrooms, and cafeterias containing typical office equipment: computers, telephones, printers, and photocopiers. The Agency and HC, through a shared consultative Sustainable Workplace Operations Working Group, developed an Approach to Sustainable Workplace Operations which outlines the commitment of both organizations to improving the sustainability of workplaces across the country.	
Link to Department's Program Alignment Architecture	
Internal Services	
Performance Measurement	
Expected Result	
Departmental workplace operations have a reduced environmental impact.	
Performance Indicator	**Performance level achieved**
An approach to maintain or improve the sustainability of the departmental workplace is in place by March 31, 2015	Yes, December 16, 2014.
Implementation strategy element or best practice	**Performance level achieved**
7.3.1.3. Maintain or improve existing approaches to sustainable workplace practices (i.e., printer ratios, paper usage, and green meetings)	Reached “Achieved” status.
7.3.1.6. Dispose of e-waste in an environmentally sound and secure manner	Reached “On track to Exceed” status Agency monitors and reports internally on volume of various e-waste disposal streams.
Goal 8: Water Management	
Target 8.1: Water Management	
As of April 1, 2014, the GoC will take further action to improve water management within its real property portfolio.	

Scope and Context	
The Agency is custodian of three laboratories totalling 20,900 m^2 and is a tenant in 60,400 m^2 of leased space that accommodates 2,101 employees in 60 locations. The Agency, through the implementation of its Real Property Sustainability Framework, has defined its approach to sustainable water management within its real property portfolio.	
Link to Department's Program Alignment Architecture	
Program Activity: Internal Services Program Activity: Asset Management Services	
Performance Measurement	
Expected Result	
Water is managed sustainably in GoC real property operations.	
Performance indicator	**Performance level achieved**
Approach to improving water management included in Real Property Sustainability Framework by March 31, 2015	Yes, March 26, 2015.
Amount and percentage of floor space in buildings over 1000 m^2 that includes water metering, in the given fiscal year (where feasible).	20,900 m² existing Crown-owned 100%
	0 m² new Crown built-to-lease 0%
	0 m² major renovations 0%
	60,400 m² leases 100%

5. Additional Departmental Sustainable Development Activities and Initiatives

Not applicable.

6. Sustainable Development Management System

The Agency is committed to sustainable development and contributes to the FSDS by delivering on its core vision of healthy Canadians and communities in a healthier world. The Agency strives to integrate environmental, economic and social factors in the making of decisions in order to derive added benefits or to avoid or mitigate negative impacts on human health for both present and future generations.

The Agency's sustainable development vision is guided by the following principles:

- Strengthen Canada's capacity to protect and improve the health of Canadians;
- Build an effective public health system that enables Canadians to achieve better health and well-being in their daily lives by promoting good health, helping prevent chronic diseases and injury, and protecting Canadians from infectious diseases and other threats to their health; and
- Reduce health disparities between the most advantaged and disadvantaged Canadians.

The Agency managed and promoted sustainable development within its policy, planning and operational processes. Sustainable development planning and reporting is linked with the federal government's core expenditure planning and reporting system. Consistent with the Government of Canada reporting on the FSDS, the Agency has fully integrated its sustainable development commitments in the Report on Plans

and Priorities Supplementary Information Tables. The Agency reports on progress against these commitments in its annual Departmental Performance Report Supplementary Information Tables.

The Agency contributed to the federal approach to sustainable development through its ongoing participation at interdepartmental committees and working groups.

The Agency's Assistant Deputy Minister Sustainable Development Champion continued to be a leader for sustainable development at the Agency by promoting sustainable development commitments and achievements. The Champion engaged senior management as required to promote advancement of sustainable development commitments. The Champion's leadership is vital in moving the Agency towards the integration of sustainable development principles and FSDS and DSDS commitments into the policies and programs of the Agency. In addition, the Champion continues to advance compliance with the *Cabinet Directive on Environmental Assessment of Policy, Plan and Program Proposals*.

7. Strategic Environmental Assessment

During the 2014–15 reporting cycle, the Agency considered the environmental effects of initiatives subject to the *Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals*, as part of its decision-making processes. As the Agency did not develop any initiatives that required a strategic environmental assessment, no related public statements were produced.

Details on Transfer Payment Programs of $5 Million or More

Aboriginal Head Start in Urban and Northern Communities (AHSUNC)

General Information

Name of transfer payment program	Aboriginal Head Start in Urban and Northern Communities (Voted)
Start date	1995–96
End date	Ongoing
Fiscal year for terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health

Link to department's Program Alignment Architecture

Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development

Description

Objective(s): Provide Aboriginal preschool children in urban and northern settings with a positive sense of themselves, a desire for learning, and opportunities to develop fully and successfully as young people.

Why this TPP is Necessary: Aboriginal children are at higher risk for poor developmental and health outcomes than non-Aboriginal children. Considerable evidence supports the mitigating role of community-based early childhood development programs in the lives of children facing similar risks.

Intervention Method(s): Funded projects must incorporate the six core program components (health promotion, nutrition, education, Aboriginal culture, parental involvement and social support) into their program design. Within the context of this pan-Canadian consistency, sites are locally tailored to the needs and assets within their communities.

Repayable Contributions: No.

Results Achieved

The AHSUNC program provided services to approximately 4,830 children at 133 sites across the country, which represents approximately 8% of eligible Aboriginal children three to five years of age living off-reserve. The program has had a positive effect on school readiness skills, specifically in improving children's language, motor and academic skills. In addition, it has demonstrated effectiveness in improving cultural literacy and enhancing exposure to Aboriginal languages and cultures. Moreover, the program demonstrated positive effects on health by promoting behaviours such as children's access to daily physical activity and health services.

Overall, 19% of the children enrolled in the AHSUNC program have suspected or diagnosed special needs and speech difficulties which is the most common special need experienced by children. AHSUNC sites support children with special needs in a number of ways. Most sites are able to refer these children to health professionals and/or assist families in accessing other services while at the same time offering support through program activities where Early Childhood Educators (ECEs) will provide additional assistance to children with special needs as part of regular program activities.

Overall, 78% of AHSUNC projects leveraged mutlisectoral collaborations (more than three types of partners) to support at risk populations while 67% of projects have leveraged funds from other sources.

Performance indicators:

- Number of children enrolled in the AHSUNC program;
- Percentage of AHSUNC sites that leverage multi-sectoral collaborations; and

• Percentage of parents/caregivers who report positive changes in their family practices (e.g., doing more things at home with their children to support their development, preparing nutritious meals and snack more often, etc.) as a result of participation in the AHSUNC program.	
Audits completed or planned	N/A
Evaluations completed or planned	Last completed Evaluation: 2011–12 Next Planned Evaluation: 2016–17
Engagement of applicants and recipients: Recipients are engaged through targeted solicitations. Funded recipients deliver comprehensive, culturally appropriate, locally controlled and designed early childhood development programs for Aboriginal pre-school children and their families living in urban and northern communities across Canada. They also support knowledge development and exchange at the community, provincial/territorial (P/T), and national levels through training, meeting and exchange opportunities.	

Performance information (dollars)

Program: Health Promotion and Disease Prevention						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants						
Total contributions	31,451,063	32,666,837	32,134,000	33,038,367	32,994,509	860,509
Total other types of transfer payments						
Total program	**31,451,063**	**32,666,837**	**32,134,000**	**33,038,367**	**32,994,509**	**860,509**

Comments on variances: Not Applicable (N/A)

Assessed Contribution to the Pan American Health Organization (ACPAHO)

General Information

Name of transfer payment program	ACPAHO (Voted)
Start date	July 2008
End date	Ongoing
Fiscal year for terms and conditions	2013–14
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.2 Public Health Information and Networks	
Description Objective(s): Comply with Canada's obligation, as a Member State of PAHO, to provide funding for the	

Organization to advance its public health work in the Americas. The program also allows Canada to advance global health and foreign policy priorities and contribute to the security of the Americas region to protect the health of Canadians.

Why this TPP is Necessary: To protect the health of Canadians while advancing Canada's global health priorities.

Intervention Method(s): As a member of PAHO, Canada is able to protect the health of Canadians and advance Canada's health priorities through effective and timely management of health emergencies and outbreaks in the Americas region; collaboration on the production and sharing of health information and public health intelligence; building capacity in the Americas region to uphold international norms and standards through comparative policy analysis and sharing of best practices. Payment of Canada's annual membership fees to PAHO.

Repayable Contributions: No.

Results Achieved

The International Health Grants Program funding met its primary objective of protecting the health of Canadians and contributing to the security of the region through the assessed contribution to PAHO. PAHO's mission is to *"lead strategic collaborative efforts among member states and other partners to promote equity in health, to combat disease, and to improve the quality of and lengthen the lives of the peoples of the Americas"*. As a Member State and partner, Canada's support to PAHO helped advance its work by:

- Providing leadership on regional health matters, including preparation and response to health emergencies;
- Ensuring compliance with norms and standards, such as the International Health Regulations and the WHO (World Health Organization) Framework Convention on Tobacco Control; and
- Providing technical support to Member States.

Canada responded to 25 requests for technical support, helping to build capacity in the region through information exchange and sharing of best practices. Canada also worked with and supported World Health Organization (WHO)/PAHO Collaborating Centres (27 are located in Canada and six are within the Health Portfolio). This support enabled international norms and standards to be upheld, and strengthened the collaboration and understanding of global health issues of priority to Canada.

Additionally, as a Member State of PAHO, Canada has access to funding to support projects of common interest. As part of the Canada-PAHO Biennial Work Plan (BWP), PHAC is engaged in implementing a project on serotyping Haemophilus influenza and molecular characterization of Haemophilus influenza strains in PAHO countries ($95,000 USD). This project is a component of a bigger initiative that involves PHAC (laboratory and programmatic area), the National Research Council (NRC) and Health Canada (HC) to develop vaccines where Haemophilus influenza is prevalent. Canada is interested in epidemiological data collected in South America which will help in advancing the NRC project.

In addition, the BWP is providing funding for a project to support the implementation of surveillance of water quality in health institutions in Haiti to enhance detection of water-borne diseases including cholera ($35,000 USD). As part of an effort to ensure sustainability of the project, technical training on sampling, reporting, data gathering and database management have been provided to officials of the Ministry of Health. Funding has also been provided for two projects led by HC to strengthen regulatory capacity for medicines and other health technologies ($100,000 USD) and for tobacco control, particularly in the area of product attractiveness reduction ($99,735 USD).

As a country of the Americas, Canada is entitled to membership in PAHO. As a Member, Canada participates in governing body meetings and provides contributions to fund the Organization. Membership provides an opportunity for Canada to exert influence in decision making bodies and processes. In 2012, Canada began a three-year term on PAHO's Executive Committee. Representation on this committee positions Canada to exercise an oversight role and influence decisions related to governance, transparency and accountability. In addition, the Executive Committee membership has provided a constructive forum to strengthen Canada's bilateral and multilateral relations in the region.

Canada is also a member of the PAHO Sub-committee on Program, Budget and Administration which is an auxiliary advisory body of the Executive Committee with responsibility for aspects of Program, Budget and Administration. Canada chaired the meeting of the Sub-committee in March 2015. At the PAHO Directing Council in September 2014, Canada co-hosted with Brazil, El Salvador and PAHO, a side event on addressing violence against women. This provided Canada an opportunity to request the inclusion of this issue in the 2015 agenda of PAHO governing bodies. As a result, PAHO is now developing a regional strategy and plan of action on this issue. Canada also chaired PAHO regional consultations (February, 2015) on the draft strategy as well as on the WHO Global Action Plan (GAP) on strengthening the role of the health system in addressing violence, in particular against women and girls, and children. It is expected that the regional strategy and plan of action will be considered and adopted by PAHO Directing Council in September, 2015. In the summer of 2014, Canada chaired a Member States working group established by PAHO to develop a regional strategy on Universal Access to Health and Universal Health Coverage which was adopted by the PAHO Directing Council in September 2014. The Americas is the first WHO region to have a strategy on this important issue.	
Audits completed or planned	N/A
Evaluations completed or planned	Last completed Evaluation: 2013–14 Next planned Evaluation: 2018–19
Engagement of applicants and recipients: As a member of PAHO, Canada sits on the Directing Council as a voting member, thereby influencing the direction of the PAHO's work as well as the use of its budgets.	

Performance information (dollars)

Program: Public Health Infrastructure						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants						
Total contributions	11,742,432	13,298,807	12,500,000	14,334,724	14,334,724	1,834,724
Total other types of transfer payments						
Total program	**11,742,432**	**13,298,807**	**12,500,000**	**14,334,724**	**14,334,724**	**1,834,724**

Comments on variances: Canada's annual assessed contribution for PAHO is calculated in U.S. dollars and disbursed in Canadian funds. Variances from planned versus actual spending is related to the currency conversion rates between the U.S. dollar and the Canadian dollar.

Canada Prenatal Nutrition Program (CPNP)

General Information

Name of transfer payment program	CPNP (Voted)
Start date	1994–95
End date	Ongoing
Fiscal year for terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health.

Link to department's Program Alignment Architecture

Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development

Description

Objective(s): Mitigate health inequalities for pregnant women and infants, improve maternal-infant health, increase the rates of healthy birth weights, as well as promote and support breastfeeding. The TPP also seeks to promote the creation of partnerships within communities and strengthen community capacity to increase support for vulnerable pregnant women and new mothers.

Why this TPP is Necessary: Evidence shows that maternal nutrition, as well as the level of social and emotional support provided to a mother and her child, can affect both prenatal and infant health, as well as longer-term physical, cognitive and emotional functioning in adulthood.[4] This program raises stakeholder awareness and supports a coherent, evidence-based response to the needs of vulnerable children and families on a local and national scale. It also supports knowledge development and exchange on promising public health practices related to maternal-infant health for vulnerable families, community-based organizations and practitioners.

Intervention Method(s): Programming delivered across the country includes: nutrition counselling; provision of prenatal vitamins, food and food coupons; parenting classes; social supports; and education on prenatal health, infant care, child development, and healthy living.

Repayable Contributions: No.

Results Achieved

The CPNP provided services to approximately 59,000 participants (including pregnant women and parents and caregivers) in 2013–14. CPNP participants face various conditions of risk, for example: over 80% of participants had monthly household incomes of $1,900 or less; nearly 10% reported no income at all; 80% were pregnant; 12% were less than 20 years of age; 36% were single parents; and 22% were Aboriginal.

The CPNP demonstrated a positive impact on health behaviours. For example, the rate of CPNP participants who initiated breastfeeding is 80%. This is comparable to overall national rate of vulnerable women who initiated breastfeeding. In addition a study has found that participants who had more exposure to the CPNP were more likely to make positive behaviour changes and to engage in healthy practices than those who were less involved in the program. If they smoked, they were more likely to cut down while pregnant, and if they drank, they were more likely to quit drinking. They were more likely to breastfeed their infants and, in particular, to breastfeed longer. Greater program exposure was also strongly related to a higher likelihood of increasing the use of vitamin/mineral supplements. With regard to birth outcomes, clients who had more exposure to the CPNP were less likely to experience a pre-term birth or give birth to a low birth weight baby, a small-for-gestational-age baby, or a baby with poor neonatal health.

[4] A Healthy Pregnancy is in Your Hands; The Sensible Guide to a Healthy Pregnancy; Prenatal Nutrition; and Healthy Babies.

Overall, 92% of CPNP projects leveraged mutlisectoral collaborations (more than three types of partners) to support at risk populations, while 63% of projects have leveraged funds from other sources.	
Audits completed or planned	2015–16
Evaluations completed or planned	Last completed Evaluation: 2009–10 Next planned Evaluation: 2015
Engagement of applicants and recipients: CPNP funding recipients play an important role in responding to their participants' needs. Recipient organizations are engaged through monitoring and program support in areas that include program delivery and knowledge development and exchange. Recipient engagement in national strategic projects on emerging issues is supported through the CAPC/CPNP National Projects Fund, which includes training opportunities, the development of a national network of community-based children's programs and a shared knowledge base.	

Performance information (dollars)

Program: Health Promotion and Disease Prevention						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants						
Total contributions	26,461,791	27,845,909	27,189,000	26,760,587	26,757,290	(431,710)
Total other types of transfer payments						
Total program	**26,461,791**	**27,845,909**	**27,189,000**	**26,760,587**	**26,757,290**	**(431,710)**

Comments on variances: N/A

Canadian Diabetes Strategy (CDS)[5]

General Information

Name of transfer payment program	CDS (Voted)
Start date	2005–06
End date	Ongoing
Fiscal year for terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health.

[5] This TPP is included because it was reported in the Agency's 2014–15 RPP.

Link to department's Program Alignment Architecture

Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention

Description

Objective(s): Promote multi-sectoral partnerships and innovative approaches focused on promoting healthy active living, thereby reducing the risk of developing a chronic disease as the incidence of type 2 diabetes rises due to an increasingly inactive and overweight Canadian population.

Why this TPP is Necessary: Type 2 diabetes is one of the fastest growing diseases in Canada with more than 60,000 new cases yearly. It is estimated that two million Canadians have diabetes and one-third of them are unware that they have the disease. The risk factors for type 2 diabetes are becoming more common.

Intervention Method(s): This TPP supports federal leadership by facilitating multi-sectoral partnerships between governments, non-governmental organizations, and the private sector to ensure that resources are deployed to maximum effect.

Repayable Contributions: No.

Results Achieved

The Agency continued to test and implement various funding arrangements and partnerships models, including pay-for-performance models that tie payment to tangible outcomes. A total of 8 projects continued to receive funding under the CDS in 2014–15 using the multi-sectoral partnerships approach to promote healthy living and prevent chronic disease. This includes three examples below that will assess short-, medium-, and long-term changes in knowledge, attitudes, skills, and behaviour related to diabetes and healthy lifestyles. Preliminary results are as follows:

First, a partnership between the Agency**,** Right to Play and Maple Leaf Sports and Entertainment supports the Play for Prevention Program which addresses the gaps in diabetes prevention among Aboriginal youth in urban and off-reserve settings by focussing on education, awareness and the promotion of healthy and active living. In 2014–15 resources were developed to guide Play for Prevention implementation and include activities focused on healthy eating and physical activity while promoting youth leadership and cultural connections. Diabetes prevention programming tailored to unique community needs has reached over 2000 Aboriginal youth.

Second, in collaboration with the Dietitians of Canada and Sykes Assistance Services**,** the Lawson Health Research Institute disseminates physical activity prescriptions (HealtheSteps) for families living in rural and remote communities across the country, as well as creating mobile applications for healthy eating and physical activity tracking. The HealtheSteps program has begun in over 10 communities in Ontario, NWT and British Columbia and both the eaTracker and HealtheSteps mobile applications have been developed and will be used in conjunction with the HealtheSteps programming to promote healthy eating and physical activity in rural and remote communities.

Third, the Build on Kids' Success (BOKS) before-school physical activity program is available for the first time in Canada through a five-year partnership between the Agency, Reebok Canada, the Reebok Canada Fitness Foundation, and the Canadian Football League. Under this initiative, partners work together to address the obstacles that prevent children from acquiring sufficient physical activity so they can lead a more active and healthier lifestyle. A total of 10 pilot schools in the Greater Toronto area have begun BOKS programming and at the end of 2015–16 it is planned that more than 90 additional schools will be enrolled.

Audits completed or planned	2010 Internal Audit of Chronic Disease Prevention and Control; 2013 Spring Report of the Auditor General of Canada.
Evaluations completed or planned	Last completed: An evaluation on the CDS for the period 2004–09 was completed in 2008–09 as part of the Promotion of Population Health Grant and Contribution Programs:

	Summary of Program Evaluations, 2004–09. A Formative Evaluation for Diabetes Community-based Programming was completed in 2008–09. Next planned: Evaluations of the grants and contributions components of Chronic Diseases Prevention and Mitigation, including the *Integrated Strategy on Healthy Living and Chronic Disease*, are planned for 2014–15.
Engagement of applicants and recipients: Funding opportunities are made available through the Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease, which engages multiple sectors of society to leverage knowledge, expertise, reach and resources, to work towards the common shared goal of producing better health outcomes for Canadians.	

Performance information (dollars)

Program: Health Promotion and Disease Prevention						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants			1,227,000			(1,227,000)
Total contributions	4,787,888	2,707,592	4,831,000	4,280,129	4,228,159	(602,841)
Total other types of transfer payments						
Total program	**4,787,888**	**2,707,592**	**6,058,000**	**4,280,129**	**4,228,159**	**(1,829,841)**

Comments on variances: The program underspending was due to a longer than anticipated time for the development of partnerships and the leveraging of funding from private sector and other partners.

Community Action Program for Children (CAPC)

General Information

Name of transfer payment program	CAPC (Voted)
Start date	1993–94
End date	Ongoing
Fiscal year for terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture	

Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.1 Healthy Child Development

Description

Objective(s): Fund community-based groups and coalitions to develop and deliver comprehensive, culturally appropriate early intervention and prevention programs to mitigate health inequalities and promote the health and development of children aged 0 to six years and their families facing conditions of risk. The TPP also seeks to promote the creation of partnerships within communities and to strengthen community capacity to increase support for vulnerable children and their families.

Why this TPP is Necessary: Compelling evidence shows that risk factors affecting the health and development of children can be mitigated over the life course by investing in early intervention services that address the needs of the whole family.[6]

Intervention Method(s): Programming across the country may include education on health, nutrition, early childhood development, parenting, healthy living and social supports.

Repayable Contributions: No.

Results Achieved

The CAPC provided services to over 223,000 participants in 2013–14. The CAPC successfully reached priority populations including: 14% of participants who self-identified as Aboriginal; 58% who reported living with low income; 27% had less than high school education; 29% were single parents; and 14% were recent immigrants. The CAPC contributed to participant health and social development, which is associated with positive child development health outcomes, and enhanced both community and parental capacity.

For example**,** despite the risk factors common among many CAPC participants that may predict poorer outcomes, the extent of exposure to CAPC by these individuals was associated with better outcomes on scales that measure positive behavior, emotional well-being, learning and literacy, and positive parent-child interaction.

Overall, 89% of CAPC projects leveraged mutlisectoral collaborations (more than three types of partners) to support the health needs of women, children 0-6 years, and families facing conditions of risk, and 72% of projects have leveraged funds from other sources.

Audits completed or planned	2015–16
Evaluations completed or planned	Last Completed Evaluation: 2009–10 Next Planned Evaluation: 2015

Engagement of applicants and recipients: CAPC funding recipients play an important role in responding to their participants' needs. Recipient organizations are engaged though monitoring and program support in areas that include program delivery and sharing program learnings and practices. Recipient engagement in national strategic projects on emerging issues is supported through the CAPC/CPNP National Projects Fund, which includes training opportunities, the development of a national network of community-based children's programs, and a shared knowledge base.

[6] Boivin, Michel, & Hertzman, Clyde. (Eds.). (2012). Early Childhood Development: adverse experiences and developmental health. Royal Society of Canada - Canadian Academy of Health Sciences Expert Panel.

Performance information (dollars)

Program: Health Promotion and Disease Prevention						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants						
Total contributions	56,199,386	56,365,887	53,400,000	54,878,301	54,874,998	1,474,998
Total other types of transfer payments						
Total program	**56,199,386**	**56,365,887**	**53,400,000**	**54,878,301**	**54,874,998**	**1,474,998**

Comments on variances: N/A

Federal Initiative to Address HIV/AIDS in Canada (FI)

General Information

Name of transfer payment program	FI (Voted)
Start date	January 2005
End date	Ongoing
Fiscal year for terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.1 Infectious Disease Prevention and Control; Sub-Program 1.2.2 Conditions for Healthy Living; Sub-Sub-Program 1.2.1.2 Infectious and Communicable Diseases; and Sub-Sub-Program 1.2.2.2 Health Communities	
Description Objective(s): Prevent and control HIV and associated sexually transmitted and blood-borne infections (STBBI); facilitate access to testing, diagnosis, treatment, and information on prevention; and enhance the use of evidence, and knowledge about effective interventions. Why this TPP is Necessary: The FI Evaluation indicated that HIV/AIDS remains a persistent public health issue for Canada that disproportionately affects vulnerable populations. While the rate of infection of HIV/AIDS has stabilized, new cases continue to be diagnosed. As such, prevention efforts are still needed as well as greater emphasis on increasing access to testing, diagnosis, and treatment. Intervention Method(s): In addition to facilitating access to testing, diagnosis, treatment, and information on prevention methods, the FI also supports and strengthens multi-sector partnerships to address the determinants of health. It supports collaborative efforts to address factors which can increase the transmission and acquisition of HIV. This includes sexually transmitted infections and co-infection issues with other infectious diseases (e.g., Hepatitis C and tuberculosis). People living with and vulnerable to	

HIV/AIDS are active partners in FI policies and programs.

Repayable Contributions: No.

Results Achieved

Engagement and Collaboration on Approaches to Address HIV and AIDS

In 2014–15, 122 funded projects (96%) reported engaging in formal partnerships. There were 2,593 existing partnerships and 833 were newly added. Most partners operated at the local level (52%), while 18% operated at the regional level and 14% at the provincial/territorial level. Funded organizations reported that these partners assisted in meeting project outcomes. Partners played different roles such as supporting community engagement, reducing barriers and stigma, improving access to priority populations, improving dissemination and distribution of materials, and identifying and addressing community needs and gaps.

The HIV Network of Edmonton Society, as part of the Stewardship of the Alberta Community HIV Fund project, reported a high number of partnerships among projects working at the regional level with 170 partners. These partnerships helped the organization with community engagement and rapport building, identification of community needs and gaps, decreasing stigma, and integrating approaches to HIV, HCV, and STBBI.

CATIE is a national level project that works extensively in knowledge dissemination and reported 197 formal partnerships. Through these partners CATIE was able to disseminate over 169,000 copies of knowledge documents. A survey of 369 front-line workers showed that ninety-two percent (92%) found that CATIE's programs, services, tools and resources are useful or very useful in providing information that increases their ability to respond to the needs of their clients and community. Also, seventy-six percent (76%) of front line workers reported using information from CATIE to change their work practices and/or implement or change programming. Specifically, sixty percent (60%) reported implementing a new program or practice.

Leveraged Additional Funding

In 2014–15, through the support of 6,700 volunteers contributing over 200,000 hours, funded projects leveraged other sources of funding for their projects totalling $18,600,000. The biggest source of additional funding was provincial Ministry of Health and long term care sources at 35%, fundraising at 24%, and municipal/regional health authorities at 11%. AIDS Saskatoon was able to raise almost $80,000 through fundraising. This project sought to increase knowledge of HIV/AIDS/HCV and social determinants of health among priority populations and professionals to effectively address the determinants of health that can increase vulnerability to HIV and other STBBIs. Evaluation results collected from 3,664 participants showed that the educational activities provided were successful in increasing awareness and knowledge among priority populations (77%) and intention to adopt practices that may reduce the transmission of hepatitis C and other STBBIs (83%).

Organizational Capacity

In order to build organizational capacity, funded projects worked with target audiences to improve knowledge and skills relating to HIV, HCV and STBBIs. In 2014–15, nearly 400,000 members of target audiences were reached through educational activities i.e. workshops, presentations and trainings. Service providers in not for profit organizations were the group most frequently reached, accounting for 87% of the total. From the target audiences reached about 4% participated in evaluations activities which showed that over 14,200 participants (73% of evaluation participants) reported an increase in skills and capacities.

The Canadian Ethnocultural Council (CEC) provided a train the trainer workshop (hands-on and interactive with manual and resources) to 25 lead trainers within select high-risk immigrant ethnic communities, to raise understanding of hepatitis C, hepatitis B and HIV and to increase the capacity of community response. As community members, the trainers had a leadership role in their respective communities to facilitate networking across professions, disciplines and organizations. Over 90% of the community trainers expressed that they had confidence in their ability to successfully deliver a workshop. These community trainers provided training to close to 300 health, social and immigrant settlement service providers.

An important topic in terms of organizational capacity building was improving knowledge on stigma and discrimination. Stigma connected to HIV/AIDS can create serious barriers to prevention, diagnosis, support, treatment, and care services. Individuals may feel shame, fear, and be unwilling to discuss their health and

experiences with service providers, and service providers may be unprepared to deal with the issue. The ANKORS-AIDS Network, Outreach and Support Society in British Colombia reported that 92% of service providers who participated in a training session on stigma and discrimination reported intention to improve their own practices. Following educational activities relating to stigma and discrimination, over 1,300 service providers from projects funded at the national level (89% of respondents) indicated that they intended to improve their practices to reduce stigma. Improving knowledge of HIV prevention was a key focus in terms of capacity building. Following educational activities nearly 6,590 members of target audiences (90% of respondents) reported that they had increased their knowledge of HIV/AIDS prevention. The Fostering Open Expression among Youth (FOXY) project engaged in efforts aimed at promoting young girls knowledge about sexual health and leadership abilities. FOXY works with girls aged 13-17 in order to explore sexual health and relationships among youth in the Northwest Territories. Following activities which included workshops, presentations, and a leadership retreat, the majority of participants reported that their role was to be the central point of information dissemination among their peer groups. These youth are considered future leaders in their community. FOXY, for its ongoing efforts to address sexual health in the region, was awarded the 2014 Arctic Inspiration Award which came with a $1,000,000 prize, by the S. and A. Inspiration Foundation.

Audits completed or planned	Expected completion 2014–15
Evaluations completed or planned	Last Completed Evaluation: 2013–14 Next Planned Evaluation: 2018–19
Engagement of applicants and recipients: Senior Agency officials engaged with national non-governmental organizations to discuss the development of the new HIV/AIDS and Hepatitis C Community Action Fund which will be implemented in 2017. Agency officials continued to engage in activities with community-based organizations to promote knowledge exchange and to support the development of regionally specific approaches to HIV/AIDS, including webinars, face-to-face meetings, and multistakeholder workshops.	

Performance information (dollars)

Program: Health Promotion and Disease Prevention						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants	525,781	0	7,430,000	254,249	175,000	(7,255,000)
Total contributions	22,894,998	23,772,078	15,356,334	22,783,159	22,708,436	7,352,102
Total other types of transfer payments						
Total program	**23,420,779**	**23,772,078**	**22,786,334**	**23,037,408**	**22,883,436**	**97,102**

Comments on variances: N/A

Hepatitis C – Undertaking (HepC U)

General Information

Name of transfer payment program	Hepatitis C Undertaking (Voted)
Start date	April 2000
End date	March 31, 2020
Fiscal year for terms and conditions	2014–15
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture 1.2 Health Promotion and Disease Prevention, 1.2.1 Infectious Disease Prevention and Control, 1.2.1.2 Infectious and Communicable Diseases, and 1.2.2.2 Healthy Communities	
Description Objective(s): The GoC committed to transfer up to $300,000,000 over 20 years to P/Ts to assist them in the provision of hepatitis C health care services. The Agreements are intended to ensure that persons infected with hepatitis C through the blood system prior to January 1, 1986 and after July 1, 1990 have reasonable access to hepatitis C-related health care services. Why this TPP is Necessary: This TPP was required to support provinces and territories in their development and delivery of hepatitis C health care services within their jurisdiction. Intervention Method(s): Transfer payments to provinces and territories. The final payment will occur in 2014–15. Repayable Contributions: No.	
Results Achieved In 2015, the final payments, amounting to $49,700,000, were made to P/Ts, bringing the total transfer payments to $300,000,000. The Agreements were to allow P/Ts to improve access to current and emerging antiviral drug therapies, other relevant drug therapies and immunization and health care services for the treatment of hepatitis C infection and related medical conditions.	
Audits completed or planned	N/A
Evaluations completed or planned	Last Completed Evaluation: 2012–13 Next Planned Evaluation: N/A
Engagement of applicants and recipients: The last payment of $49,700,000 was made to P/Ts in 2014.	

Performance information (dollars)

Program: Health Promotion and Disease Prevention						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants						

Total contributions			49,700,000	49,700,000	49,700,000	0
Total other types of transfer payments						
Total program			**49,700,000**	**49,700,000**	**49,700,000**	**0**

Comments on variances: N/A

Healthy Living Fund (HLF)

General Information

Name of transfer payment program	HLF (Voted)
Start date	June 2005
End date	Ongoing
Fiscal year for terms and conditions	2013–14
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; and Sub-Program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
Description Objective(s): Support multi-sectoral partnerships and innovative approaches focused on promoting healthy active lifestyles, thereby reducing the risk of chronic disease. Why this TPP is Necessary: Complex public health challenges defy single solution approaches that are developed in isolation. By engaging multiple sectors of society, partners can leverage knowledge, expertise, reach and resources, allowing each to do what it does best, in working towards the common shared goal of producing better health outcomes for Canadians. Intervention Method(s): The TPP engages and provides funding to multiple sectors and builds partnerships between governments, non-governmental organizations and other sectors, including the private sector. Repayable Contributions: No.	
Results Achieved The Agency has continued to test various funding arrangements and partnership models, such as pay-for-performance models that tie payment to tangible outcomes. For example, the Agency launched *The Play Exchange* as an online competition in collaboration with LIFT Philanthropy Partners, the Canadian Tire Corporation and the Canadian Broadcasting Corporation. *The Play Exchange* responded to the call for Open Government, exemplifying the desire to foster greater openness, accountability and dialogue with Canadians to drive innovation and economic opportunities. The initiative invited Canadians to participate in shaping government policies and priorities in the area of healthy living, engaging not only with government, but also with the private sector, thought leaders and other organizations. *The Play Exchange* was launched as a national challenge to Canadians to submit their innovative ideas for inspiring Canadians to lead healthier and more active lives and was open to all Canadians, including schools, students, families, not-for-profit organisations, social enterprises, and businesses. A Play Exchange winner was chosen from six finalists and announced in January 2015. The Agency is now supporting the expansion of the "Walking School Bus" to other communities. As part of the next phase of *The Play Exchange*, the Agency is further leveraging its investment in the initiative by analyzing the over	

400 additional entries within the challenge scope, excluding entries identified in the top 6 ideas, and identifying potential innovative opportunities the Agency could support in partnership with external organizations to assist Canadians in healthy living and chronic disease prevention.

The Play Exchange is a key example of the *Multi-Sectoral Partnership Approach to Healthy Living and Chronic Disease Prevention* initiative, through which the Agency continues to invest approximately $20 million per year in projects that focus on addressing common risk factors, such as unhealthy eating, physical inactivity, and smoking, to prevent chronic disease. As part of this initiative, the Agency has already launched numerous partnerships to help Canadian children and families get more active where they live and to help build the skills and capacity of health professionals working in chronic disease prevention. Several other new projects have been announced in 2014–15, which are illustrative of the Agency's multi-sectoral approach.

For example, the Agency entered into five-year agreement with Reebok and the Reebok Foundation (2013–18), valued at $4,882,236, to develop the *Building Our Kids Success Program*, which is a before-school physical activity program designed to get elementary school-aged children (aged five to 11 years) moving in the morning before school so they are energized and ready to learn. The program focuses on boosting both their physical and mental health by helping children to develop a positive attitude towards physical activity and by improving their ability to move.

The Agency entered into a five-year agreement with St. James Town Family Literacy Services (also referred to as Community Matters Toronto) (2014–19), valued at $528,665, to develop *Healthy Living in St. James Town*. This project is supporting the residents in the St. James Town neighbourhood of Toronto by strengthening their social networks and improving access to programming that incorporates healthy living and chronic disease prevention activities into their daily lives. The project's overall goal is to improve knowledge of chronic disease risk factors such as unhealthy eating, physical inactivity and smoking and to reduce those potential risks with the help of community assistants and health assessment tools.

Finally, the Agency continued its innovative partnership with ParticipACTION ($3,125,000 in 2014 to 2017), in support of the RBC Learn to Play Project, which focuses on teaching kids the basics of being active while also supporting programs that give them the chance to put these skills into practice so they can feel confident and competent to participate in sport and to make physical activity a part of their daily lives. This project is further supporting local community organizations to implement programs that help build confidence in children through physical literacy principles and is improving the participation and quality of sport opportunities for children within their communities.

In 2014–15, the Healthy Living Fund continued to support innovative, multi-sectoral projects that protect Canadians and empower them to improve their health.

Audits completed or planned	2009 (completed)
Evaluations completed or planned	Last Completed Evaluation: 2014–15 Next Planned Evaluation: An evaluation of the chronic disease prevention activities is expected to be completed by 2015–16

Engagement of applicants and recipients: Funding opportunities are made available through the Multi-sectoral Partnerships to Promote Healthy Living and Prevent Chronic Disease, which engages multiple sectors of society to leverage knowledge, expertise, reach and resources, to work toward the common shared goal of producing better health outcomes for Canadians.

Performance information (dollars)

Program: Health Promotion and Disease Prevention						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants						
Total contributions	3,383,492	5,677,386	5,164,568	7,275,363	7,051,788	1,887,220
Total other types of transfer payments						
Total program	**3,383,492**	**5,677,386**	**5,164,568**	**7,275,363**	**7,051,788**	**1,887,220**

Comments on variances: The HLF is part of the Agency's new integrated multi-sectoral funding approach, focussing on upstream healthy living interventions to advance the Federal, Provincial, Territorial (F/P/T) Framework on Healthy Weights (2010). In addition to supporting Agency priorities, the HLF supported upstream prevention projects that achieved results beyond expectations (e.g., AIR MILES for Social Change), which necessitated the transfer of additional resources from other programs.

Innovation Strategy (IS)

General Information

Name of transfer payment program	IS (Voted)
Start date	2009–10
End date	Ongoing
Fiscal year for terms and conditions	2009–10
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture Program 1.2 Health Promotion and Disease Prevention; Sub-Program 1.2.2 Conditions for Healthy Living; and Sub-Sub-Program 1.2.2.2 Healthy Communities	
Description Objective(s): Support the development, adaptation, implementation, and evaluation of promising, innovative population health interventions and initiatives across various settings and populations in Canada using an intervention research approach. In addition, use the systematic collection of results and outcomes of these interventions to promote their use more widely.	

Why this TPP is Necessary: There is little evidence available for use by decision-makers on effective public health interventions. Also, data are lacking that show how a successful, pilot intervention moves past the experimental stage and into the expanded, replicated, adapted, and sustained stages. The program funds applied research to generate knowledge about policy and program interventions that impact health at the population level.

Intervention Method(s): The TPP supports activities in two areas:

- Implementation and testing of innovative population health interventions. The TPP funds, supports, and monitors organizations to design, develop, implement, adapt and evaluate population health interventions that target children, youth, and families in over 300 communities.
- Accelerating use of knowledge. The TPP supports the use of practical knowledge based on results of interventions to reduce health inequalities and address complex public health issues.

Repayable Contributions: No.

Results Achieved

The IS was evaluated in 2014–15 and findings from the evaluation highlighted the continued need for population health intervention research, clear alignment with federal government priorities and role and significant progress made towards achieving the programs immediate and intermediate outcomes. Two priority public health areas were funded in 2014–15: mental health promotion and achieving healthier weights. An evaluation confirmed that the IS model of a phased approach and staggered delivery of each priority area contribute to program efficiencies: only those projects demonstrating promise or effectiveness are funded in subsequent phases, thereby limiting the funding of less effective interventions, and the staggered delivery of the priority areas also allowed for lessons learned from Mental Health Promotion projects to be applied to the delivery of Achieving Healthier Weights projects.

The IS continued to fund the implementation and evaluation of nine interventions to promote mental health and well-being. Projects focussed on: addressing family dynamics and parenting competence, supporting school based interventions, and ensuring community/cultural adaptation. Projects increased their reach during Phase II, from approximately 240 in 2012–13 to over 500 communities across the country in 2013–14, reaching more than 500,000 individuals. Projects developed approximately 384 knowledge products that reached over 270,000 individuals in 2013–14. Several of these projects began to show early signs of readiness for scale-up across several domains including system readiness, partnership development and organizational capacity.

289 collaborative partnerships were developed and/or strengthened across sectors such as health, social services, education, Aboriginal organizations, academia/research, justice, and law enforcement. These partnerships and collaborations resulted in tangible impacts, such as with the *The 4th R project*. The 4th R project is a comprehensive school-based prevention program for young adolescents, parents, teachers and teacher candidates. The 4th R's programming with Aboriginal youth was associated with positive impacts on relationships, confidence and school success.

The Agency also continued to fund the implementation and evaluation of eleven innovative interventions to achieve healthier weights. Projects focussed on the following themes: food security; addressing access, availability and skills; school-and family-based initiatives that support early childhood and youth; supportive social and physical environments; and northern community-based initiatives. In their first year of Phase II funding, projects reached over 21,000 individuals in approximately 63 communities. 629 knowledge products were developed and were reported to reach approximately 90,000 individuals. 262 collaborative partnerships were developed and/or strengthened across sectors such as health, social services, education, Aboriginal organizations, private sector, non-profit, P/T, municipal and Aboriginal governments, and academia/research. These partnerships resulted in important projects of tangible impacts such as the "*Launching community food centres (CFCs) in Canada: Building health and equity through food programs in low-income communities"* project[7] that supports scale-up of a range of programs (e.g., community gardens, drop-in meals). In 2013–14, 69% of participants in CFC programs reported increasing their intake of fruits and vegetables and 80% reported improved physical health.

[7] The CFC project supports a growing national network of Community Food Centres, including sites in Winnipeg, Dartmouth and Toronto's Regent Park neighbourhood.

Audits completed or planned	N/A
Evaluations completed or planned	Last Completed Evaluation: 2014–15 Next Planned Evaluation: 2019–20
Engagement of applicants and recipients: Open and targeted calls for proposals are utilized to solicit proposals from potential applicants. Various approaches are used to engage applicants and optimize the quality of submitted proposals, including those to develop information events, tools and resources. The IS places a high priority on and supports the systematic collection of learnings and the sharing of this information between funded recipients, the Agency, and other partners to influence future program and policy design.	

Performance information (dollars)

Program: Health Promotion and Disease Prevention						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants			7,359,583	100,000	99,866	(7,259,717)
Total contributions	8,886,651	10,371,935	2,977,000	9,530,216	9,060,034	6,083,034
Total other types of transfer payments						
Total program	**8,886,651**	**10,371,935**	**10,336,583**	**9,630,216**	**9,159,900**	**(1,176,683)**

Comments on variances: N/A

National Collaborating Centres for Public Health (NCCPH)

General Information

Name of transfer payment program	NCCPH (Voted)
Start date	2004–05
End date	Ongoing
Fiscal year for terms and conditions	2012–13
Strategic Outcome	Protecting Canadians and empowering them to improve their health.
Link to department's Program Alignment Architecture Program 1.1 Public Health Infrastructure; and Sub-Program 1.1.2 Public Health Information and Networks	
Description Objective(s): Promote the use of knowledge for evidence-informed decision making by public health practitioners and policy-makers across Canada. The National Collaborating Centres (NCCs) synthesize, translate, and share knowledge to make it useful and accessible to policymakers, program managers, and practitioners.	

Why this TPP is Necessary: The NCCs are designed to identify knowledge gaps, stimulate research in priority areas, and link public health researchers with practitioners to build strong practice-based networks across Canada in order to strengthen Canada's public health and emergency response capacity. Intervention Method(s): Provision of contribution funds for creative solutions to be developed by the recipient that are responsive to the public health system and its organisations' needs. Repayable Contributions: No.
Results Achieved The NCCPH increased public health capacity at multiple levels of the public health system using a variety of methods ranging from online training, workshops, outreach programs, and networking events to broadly disseminate a wide array of knowledge products. During 2014–15, the NCCPH increased the development and dissemination of knowledge translation products and activities by producing and providing 480 new products and activities consisting of published material, videos, workshops, webinars, online courses and conference presentations, supporting practitioners and decision makers to apply new knowledge in their environments. Visits to the NCCPH websites to access knowledge products and activities also increased significantly with a total of 398,113 unique visitors. In addition, the NCCPH undertook 369 knowledge-related needs and gaps identification activities to provide knowledge brokers with the resources and structures required to strengthen evidence informed decision making. The NCCPH also maintained partnerships and collaborative activities with Health Portfolio partners, P/T government departments, public health practitioners, and other external organizations to develop evidence-based interventions to reduce health risks. As well, knowledge exchange tools, resources, and expertise were shared with these organizations to increase public health outreach.

Audits completed or planned	1 NCC project audited in 2014–15; 1 audit planned for 2015–16.
Evaluations completed or planned	Last Completed Evaluation: 2014–15 Next Planned Evaluation: 2019–20.
Engagement of applicants and recipients: The program issued solicitations in 2014–15 for a renewal of the funding agreements with 5 of the 6 NCCPH host organizations for the period 2015–2020. A solicitation for a new host for the 6th NCC project was launched in March 2015.	

Performance information (dollars)

Program: Public Health Infrastructure						
Type of Transfer Payment	**2012–13 Actual spending**	**2013–14 Actual spending**	**2014–15 Planned spending**	**2014–15 Total authorities available for use**	**2014–15 Actual spending (authorities used)**	**Variance (2014–15 actual minus 2014–15 planned)**
Total grants						
Total contributions	8,932,000	8,740,589	5,842,000	6,175,000	6,169,000	327,000
Total other types of transfer payments						
Total program	**8,932,000**	**8,740,589**	**5,842,000**	**6,175,000**	**6,169,000**	**327,000**

Comments on variances: Actual spending was more than planned spending primarily due to additional funding for the development of Ebola related tools, training and guidance for first responder and other emergency and care workers.

Horizontal Initiatives

Federal Initiative to Address HIV/AIDS in Canada (FI)

General Information

Name of horizontal initiative	Federal Initiative to Address HIV/AIDS in Canada (FI)
Name of lead department(s)	Public Health Agency of Canada
Federal partner organization(s)	Health Canada (HC), Canadian Institutes of Health Research (CIHR), Correctional Service of Canada (CSC)
Non-federal and non-governmental partner(s)	Not applicable (N/A)
Start date of the horizontal initiative	January 13, 2005
End date of the horizontal initiative	Ongoing
Total federal funding allocated (start to end date) (dollars)	Ongoing
Funding contributed by non-federal and non-governmental partners (dollars)	N/A

Description of the horizontal initiative

Objective(s):

FI strengthens domestic action on HIV and AIDS through a coordinated and integrated federal response and contributes to the global efforts to address HIV. It focuses on prevention, research and access to services for populations most affected by HIV and related sexually transmitted blood borne infections (STBBIs) in Canada. FI supports and strengthens multi-sectoral partnerships to address the determinants of health, and supports collaborative efforts to address factors which contribute to the transmission and acquisition of HIV. FI increases knowledge of the epidemic through research, including surveillance systems that track the epidemic as well as evidence-based community interventions focused on populations most affected.

Why this HI is Necessary:

The five year evaluation of the FI (2008–13) indicated that HIV/AIDS remains a persistent public health issue for Canada that disproportionately affects vulnerable populations. While the rate of infection has stabilized, new cases continue to be diagnosed. As such, prevention efforts continue to be needed as well as greater emphasis on increased access to testing, diagnosis and treatment. This is best accomplished through an integrated and holistic approach which recognizes that certain infections share common modes of transmission, priority populations, risk behaviors and other health factors (e.g., mental health, aging). By addressing shared modes of transmission, risk behaviors and determinants of health, interventions have the potential to prevent transmission and improve the health of individuals.

Intervention Method(s):

An integrated approach to addressing HIV and related STBBIs, as well as related aspects of health, allows for more comprehensive disease prevention and health promotion efforts, which in turn can lead to fewer infections and better health outcomes. People living with and vulnerable to HIV/AIDS are active partners in FI policies and programs.

Shared outcome(s)

First level outcomes:

- Increased knowledge of ways to prevent the acquisition and control the transmission of HIV and associated STBBIs;
- Improved availability and awareness of knowledge to inform the response;
- Increased awareness and knowledge of risk factors and stigmatizing behaviours;
- Strengthened capacity (skills, competencies and abilities) of priority populations and audiences; and
- Increased integration of HIV with associated STBBIs and other relevant key activities to improve the response.

Second level outcomes:

- Improved uptake and application of knowledge in action and public health practice;
- Decreased barriers to access to prevention, diagnosis, care, treatment and support; and
- Increased uptake of personal behaviours that prevent the transmission of HIV and associated STBBIs.

Third level outcomes/FI Goals:

- Prevention of the acquisition and transmission of new HIV infections;
- Reduced social and economic impact to Canada of HIV/AIDS;
- Slowed disease progression and improved quality of life for those at risk and living with HIV/AIDS; and
- Contribution to the global effort to reduce the spread of HIV.

Governance structures

The Responsibility Centre Committee (RCC) is the governance body for the FI. It is comprised of directors or equivalent from the eight responsibility centres which receive funding through the FI. Led by the Agency, the RCC promotes joint planning, policy and program coherence and collaboration among the participating departments and agencies, and enables evaluation, performance measurement, planning and reporting requirements to be met;

The Agency is the federal lead for issues related to HIV and AIDS in Canada. It is responsible for laboratory science, surveillance, program development, knowledge synthesis, public awareness, guidance for health professionals, global collaboration, coordination and supporting the community response.

HC provides HIV and AIDS prevention, education and awareness, community capacity building, as well as facilitates access to quality HIV/AIDS diagnosis, care, treatment, and support to on-reserve First Nations.

As the GoC's agency for health research, the Canadian Institutes of Health Research (CIHR) supports the creation of new scientific knowledge and enables its translation into improved health, more effective health services and products, and a strengthened Canadian health care system.

Correctional Services of Canada (CSC), an agency of the Public Safety Portfolio, provides health services (including services related to the prevention, diagnosis, care and treatment of HIV and AIDS) to offenders sentenced to two years or more.

Performance highlights[8]

In 2014–15, federal partners evaluated diagnostic tools including testing in order to facilitate earlier diagnosis and improve access and retention in care and treatment. Updated guidance, surveillance information and evaluation on point-of-care testing was shared widely and efficiently through webinars to help public health professionals, front line workers and others prevent the spread of HIV and other related STBBIs.

The Agency adopted an integrated approach in addressing HIV and related STBBIs, hepatitis C and their related health factors to reflect common risk factors and target populations. The Agency mobilized knowledge by translating research on the determinants of STBBI vulnerability among ethnocultural minorities into promising practices for STBBI prevention programming and policy and shared widely through webinars to engage public health professionals and front line providers.

HC and the Assembly of First Nations launched an engagement process with a broad range of partners and stakeholder to guide the development of a national framework to address STBBIs in First Nations on-reserve.

Funding opportunities spanning a diverse range of HIV research were launched by CIHR which is consistent with their role in promoting the development of new knowledge and in facilitating the exchange and uptake of this knowledge. CIHR also released the FI's Strategic Plan for HIV/AIDS Research which outlines strategic directions and priorities for research funding from 2015 to 2020.

Correctional Services Canada continues to employ an integrated approach to screening and testing for STBBIs that comply with national standards and continue to collect testing data in order to track prevalence.

Results achieved by non-federal and non-governmental partners

N/A

Contact information

Marsha Hay Snyder
Director, Programs and Partnerships Division
(613) 957-1345
130 Colonnade Road
Ottawa, ON K1A 0K9
marsha.hay-snyder@phac-aspc.gc.ca

[8] The FI logic model and performance measurement strategy are currently under development and will be available and implemented in 2015–16.

Federal Organizations	Link to Department's PAA	Contributing programs and activities	Total allocation (from start date to end date) (dollars)	2014–15 (dollars)			
				Planned spending	Actual spending	Expected results	Actual results against targets
The Agency	Public Health Infrastructure	Public Health Laboratory Systems	Ongoing	4,879,194	5,458,680	ER 1.1	RA 1.1
	Health Promotion and Disease Prevention	Infectious and Communicable Diseases	Ongoing	3,605,048	2,644,499	ER 2.1	RA 2.1
		Healthy Communities	Ongoing	32,075,962	31,244,257	ER 3.1	RA 3.1
HC	First Nations and Inuit Primary Health Care	Sexually Transmitted and Blood Borne Infections — HIV/AIDS	Ongoing	4,515,000	4,515,000	ER 4.1	RA 4.1
	First Nations and Inuit Communicable Disease Control and Management	Support community healthy living programs	Ongoing	275,424	0	ER 4.1	RA 4.1
CIHR	Horizontal Health Research Initiatives	Health and Health Service Advances	Ongoing	20,917,170	22,502,240	ER 5.1 ER 5.2	RA 5.1 RA 5.2
CSC	Custody	Institutional Health Services	Ongoing	4,187,261	4,187,261	ER 6.1 ER 6.2	RA 6.1 RA 6.2
Total for all federal organizations			**Ongoing**	**70,455,059**	**70,551,936**	**N/A**	**N/A**

Comments on variances: The variance under Support community healthy living programs (ER 4.1) is because funding for HIV-related activities under the Northern Wellness Agreement was transferred from HC to the Agency. As a result, the amount is accounted for under the Agency's FI expenditures.

Expected results and results achieved for 2014–15:

ER 1.1: Public health decisions and interventions are supported by laboratory reference service testing and the identification of new and existing HIV strains in Canada which directs attention to HIV outbreaks. Use of laboratory-generated knowledge is increased and laboratory research expertise and knowledge platforms are further consolidated, to develop a hub for global leadership in HIV research and viral diagnostics, outbreak response, and genetic linkages to risk of disease.
RA 1.1: Through the characterization and improved detection of existing and rare strains of the virus, the Agency generated knowledge to facilitate testing improvements, enhance patient treatment options and guide public health policy development.

The Agency also evaluated the role of point-of-care (POC) diagnostic tools including testing to facilitate earlier diagnosis which will strengthen access and retention in care and treatment particularly for HIV infected individuals living in rural and remote locations such as Northern communities across Canada. Determining the efficacy of POC diagnostics will enhance public

health surveillance and allow better diagnosis and treatment of HIV infected individuals without access to extensive laboratory infrastructure.

Using innovative laboratory analysis and techniques, scientists were able to model HIV epidemic transmission patterns at provincial and federal levels by investigating recent infections. This valuable evidence helped to inform the effective public health response to changing HIV trends

ER 2.1: Provinces and territories are engaged through the Public Health Network to increase pan-Canadian understanding of trends and factors associated with HIV and AIDS and related communicable diseases, through enhanced biological-behavioural surveillance, and using this surveillance to guide best practices in prevention and control efforts. Thirteen chapters of the Sexually Transmitted Infections Guidelines will be reviewed and five chapters of the HIV/AIDS Epi Updates publications will be revised.

RA 2.1: In partnership with the province of Quebec, local health authorities, community groups and academia, the Agency collected epidemiological data in select sites to support its enhanced surveillance activities which monitor the prevalence of HIV, hepatitis C and other related STBBIs and associated risk behaviors among priority populations in Canada, such as people who inject drugs and people from countries where HIV is endemic. Findings from enhanced surveillance activities were disseminated to over 1,600 front-line public health professionals, medical experts, community-based workers, and provincial and territorial partners, who indicated their intention to apply this evidence or guidance to their work.

The Agency used webinars to promote key surveillance and public health guidance reports such as the 2013 HIV/AIDS Surveillance Report and the HIV Screening and Testing Guide. Of the 393 participants who attended a webinar presentation on the Agency's 2013 HIV/AIDS Surveillance in Canada report, over half (56%) were public health professionals, and 22% were front line community-based providers.

Through the development of national guidelines for testing and screening and the move toward an integrated STBBI approach, the Agency has influenced public health action in other jurisdictions. For example, the province of Nova Scotia released a review of its Strategy on HIV/AIDS. Three recommendations align very well with the federal approach: the issue of integration and determining what issues and services would benefit from an integrated STBBI approach; ensuring provincial HIV testing and screening policies reflect the new national guidelines released by the Agency; and enhancing the collection and reporting of HIV and other STBBI surveillance data. Finally, it is recommended that the province work together with the Agency to facilitate timely access to enhanced surveillance data to better understand trends in HIV/STBBI testing uptake, co-infection, risk factors, and behaviours within diverse population groups.

The Agency conducted and shared an evidenced based review of point-of-care testing and invited Winnipeg's Nine Circles Community Health Centre to share their experience of implementing this approach. Of the 427 webinar participants represented, a cross-section of public health professionals, provincial and territorial governments and community-based providers, 76% said they would use the evidence and apply the lessons from the Winnipeg experience. Participants especially noted the value of having the evidence and the practical lessons learned to inform policy change in their jurisdiction.

Based on the success of the Canadian Guidelines for Sexually Transmitted Infections, which are used in 80% of medical schools and by 96% of nurses and 66% of family physicians,[9] the Agency released a free mobile application to ensure health professionals can access the guidelines more

[9] This percentage may not be representative of the overall health professional population in Canada because the results are based on a survey completed in 2012–13 in which the sample sizes were small.

easily during their practice. A few months after being launched, the mobile application had been downloaded 2,500 times. The mobile application features recommendations for the consideration of HIV testing in the context of the management of STBBIs.

The Agency also launched the Notifiable Diseases On-Line application which, consistent with the Government of Canada's open data policy, provides greater access to national-level data on 59 notifiable diseases, including HIV, enabling users to explore disease trends and inform research and program development.

ER 3.1: Public health and community capacity is enhanced to prevent and control HIV and AIDS and related communicable diseases, through integrated approaches to HIV and AIDS, related communicable diseases and health factors; renewed stakeholder engagement; targeted information products for key populations; training and knowledge exchange; and global engagement. Community planning sessions will be held for stakeholders to develop partnerships in their province, territory or region. Two series of training modules will be offered to funded organizations to increase their capacity to use community-based social marketing approaches and social media tools to improve the effectiveness of their awareness activities.

RA 3.1: The Agency continued to enhance the effectiveness of community-based prevention and support programs funded under the FI and the Hepatitis C Support and Research Program by adopting an integrated approach addressing HIV and related STBBIs, hepatitis C and their related health factors to reflect common risk factors and target populations. Under this model, the Agency consolidated and approved 3-year funding extensions for 130 community-based projects. The Agency engaged stakeholders in discussions about delivery models, principles and process for integration under the new Community Action Fund.

Consistent with the FI's increased focus addressing HIV and related STBBIs, the terms of reference and membership to the Ministerial Advisory Council on the Federal Initiative to Address HIV/AIDS in Canada and the National Aboriginal Council on HIV/AIDS (NACHA) were renewed to ensure the Council membership can contribute to providing the Agency with strategic advice on HIV and related STBBI's, hepatitis C and health factors such as mental health and aging. Over the past year, the Minister of Health engaged with Aboriginal and other key HIV stakeholders on the ongoing challenge of HIV related stigma. To raise awareness of stigma she and members of NACHA recorded personal video messages which were shared during Aboriginal AIDS Awareness Week through the Canadian Aboriginal AIDS Network website.

The 2014 International AIDS Conference was an opportunity to reaffirm Canada's commitment to addressing HIV in Aboriginal and Indigenous populations both in Canada and globally. The Health Portfolio engagement at AIDS 2014 included support from HC's First Nations and Inuit Health Branch (FNIHB) for conference events related to Indigenous HIV/AIDS issues, including a pre-conference session organised by the Canadian Aboriginal AIDS Network and the International Indigenous Working Group on HIV/AIDS (IIWGHA). This event was also an opportunity to acknowledge some key achievements of the IIWGHA, including: the ongoing implementation of the International Indigenous Strategic Plan on HIV and AIDS for Indigenous Peoples and Communities from 2011–17, and their work to increase awareness on international Indigenous issues at the AIDS 2014 conference. The Minister had an opportunity to engage with Canadian and International Aboriginal stakeholders in the area of HIV/AIDS at the conference.

The Agency delivered 10 training modules to help front-line community organizations and public health professionals reach priority populations and targets more effectively using various social media platforms. The training also focused on measuring the reach and results of these activities.

89% of participants who responded to a survey assessment indicated their plan to apply this new knowledge.

In the area of knowledge mobilization, the Agency extended its efforts to address health inequalities among vulnerable populations by translating research on the determinants of STBBI vulnerability among ethnocultural minorities into promising practices for STBBI prevention programming and policy. An estimated 168 public health professionals and front-line providers took part in a webinar to better understand how these promising practices could be incorporated into their work.

ER 4.1: Development of a national framework that provides strategic direction to HC's STBBI programming to reduce the incidence, prevalence and burden of STBBIs in First Nations on-reserve in partnership with key stakeholders such as First Nations leaders; federal organizations, such as the Agency and CSC; provincial partners; experts and health care workers. Improve health outcomes for Territorial Residents living in NWT and Nunawut.
RA 4.1: HC and the Assembly of First Nations launched a phased engagement process with a broad range of partners and stakeholder to guide the development of the STBBI framework. External consultation on the framework was undertaken and analysis of responses is underway. A governance body has been established and timelines for the release of the framework have been set. Framework themes include: Primary, Secondary and Tertiary Prevention; Healthy Communities; and Strengthening Resources and Infrastructure.

The first phase facilitated an understanding of partner/stakeholder interest in participating in the development of and/or review process of the STBBI Framework. Phase two includes development and distribution of a questionnaire to identify successes, gaps and challenges in STBBI programming. Resulting information will inform the development of a national framework to address STBBIs in First Nations on-reserve.

The prevention of HIV and other STBBIs was incorporated under a comprehensive health promotion and disease approach in Nunavut and the North West Territories under the Northern Wellness Arrangement.

ER 5.1: Increased knowledge and awareness of the nature of HIV and ways to address the disease through the development and administration of diverse HIV research and capacity building funding programs. In 2014–15, new funding and funding programs will have a focus on providing infrastructure support for multi-disciplinary research networks and advancing research on interventions and their implementation.
RA 5.1: Consistent with CIHR’s role in promoting the development of new knowledge and in facilitating the exchange and uptake of this knowledge, funding opportunities spanning a diverse range of HIV research were launched: Doctoral Research Awards, in partnership with the Canadian Association for HIV Research; Community-based Research Catalyst and Operating grants; travel awards - to support participation in national and international conferences and the dissemination of research results; and Planning and Dissemination grants - to ensure researchers, practitioners, policy makers and community members have the chance to come together to plan research projects and to share research results.

The CIHR HIV/AIDS Research Initiative partnered with CIHR’s Institute of Gender and Health, the Canadian Foundation for AIDS Research (CANFAR) and the Ontario HIV Treatment Network (OHTN) to support three new grants which will address important gaps in boys’ men’s health specifically related to HIV.

Collaborative work was undertaken in conjunction with FI partners to develop a new Implementation Science (IS) initiative to put research evidence into practice. The IS initiative,

responds to opportunities to strengthen the federal response identified in the Evaluation of the Federal Initiative to Address HIV/AIDS in Canada 2008–09 to 2012–13, by strengthening collaboration and focusing on the identification and scale-up of effective interventions.

In order to sustain the HIV research infrastructure, the CIHR Canadian HIV Trials Network (CTN) saw its funding renewed for five years at $4,550,000 dollars per annum following a successful international peer review which demonstrated the Government of Canada's investment in the CTN has contributed to improved health outcomes for people living with HIV and the development of new HIV researchers so that the CTN is well positioned to tackle emerging research priorities over the next five years.

CIHR also approved five year funding for the CIHR Canadian HIV Observational Cohort Collaboration (CANOC), with investigators in five provinces and the CIHR Centre for Research Evidence into Action for Community Health (REACH), with investigators in nine provinces. CANOC is creating a national system to monitor the impact and outcomes of anti-retroviral therapies among people living with HIV across Canada. REACH aims to address the factors that contribute to risk and poor health and improve access to effective evidence-based interventions for people most affected by HIV and other STTBIs and hepatitis C.

CIHR also continued to support important strategic investments such as the Canadian Initiative for HIV Cure Research, a partnership with CANFAR and the International AIDS Society (IAS). The two funded research teams have made substantial early progress as demonstrated through multiple peer reviewed publications including the Journal of Immunology. The teams hosted two community engagement meetings which focused on discussions with community representatives about how to engage and sustain community in the work of the teams. The leader of one of the teams, Dr. Eric Cohen, was invited to be a member of the IAS International Scientific Working Group: Towards an HIV Cure, which will refresh the global scientific strategy for the field.

The HIV/AIDS Emerging Team grants reported contributions to advancing knowledge by producing 119 published journal articles and 177 presentations. Four of the five projects had an impact on the stakeholder group of Health System/Care Practitioners/Public Health Practitioners and one project, which focused on the interaction of HIV and other co-infections, indicated direct impact to date on both professional practice and policies. By working in close collaboration with affected communities (African/Caribbean/black and men who have sex with men), the research team led by Dr. Rupert Kaul at the University of Toronto demonstrated an important role for common co-infections in HIV acquisition, disease progression, viral load and secondary sexual transmission to partners. The findings and knowledge translation efforts of the team have resulted in improved STI screening and treatment for people living with HIV in Ontario.

ER 5.2: Enhanced coordination, strategic alignment and application of HIV research through the conduct of a strategic planning exercise, engagement of CIHR and Canadian researchers in national and international research endeavours and ongoing partnership development.
RA 5.2: Following a broad national consultation which engaged a large number of researchers, public health professionals, community-based organizations, people living with HIV/AIDS and other interested stakeholders, CIHR developed an updated Strategic Plan for its HIV/AIDS Research Initiative. The new plan outlines future strategic directions and priorities for research funding from 2015 to 2020.

CIHR played a significant role in the 2014 International AIDS Conference and contributed to the Government of Canada efforts to showcase Canadian researchers in partnership with the CTN and

CANFAR through a Canadian research booth which was visited by approximately 1200-1500 conference participants.

Together with the Canadian Association for HIV Research, CIHR hosted a series of workshops for new and mid-career investigators to strengthen the range of research and communication skills. The workshop series was expanded to include sessions on data collection and effective communication with stakeholders. 200 investigators from five cities from the east to the west coast participated.

ER 6.1: Enhanced understanding of the prevalence of HIV/AIDS, other sexually transmitted and blood borne infections (STBBI) and other communicable diseases, and the prevention of acquisition and transmission of new infections, through screening, assessment and treatment of offenders in federal penitentiaries.
RA 6.1: Correctional Services Canada continues to employ an integrated approach to screening and testing for STBBIs that comply with national standards. Close to 5,000 assessments were conducted with new admissions along with 4,500 follow up assessments. 93% of inmates known to have HIV infection were on anti-retroviral therapy, which is consistent with current knowledge of treatment as prevention in order to prevent further transmission.

ER 6.2: Increased knowledge and awareness of the nature of HIV/AIDS, other STBBIs and associated chronic diseases and improved access to more effective prevention, care, treatment and support through health surveillance, knowledge transfer to service providers, educational program delivery, distribution of disease prevention information and the provision of disease-specific health clinics within federal penitentiaries.
RA 6.2: CSC continues to collect HIV and other STBBI testing data in order to track prevalence. The Reception Awareness Program is a voluntary program that provides information on infectious diseases and encourages healthier behaviours and practices. The program has been revised to improve uptake by inmates.

Disease prevention information was distributed to offenders in 53 sites as part of the World AIDS Day campaign. Four posters were developed which focused on reducing stigma and promoting HIV prevention, treatment and testing. Information on stigma has also been incorporated into revisions to educational programs for offenders, specifically the Aboriginal Peer Education Course (APEC) and disseminated to 75 public health and health care professionals working in Corrections. 50 nurses working in Corrections participated in a webinar on current approaches on prevention and treatment of HIV/AIDS.

Access to inmate peer support workers (including culturally competent Aboriginal peer support workers) continues to be an important part of the program. CSC participated in several external conferences and presented on STBBIs in Canadian Federal Penitentiaries to 150 health professionals and front-line service providers in Ontario. CSC continues to meet with stakeholder and PT colleagues on issues related to infectious disease and mental health among incarcerated populations.

Canadian HIV Vaccine Initiative (CHVI)

General Information

Name of horizontal initiative	Canadian HIV Vaccines Initiative (CHVI)
Name of lead department(s)	Public Health Agency of Canada
Federal partner organization(s)	Health Canada (HC), Industry Canada (IC), Foreign Affairs, Trade and Development Canada (DFATD), and Canadian Institutes of Health Research (CIHR)
Non-federal and non-governmental partner(s)	Non-governmental stakeholders, including research institutions and not-for-profit community organizations
Start date of the horizontal initiative	February 20, 2007
End date of the horizontal initiative	March 31, 2017
Total federal funding allocated (start to end date) (dollars)	$111,000,000
Funding contributed by non-federal and non-governmental partners (dollars)	N/A

Description of the horizontal initiative

Objective(s):

- Advance the basic science of HIV vaccine discovery and social research in Canada and low- and middle-income countries (LMICs);
- Support the translation of basic science discoveries into clinical research with a focus on accelerating clinical trials in humans;
- Address the enabling conditions to facilitate regulatory approval and community preparedness;
- Improve the efficacy and effectiveness of HIV Prevention of Mother-to-Child services in LMICs by determining innovative strategies and programmatic solutions related to enhancing the accessibility, quality, and uptake; and
- Enable horizontal collaboration within the CHVI and with domestic and international stakeholders.

Why this HI is Necessary:

- The CHVI is a key element in the GoC's commitment to a comprehensive, long-term approach to addressing HIV/AIDs domestically and internationally.

Intervention Method(s):

The CHVI is a collaborative undertaking between the GoC and the Bill & Melinda Gates Foundation (BMGF) to contribute to the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine. This collaboration was formalized by a Memorandum of Understanding signed by both parties in August 2006 and renewed in July 2010.

Shared outcome(s)

Immediate (1–3 years) Outcomes:

- Increased and improved collaboration and networking among researchers working in HIV vaccine discovery and social research in Canada and in LMICs;
- Greater capacity for vaccines research in Canada;
- Enhanced knowledge base; and
- Increased readiness and capacity in Canada and LMICs.

Intermediate Outcomes:

- Strengthened contribution to global efforts to accelerate the development of safe effective, affordable, and globally accessible HIV vaccines;
- An increase in the number of women receiving a complete course of anti-retroviral prophylaxis to reduce the risk of mother-to-child transmission of HIV; and
- A strong and vibrant network (the CHVI R&D Alliance) of HIV vaccine researchers and other vaccine researchers, both in Canada and internationally is supported.

Long-term Outcome:

The CHVI contributes to the global efforts to reduce the spread of HIV/AIDS particularly in LMICs.

Governance structures

The Minister of Health, in consultation with the Minister of Industry and the Minister of International Development, is the lead for the CHVI. An Advisory Board was established to oversee the implementation of the Memorandum of Understanding between the GoC and the BMGF, as well as to make recommendations to responsible Ministers regarding projects to be funded. The CHVI Secretariat, housed in the Agency, provides a coordinating role to the GoC and the BMGF partners.

Performance highlights

In 2014–15, CHVI participating departments and agencies further strengthened global efforts in HIV vaccine related research by: identifying research gaps; supporting global researchers, networks, and events to increase research capacity and collaborations; and strengthened regulatory capacity of vaccine products and clinical trials. Highlighted during the year were knowledge exchange and collaboration activities, as the Alliance Coordinating Office (ACO) provided opportunities for advancing HIV vaccine research knowledge and co-ordination through venues such as their annual meeting and e-learning modules. Further activities were supported to reduce the spread of HIV/AIDS including contributing to the development of technologies for prevention, treatment and diagnosis of HIV; and the development of tools and training materials for LMIC community-based interventions for PMTCT services including access and availability to treatment.

Results to be achieved by non-federal and non-governmental partners

Non-governmental stakeholders, including research institutions and not-for-profit NGOs and community organizations, are integral to the success of the CHVI. Their role is to engage and collaborate with participating departments and agencies, the BMGF and other funders to contribute to CHVI goals.

Contact information

Marc-André Gaudreau,
Manager, Strategic Issues, Centre for Communicable Diseases and Infection Control
130 Colonnade Road
Ottawa, Ontario K1A 0K9
613-894-1796
marc-andre.gaudreau@phac-aspc.gc.ca

Performance Information

Federal Organizations	Link to Department's PAA	Contributing programs and activities	Total allocation (from start date to end date) (dollars)[10]	2014–15 (dollars)			
				Planned spending	Actual spending	Expected results	Actual results against targets
The Agency	Health Promotion and Disease Prevention	Healthy Communities	18,000,000	2,558,698	1,478,496[11]	ER 1.1 ER 1.2 ER 1.3 ER 1.4	RA 1.1 RA 1.2 RA 1.3 RA 1.4
HC	Internal Services	Governance and Management Support Services	1,000,000	100,000[12]	0	ER 2.1	RA 2.1
	Health Products	Regulatory Capacity Building Program for HIV Vaccines	4,000,000	755,000	673,728	ER 2.1 ER 3.1	RA 2.1 RA 3.1
IC	Commercialization and Research and Development Capacity in Targeted Canadian Industries	Industrial Research Assistance Program's Canadian HIV Technology Development (CHTD) Component	13,000,000	3,200,000	3,028,010	ER 4.1	RA 4.1
DFATD	Global Engagement and Strategic Policy	International Development Assistance Program	60,000,000	6,875,039	6,875,039	ER 5.1 ER 5.2 ER 5.3	RA 5.1 RA 5.2 RA 5.3
CIHR	Health and Health Services Advances	Institute Strategic Advances – HIV/AIDS	15,000,000	2,700,000	2,945,693[13]	ER 6.1 ER 6.2 ER 6.3	RA 6.1 RA 6.2 RA 6.3
Total for all federal organizations			**111,000,000**	**16,188,737**	**15,000,966**	**N/A**	**N/A**

Expected results and results achieved for 2014–15:

ER 1.1: Continue to support domestic and international efforts related to the research and development of an HIV vaccine.
RA 1.1: On-going support was provided to domestic and international stakeholders to address HIV vaccine policy issues, build capacity and promote global harmonization of regulatory pathways, and improve preparedness. Support was also provided for national and international fora attended by researchers, funders, policy makers, community stakeholders and advocates from around the

[10] This amount excludes future ongoing funding for this initiative.
[11] The variance was primarily due to a transfer of funds to CIHR ($697,873) for HIV research.
[12] The Regulatory Capacity Building Program for HIV Vaccines planned to spend $855,000 including $100,000 transferred from internal services. A variance of $181,272 results from delays in staffing and the impact of the Ebola outbreak, including the cancellation of the two international regulatory workshops in Malawi and Nigeria, and the cancelled sponsorship for African countries.
[13] CIHR identified additional funding opportunities in excess of the budget allocation used for planning at the time of the 2014–15 RPP. The in-year transfer and additional expenditure under CHVI compensate for lower than anticipated expenditure in 2012–13.

world, highlighting recent developments in HIV vaccine research and promoting greater involvement and collaboration among stakeholders. Some examples of this include: the sponsorship and attendance of the Research for HIV Prevention (R4P) Conference in Capetown, South Africa, in October 2014; the organization and attendance of the 2015 Afri-Can Forum 2.0 in Johannesburg, South Africa, in February, 2015; and sponsorship of the regulatory capacity building workshop, "Vaccine Clinical Trial Review from Ebola to HIV" in Kigali, Rwanda in March, 2015.

ER 1.2: Development and implementation of the HIV Vaccine Translational Support Fund to provide researchers with financial and project management support for translating HIV vaccine candidates from pre-clinical development research to small scale human clinical trials.
RA 1.2: Consultations with experts provided evidence on the lack of promising HIV vaccine candidates ready for clinical trials. Following discussions with CIHR, it was decided that the funds could be transferred and used for HIV research which would fall within the objectives of the CHVI. Subsequently, the funds for the HIV Vaccine Translational Support Fund were transferred to CIHR in 2014, and used for a Biomedical/Clinical funding stream for HIV/AIDS research.

ER 1.3: Support the continued work of the ACO to establish a strong and vibrant network of HIV vaccine researchers and other vaccine researchers both in Canada and internationally.
RA 1.3: The ACO was responsible for the following:

- Delivery of presentations, including 5 webinars, to diverse national and international stakeholders to discuss scientific advances and gaps in HIV vaccine research.
- Maintenance of a website, virtual community and development of promotional materials to increase awareness of the Alliance and provide opportunities for collaboration and information exchange.
- Collaboration with partner organizations to coordinate priority training opportunities for New and Early Career Investigators which resulted in 4 workshops and 11 scholarships, to help support the next generation of HIV vaccine researchers and raise the priority of vaccine research training nationally.
- Development and launch of an E-learning module entitled "Immune Activation and HIV Vaccine" for new and early career investigators.
- Facilitation of CHVI partner information and consultation sessions to further inform funding priority areas and fund development.
- Collaborations with global HIV vaccine stakeholders to further define and advance research and development tools.
- Organization of three CHVI Advisory Board meetings and one electronic vote to facilitate recommendations for funding and ensuring program alignment with the MOU.
- Organization and facilitation of an Annual Meeting, in conjunction with the 23rd Annual Canadian Conference on HIV/AIDS Research (CAHR). More than 60 people attended the event, which focused on developing innovative solutions for identified barriers to HIV vaccine development.

ER 1.4: Ensure effective communications, strategic planning, coordination, reporting, and evaluation within the GoC.

RA 1.4: As the lead GoC department for the horizontal coordination of the CHVI, the Agency led in the gathering of data and information for the regular planning and reporting cycles for the following: Reports on Plans and Priorities (RPP); Departmental Performance Reports (DPR); and the Performance Measurement Strategy (PMS) survey. The Agency also contributed to the AVAC HIV Research Investment Survey by coordinating the GoC input into this global document which provides a summary of HIV research investments globally. As well, the Agency's Office of Evaluation completed an evaluation of the CHVI during 2014.

ER 2.1: Increased regulatory convergence and exchange of domestic and international best practices, policies and protocols related to the regulation of vaccines, with a focus on HIV/AIDS vaccines.

RA 2.1:

Research 4 Prevention Conference Satellite Session on Regulatory Issues

HC hosted a conference by satellite entitled "Addressing Regulatory Challenges Associated with HIV Vaccine Trials in the Evolving World of Standards for Treatment and Prevention" in October, 2014. The objectives of this session were to share lessons learned from past HIV vaccine trials, the impact of non-vaccine HIV prevention strategies as well as other ethical issues; identify current challenges from the regulator's and researcher's perspectives and to discuss the path towards addressing these challenges. Breakout sessions provided participants an opportunity to discuss the presentations and identify gaps and challenges in regulatory processes in Africa. Effective vaccine development will require an approach that is comprehensive, innovative and includes non-vaccine HIV prevention strategies and changing clinical trial designs.

World Health Organization (WHO) International Conference of Drug Regulatory Authorities (ICDRA)

HC attended the WHO International Conference of Drug Regulatory Authorities (ICDRA), which took place in Rio de Janeiro, Brazil, in August 2014. The conference provided a forum to discuss improvement of the quality, safety and efficacy of medicinal products globally, ways to strengthen collaboration and contributed to regulatory convergence.

Regulatory Forums

HC provided strategic, regulatory capacity building and technical support to African Vaccines Regulatory Forum (AVAREF) by continuing to host the AVAREF Communication Platform.

Canadian Association of HIV Research (CAHR) Conference and the Alliance Coordinating Office (ACO) annual meeting

HC presented a poster entitled "Regulatory Capacity Building under the Canadian HIV Vaccine Initiative: Addressing Challenges of Developing National Regulatory Authorities", at the CAHR Conference, which took place in May, 2015. HC's participation at CAHR supports and ensures that CHVI activities remain relevant, creative and innovative in the Canadian and global HIV vaccine research landscape. It is a valuable opportunity to connect with stakeholders in the HIV research community, and to ensure that the CHVI regulatory capacity building program is complementary to existing initiatives and contributes to a synergistic Canadian and global approach. HC experts also participated at the ACO annual meeting providing strategic support and reassurance to potential future collaborations.

ER 3.1: Increased regulatory readiness and strengthened capacity of regulatory authorities in LMICs in the area of vaccine products and clinical trials through training and the establishment of a mentorship program.

RA 3.1:

2014 Health Products & Food Branch International Regulatory Forum (HPFB-IRF):

HC's 2014 HPFB-IRF took place in October, 2014. HC sponsored participants from African and Latin American countries. The forum is internationally-recognized among peers for the quality of its content and presenters, attracting approximately 80 regulatory colleagues from around the world. The IRF program evolves every year based on feedback from participants, most notably the increasing requests for problem-based case studies. HC experts successfully delivered on this request, working on case studies with the participants and delivering problem-based training.

Pan-African HIV Vaccine Development Meeting and Regional Regulatory Capacity Building Workshop

HC attended the "Considerations for Pan-African HIV Vaccine Development" meeting organized by the Global HIV Vaccine Enterprise in March, 2015. Immediately following this meeting, HC co-organized the Regional Regulatory Capacity Building Workshop in cooperation with the Agency, WHO, AVAREF, and the Enterprise. The purpose of the workshop was to further enhance HIV vaccine regional regulatory capacity building in the area of clinical trials. Lessons learned from regional experience with clinical trials and best practices were shared along with the review of risk based analysis and related case studies.

Regulatory Convergence Activities in PAHO Region

Pan-American Health Organisation (PAHO) and HC co-organized the joint PAHO/HC regional workshop on Harmonized Tools and Approaches for the Marketing Authorization of Vaccines in the Americas in November, 2014, in Panama City. The objectives of the workshop were to discuss the implementation of the Pan American Network for the Drug Regulatory Harmonization (PANDRH) vaccine working group, work plan for 2014 –15: Including recommendations from previous PANDRH vaccine working group meetings; and to establish a forum for discussion between National Regulatory Authorities (NRAs) on different approaches used for marketing authorization of vaccines in the Americas and promote collaboration and exchange between the NRAs and the main collaborative centers to better optimize the use of resources.

World Health Organization (WHO) International Consultation of National Regulatory Authorities

HC participated in WHO Working Groups on policy, methodology and assessment tools, functions and indicators through Webex Sessions in December, 2014 and attended a face-to-face consultation in January, 2015 in Geneva, Switzerland. The meeting objectives were to review the WHO NRA assessment process and markers of medicines, vaccines regulatory functions and issue recommendations to align, improve and/or update the current system and to develop a comprehensive policy on WHO roles and responsibilities in strengthening regulatory capacity globally.

Regulatory Mentorship Program
HC's training and mentoring approach is based on regional needs and challenges as opposed to individual country needs in Africa. The mentorship program with Malawi and Nigeria will be concluded in 2015, and the countries will be included in the regional capacity building workshops.

ER 4.1: New and innovative technologies for prevention, treatment and diagnosis of HIV in pre-commercial development are advanced at small-and medium-sized enterprises operating in Canada.
RA 4.1: Continued advancement in the development of new and innovative technologies for prevention, treatment and diagnosis of HIV. Five new CHTD contribution agreements were signed with SMEs and five contribution agreements came to an end.

ER 5.1: Increased capacity to conduct high-quality clinical trials of HIV vaccine and other related prevention technologies in LMICs through new teams of Canadian and LMICs researchers and research institutions.
RA 5.1: Over the past year, the CHVI-HIV Clinical Trials Capacity Building project, implemented by the Global Health Research Initiative (GHRI) ($16,000,000; 2009–15), continued to contribute to a greater collaboration and networking between African and Canadian researchers and increase synergies among African research teams involved in the program, therein achieving the following results:

- Supported research development capacity through:
  - 4 undergraduate scholarships
  - 29 post-graduate (PhD, MSc) scholarships
  - 6 post-doctoral scholarships
  - 2,597 participants trained in short-term courses (including own staff and other stakeholders such as members of ethical review boards, community advisory boards and policymakers)
  - Mentoring of 254 researchers
- Supported capacity building of young researchers by offering them an opportunity to present their research results in different conference sessions or as a research poster.
- Organized and delivered Afri-Can 2 conference in South Africa, which contributed to strengthened collaboration between African and Canadian researchers and amongst African researchers. This conference also contributed to disseminate research results and best practices resulting from this 5 year program.
- Received 97 % "good to very good" quality rating on an external summative evaluation report (a survey conducted among a sample of trainees) for the training workshops.
- Conducted a science communication workshop organized with 14 participants in Nairobi, Kenya. By the end of the workshop, participants had acquired the skills to communicate to policy makers, the press and the general public. They were able to rebrand themselves as professional information providers on Web 2.0 platforms and write and create on-line articles for newsletters.

ER 5.2: In collaboration with CIHR, increased capacity and greater involvement and collaboration amongst researchers working in HIV vaccine discovery and social research in Canada and in LMICs through the successful completion of the development stage of the Team Grant program to support collaborative teams of Canadian and LMIC researchers.
RA 5.2: As part of a $17,000,000 project with DFATD, CIHR continued to administer funding for five large teams of Canadian and LMIC researchers. Over the past year, this project supported on-

going research, capacity-building and collaboration activities amongst researchers working in HIV vaccine discovery and social research in Canada and in LMICs.

ER 5.3: Enhanced knowledge of communities, health care workers and Ministry of Health staff in LMICs on the prevention of mother-to-child transmission of HIV and maternal, newborn and child health issues.
RA 5.3: DFATD is supporting two distinct programs to achieve this result.

1) The INSPIRE Project managed by the WHO in Zimbabwe, Malawi and Nigeria ($20,000,000; 2010–15) has seen major progress towards full enrolment of study participants. Although the research from the INSPIRE is not yet complete, recent findings and experiences will be shared with the WHO guideline development group in order to assist in their HIV guideline deliberations in June 2015. Other specific results achieved for this project include:
   - Initiated in-country study enrolment for all projects (status of study enrolment ranges from 47% to 118% of target enrolment across the six studies);
   - Enrolled 4,552 pregnant women with HIV across the six projects (cumulative total of enrolled Mother Infant Pairs since study initiation is 4,992);
   - Trained 964 Health Care Workers (HCWs) across the six projects (cumulative total of HCWs trained since study inception is 2,698);
   - Presented initial project findings to the international community at the 20th International AIDS Conference (Melbourne, Australia, July 2014, satellite session);
   - Featured the protocols of the 6 projects in a special supplement of the The *Journal of Acquired Immune Deficiency Syndromes (JAIDS)* in November 2014; and
   - Hosted national MoH M&E officers and PMTCT focal points at a WHO PMTCT Indicator workshop in Harare, Zimbabwe (all six INSPIRE projects were represented by PI and data managers).
2) The ACCLAIM Project managed by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Zimbabwe, Swaziland and Uganda ($10,000,000; 2012–16)
   - Rolled out ACCLAIM interventions in three countries. Country teams have made rapid progress towards reaching the ACCLAIM targets. The Community Leaders have conducted more than 7,200 dialogues in their communities and 76% have completed and implemented their Community Action Plans. 53% of the Community Days have been held and enrollment in the peer groups is rapidly gaining momentum.
   - ACCLAIM clusters have been reporting an increase in antenatal care attendance before 20 weeks of 36% over baseline, increasing steadily from 30% in Quarter 3 of 2013 to 41% in Quarter 4 of 2014. Swaziland observed an increase in attendance during the first trimester, going from 8.5% to 15.9%; Zimbabwe also experienced a similar increase from 3% to 11% during the same time period.
   - Sustained high retention levels of Community Leaders in all three countries (62 in Swaziland, 95 in Zimbabwe and 120 in Uganda, total 277). In 2014, terminations across the three countries totaled 16. The reasons for the terminations included getting alternative employment, relocating to another district, and Community Leaders deployment to constituencies of non-residence. Following these terminations, the total number of CL still active is now 261**.**
   - Continued mentorship from ACCLAIM teams to give support to community leaders. A total 1,400 such meetings have been conducted across the three countries.

ER 6.1: New knowledge created and strengthened HIV vaccine research capacity through ongoing support to CHVI investigators and projects.
RA 6.1: Advancements in HIV vaccine research and capacity building through new and on-going funding to researchers and teams of researchers as demonstrated by:

- As part of an ongoing partnership with DFATD, CIHR continued to administer funding for five teams of researchers in Canada and low- and middle-income countries so they could further their research and capacity building efforts. The combined DFATD and CIHR investment in the teams was $3,700,000 in 2014–15. Case studies of the teams indicated the following achievements to date: successful cohort recruitment; the development of publications, presentations and manuscripts; progress towards the development of new research assays, tools and approaches or methods; leveraging of resources; as well as training and mentoring of young researchers both within Canada and in the involved LMICs.
- Funding commenced for new Operating Grants (3) and Fellowships Awards (2). Ongoing support was provided for New Investigator Awards (1), Operating Grants (6) and Emerging Team Grants (1).

ER 6.2: In collaboration with the BMGF, support research addressing the role of mucosal immunology in HIV protection and increase collaborative mucosal immunology research focused on HIV vaccine development.
RA 6.2: Support for research addressing mucosal immunology was made possible by funding three new team grants totaling $3,400,000 over three years, in partnership with the Bill & Melinda Gates Foundation. The projects focus on:

- Understanding whether changes in sex hormones or vaginal microflora lead to local inflammation and if this in turn increases risk of HIV infection in the female reproductive tract.
- Examining mucosal factors preceding HIV infection to generate a predictive mathematical model of HIV acquisition risk, and investigate how sex hormones and hormonal contraceptives relate to these processes.
- Defining the impact of normal genital bacteria on HIV susceptibility, understanding how local genital antibodies that block HIV can be induced by genital bacteria, and performing preclinical testing of a mucosal HIV “nanovaccine” that has been developed to penetrate normal genital mucus.

ER 6.3: Enhanced linkages amongst researchers, stakeholders and funders through participation in collaborative activities (such as the development of a translational research fund); promotion of networking mechanisms (such as those facilitated by the ACO; and sharing of research outcomes.
RA 6.3: Supported enhanced linkages, networking and sharing of research outcomes through the following mechanisms:

- Contributing to the organization of and attending the 2015 Afri-Can Forum held in Johannesburg, South Africa in February, 2015. The Forum provided an opportunity for networking across research teams, funders and other stakeholders and the dissemination of results from activities undertaken by CHVI-funded research and clinical trial capacity building teams and other researchers in the field.
- Working in collaboration with the ACO to organize and host a public webinar featuring the five CIHR-DFATD research teams. Through the webinar, the teams disseminated information

on their CHVI-supported research and its progress and there was the opportunity for questions and discussion across the teams and with other HIV vaccine researchers and stakeholders.

- CIHR supported additional HIV/AIDS operating grants in the Biomedical/Clinical funding stream through a partnership with the Agency. The Agency transferred funds to CIHR from the Translational Support Fund since it was decided that the funds could not otherwise be utilised due to a lack of promising HIV vaccines candidates.
- CIHR worked in collaboration with the ACO to develop a forward-thinking HIV Vaccine Investment Framework to optimize CIHR's future role in HIV vaccine research, advance globally competitive research objectives, and leverage Canada's proven capacity and expertise in the field. In 2014–15, consultations were held with leading international funders and federal department stakeholders and preparations were made for two public webinars to be held with the research community early in 2015–16 on the draft framework.

Internal Audits and Evaluations

Internal Audits Completed in 2014–15

The following table lists all key internal audits conducted in 2014–15. Complete Audit Reports are available online.

Title of Internal Audit	Internal Audit Type	Completion Date
Audit of the Economic Action Plan – Governance and Planning	Governance, Risk, Internal Control	May 2014
Audit of the Operational Planning Process	Governance, Risk, Internal Control	March 2015
Audit of Information Technology Planning	Governance, Risk, Internal Control	March 2015
Audit of Management of HIV/AIDS Programs	Governance, Risk, Internal Control	March 2015

Evaluations in Progress or Completed in 2014–15

The following table lists all key evaluations conducted in 2014–15. Complete Evaluation Reports are available online.

Link to Department's PAA	Title of the Evaluation	Status	Deputy Head Approval Date
1.1 Public Health Infrastructure	Evaluation of National Collaborating Centres	Completed	May 2014
1.2 Health Promotion and Disease Prevention	Evaluation of the National Population Health Study of Neurological Conditions	Completed	February 2015
1.2 Health Promotion and Disease Prevention	Evaluation of Chronic Disease Prevention Activities	Completed	March 2015
1.2 Health Promotion and Disease Prevention	Evaluation of the Canadian HIV Vaccine Initiative	Completed	March 2015
1.2 Health Promotion and Disease Prevention	Evaluation of the Innovation Strategy	Completed	March 2015
1.2 Health Promotion and Disease Prevention 1.3 Health Security	Evaluation of Travel and Border Health	In progress	June 2015
1.2 Health Promotion and Disease Prevention	Evaluation of Tuberculosis	In progress	June 2015

Link to Department's PAA	Title of the Evaluation	Status	Deputy Head Approval Date
1.2 Health Promotion and Disease Prevention	Evaluation of Mental Health and Mental Illness	In progress	December 2015
1.2 Health Promotion and Disease Prevention	Evaluation of Community Action Program for Children, the Canadian Prenatal Nutrition Program and Related Activities	In progress	December 2015
1.2 Health Promotion and Disease Prevention	Evaluation of Zoonotic Infectious Disease Activities	In progress	March 2016
1.1 Public Health Infrastructure	Evaluation of Public Health Workforce and Field Services	In progress	March 2016

Response to Parliamentary Committees and External Audits

Response to parliamentary committees
Standing Committee on the Status of Women On November 17, 2014, the Report of the Standing Committee on the Status of Women entitled *Eating Disorders among Girls and Women in Canada* was tabled in the House of Commons. The report includes 25 recommendations divided across four chapters: factors contributing to the development of an eating disorder; obstacles in addressing eating disorders; challenges in accessing treatment; and promising treatment practices. The Government Response to the Report was tabled in the House of Commons on March 13, 2015. The response highlights the Government's key activities related to mental health, including eating disorders, and demonstrates the Government's commitment to working with provinces, territories and stakeholders to prevent eating disorders among girls and women in a manner consistent with the federal role. The response is organized along four themes: development of a federal framework; treatment and access to care; research and surveillance; and awareness and education.
Response to the Auditor General (including to the Commissioner of the Environment and Sustainable Development)
Nil.
Response to external audits conducted by the Public Service Commission of Canada or the Office of the Commissioner of Official Languages
Office of the Commissioner of Official Languages audit - Report Card cycle Objective: Assess and identify the Agency's strengths and weaknesses in implementing Parts IV, V, VI and VII of the *Official Languages Act*, including best practices and examples of leadership in the management of official languages. The report was tabled on October 7, 2014.

Main Recommendations:

OCOL Recommendation
The Agency should develop a solid official languages action plan, complete with solutions to shortcomings identified by OCOL. In order to report on the progress made with respect to the plan's objectives, the Agency should conduct annual reviews of its action plan with effective follow-up mechanisms.

Agency's Response to OCOL's Recommendation
The Agency has developed a three-year action plan – The Public Health Agency of Canada 2015-2018 Integrated Action Plan on Official Languages (Agency's 2015-2018 OL Action Plan) – which covers Part IV, V, VI and VII of the *Official Languages Act.* The plan was approved by the Agency's Executive Committee in March 2015.

Implementation of the Agency's 2015-2018 OL Action Plan began in the first quarter of the 2015–16 fiscal year. The Official Languages Program will assess the progress achieved in implementing the action plan and will report back to the Executive Committee twice a year.

During the first year of implementation, the Agency will focus on strengthening the aspects of leadership and monitoring of the Agency's governance with regards to official languages. In order to do so, the Agency will:

- Put in place a structure conducive to bilingualism;
- Adopt directives and guidelines that reflect its operational reality; and
- Strengthen accountability mechanisms with regards to the implementation of the *Agency's 2015-2018 OL Action Plan.*

In the second year, the Agency will move forward in implementing more targeted measures in Branches and in Regions. To that end, the Agency will:

- Rely on Branches and Regions to put in place the different measures of the *Agency's 2015-2018 OL Action Plan* that apply to them;
- Conduct regular monitoring and controls to ensure that the Agency remains on course; and
- Take required corrective measures and share best practices when and where applicable.

In the final year of the implementation of the Agency's 2015-2018 OL Action Plan, the Agency will be ready to assess its performance and proceed to draft its action plan for 2018–21.

Status Report on Projects Operating with Specific Treasury Board Approval

Project Name and Project Phase	Original estimated Total Cost (dollars)	Revised Estimated Total Cost (dollars)	Actual total cost (dollars)	2014–15 (dollars)				Expected date of Close-out
				Main Estimates	Planned Spending	Total authorities	Actual Spending	
Program 1.3.3: Biosecurity								
Human Pathogens and Toxins Biosafety / Biosecurity Program	12,394,200	12,394,200	10,683,041	-	1,475,684	1,475,684	1,811,252	2016
Single Window	5,090,000	5,090,000	1,510,011	1,350,000	1,350,000	1,350,000	704,264	2017