Public Health Agency of Canada (PHAC)
2015–16 Departmental Performance Report (DPR): Supporting Information on Lower-Level Programs

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1.1 Program: Public Health Infrastructure

1.1.1 Sub-Program: Public Health Capacity Building

Description

The Public Health Capacity Building Sub-Program contributes to the development and maintenance of a Canadian public health workforce which has the competency and capability to respond to public health issues and requirements at any time. Working with federal, provincial and territorial partners and stakeholders, the Sub-Program provides training and support to public health professionals to develop and maintain their ability to carry out core functions and respond effectively and cooperatively to public health events. The Sub-Program takes a leadership role in developing; identifying core competencies; coordinating and delivering training; strengthening national response capacity for disease outbreaks and public health events/emergencies, and providing funding to strengthen and advance the use of research to improve public health policies and practices. The Sub-Program uses funding from the following transfer payment: Public Health Scholarship and Capacity Building Initiative.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
13,483,695	12,603,915	(879,780)

Human Resources (Full-Time Equivalents [FTEs])

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
95	93	(2)

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Public health partners have the competencies and capabilities to execute their public health functions	Percent of the Agency field staff who say that their competencies have improved	85	86.5
	Percent of public health practitioners who took the Agency training who say they are better equipped to perform public health functions	80	97.5
	Percent of public health host organizations who say that the Agency field staff contributed to their capacity to respond to public health events	85	72[a]

1.1.2 Sub-Program: Public Health Information and Networks

Description

The Public Health Information and Networks Sub-Program facilitates federal, provincial, and territorial coordination and collaboration, and establishes core structures to facilitate access to accurate and reliable information, tools and models required by Canadian public health professionals to perform their public health duties effectively. Working with federal, provincial and territorial partners through the Public Health Network, the Sub-Program provides leadership by consulting and undertaking collaborative planning for public health strategies and addressing issues affecting the sharing of information for effective surveillance and action. The Sub-Program also invests in tools and processes to allow public health practice and core public health functions to be informed by evidence and applied knowledge, develops scenarios for population and public health research, and prepares models for economic analysis to support effective decision-making. The Sub-Program uses funding from the following transfer payments: Assessed Contribution to the Pan-American Health Organization, National Collaborating Centres for Public Health, and Grants to eligible non-profit international organizations in support of their projects or programs on health.

[a] The variance between the target and actual results is due to the very small number of respondents compared to 2014–15, whereby a slight decrease in the perceived contribution of field staff to host organizations' capacities resulted in a relatively large drop in overall percentages.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
27,653,041	30,457,134	2,804,093[b]

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
53	51	(2)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Mechanisms are in place to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues	Number of jurisdictions who sign the *Multi-Lateral Information Sharing Agreement* on infectious diseases and public health events	4	12
Public health organizations are engaged and participate in collaborative networks and processes	Percent of collaborative initiatives/projects delivered and/or on track based on work plans by fiscal year	70	71
Public health professionals and partners have access to reliable, actionable public health data and information	Percent of public health professionals and partners who responded that the Chief Public Health Officer's Report on the State of Public Health in Canada was useful	75	87[c]

[b] Actual spending was more than planned spending primarily due to the currency exchange rate related to the assessed contribution to the Pan American Health Organization.

[c] This actual result is the most current evidence as of 2014–15. This indicator has been updated to better reflect the web-based approach for the release of the Report. As of 2015–16, success will be measured with web-analytics such as number of unique visits and downloads, and reported in the 2016–17 DPR.

1.1.3 Sub-Program: Public Health Laboratory Systems

Description

The Public Health Laboratory Systems Sub-Program is a national resource providing Canada with a wide range of highly specialized scientific and laboratory expertise and access to state-of-the-art technologies. The Sub-Program informs public health professionals at all levels of government to enable evidence-based decision-making in the management of, and response to diseases and their risk factors. The Sub-Program conducts public health research, uses innovative approaches to advance laboratory science, performs reference laboratory services, contributes to public health surveillance, provides outbreak response capacity and leads national public health laboratory coordination. The Sub-Program also addresses public health risk factors arising from human, animal and environmental interactions by conducting research, surveillance and population risk analysis. These combined efforts work to inform infectious disease-specific strategies and prevention initiatives. The knowledge generated and translated by the Sub-Program supports the development and implementation of national and international public health policies, guidelines, interventions, decisions and actions that contribute to the lifelong health of the population.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
73,484,862	73,567,180	82,318

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
550	560	10

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Decisions and interventions to protect the health of Canadians are supported by research and reference/testing services	Percent of accredited reference laboratory tests that are conducted within the specific turnaround times (TAT)	95	96.6
	Percent of clients indicating overall satisfaction with laboratory reference services as “satisfied” or “very satisfied”	90	97.03
	Number of citations to Agency laboratory research publication to demonstrate knowledge transfer uptake	1,800	2,850

1.2 Program: Health Promotion and Disease Prevention

1.2.1 Sub-Program: Infectious Disease Prevention and Control

Description

The Infectious Disease Prevention and Control Sub-Program is the national focal point for efforts to help prevent, mitigate and control the spread and impact of infectious diseases in Canada. The Sub-Program provides leadership for integrating activities related to surveillance, laboratory science, epidemiology, research, promotion, modeling, intervention and prevention, including immunization. Applying an evidence-based approach, the Sub-Program informs targeted prevention and control initiatives for many infectious disease threats including acute respiratory and vaccine preventable infections (e.g., influenza, measles), sexually transmitted and blood borne infections (e.g., Hepatitis B and C, HIV), hospital associated infections (e.g., *C. difficile*), and human diseases resulting from environmental exposures to food, water, animals and other vectors (e.g., Listeria, *E.coli* 0157, West Nile virus). This Sub-Program reinforces efforts to protect the health and well-being of Canada's population, reinforces efforts to reduce the economic burden of infectious disease and provides expert advice to federal, provincial and territorial partners and stakeholders. The knowledge generated and translated by this Sub-Program influences and enables the development and implementation of public health policies, guidelines, interventions and action—including those required to meet Canada's *International Health Regulations* obligations—and helps to guide the population in their decisions regarding their personal health and that of their families.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
48,581,276	50,469,119	1,887,843

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
323	348	25

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Actively engaged Canadians on infectious disease issues	Percent uptake of information via social media outreach mechanisms	0.6	3.3[d]

1.2.1.1 Sub-Sub-Program: Immunization

Description

The Immunization Sub-Sub-Program reduces the burden of infectious disease and contributes to higher life expectancies for Canada's population and lower costs to the health care system by supporting vaccine accessibility in Canada. Under the framework of the National Immunization Strategy, the Immunization Sub-Sub-Program seeks to protect Canadians from vaccine preventable diseases by providing a science-based approach for the use of existing and the introduction of new vaccines, encouraging maximum vaccine uptake and coverage, providing information on vaccine surveillance and safety, and ensuring a safe and affordable supply of vaccines. In this regard, the Sub-Sub-Program enables provinces and territories to access vaccines at a reduced cost through bulk purchases in collaboration among provinces and territories to ensure a supply of vaccine is available in the event of an outbreak. The work of the National Advisory Committee on Immunization, which provides expert advice to PHAC on vaccine use, also supports the work of this Sub-Sub-Program.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
7,563,046	8,169,591	606,545

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
35	38	3

[d] Uptake of information via social media e.g., Facebook and Twitter, has increased steadily from the baseline measure of 0.44% in 2012–13 to 3.3% in 2015–16. Lyme Disease was one of the most popular topics on social media.

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Public Health stakeholders are engaged in efforts to maximize vaccine uptake and coverage	Percent of population covered by functioning immunization registries	95	Due 2017
Elimination status of measles, rubella, congenital rubella and polio in Canada is maintained through immunization against these diseases and surveillance of importations to Canada	Percent of World Health Organization elimination/ eradication verification criteria met	95	62.5[e]

1.2.1.2 Sub-Sub-Program: Infectious and Communicable Diseases

Description

The Infectious and Communicable Diseases Sub-Sub-Program supports the prevention and control of infectious diseases by monitoring emerging and re-emerging infectious diseasesf which are identified by PHAC as leading causes of hospitalization and morbidity and mortality in Canada, and by developing strategic approaches to reduce the likelihood of infection. The Sub-Sub-Program assesses and models public health interventions, monitors and reports risk factors and trends associated with infectious diseases and works collaboratively with federal, provincial, territorial, and international partners to develop national approaches to manage infectious disease threats including antimicrobial resistance, and helps prevent the transmission of these infections (such as healthcare-associated infections, sexually-transmitted infections, including HIV/AIDS, hepatitis B and C, tuberculosis, vaccine preventable diseases, influenza, MERS-CoV and other respiratory infectious diseases). The Sub-Sub-Program also seeks to reduce the risk and incidence of infections and injuries associated with blood transfusions and organ transplantation by providing knowledge products to federal, provincial, and territorial health care experts. This Sub-Sub-Program, informed by science, uses this knowledge to prevent infectious disease outbreaks and generate guidelines, education materials, frameworks and reports to guide decision-making to support public health action. These activities inform national action plans and global responses to prevent and control infectious diseases, in accordance with the International Health Regulations. The Sub-Sub-Program uses funding from the following transfer payments: Federal Initiative to Address HIV and AIDS in Canada, Hepatitis C Prevention, Support and Research Program, and the Blood Safety Program.

[e] 95% is a long-term World Health Organization target to be met. The Pan American Health Organization has established four essential criteria for the ongoing verification of measles elimination; Canada has met, or partially met, all of these criteria in 2015.

[f] An emerging disease is one that has appeared in a population for the first time, or that may have existed previously but is rapidly increasing in incidence or geographic range. A re-emerging disease once was a major health problem globally or in a particular country, and then declined dramatically, but is again becoming a health problem for a significant proportion of the population.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
27,795,106	28,809,101	1,013,995

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
204	222	18

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Up-to-date guidance information on prevention and control of infectious disease is available to provincial and territorial public health officials and other stakeholders to support policy and operational decisions	Percent of emerging and re-emerging infectious disease guidance information requiring update that is updated and disseminated annually	90	75[g]
Infectious disease surveillance information is available to support evidence based decision making	Percent of surveillance disease reports associated with key emerging and re-emerging infectious diseases that are updated and disseminated annually	80	80

[g] Revised guidance was developed during the 2015–16 period, however, it was determined that further internal consultations were required before it could be released. In the interim, pre-existing PHAC guidance on infection prevention and control in healthcare settings were available to public health and health care professionals.

1.2.1.3 Sub-Sub-Program: Food-borne, Environmental and Zoonotic Infectious Diseases

Description

The Food-borne, Environmental and Zoonotic Infectious Diseases Sub-Sub-Program seeks to reduce the risk of food-borne, water-borne, environmental and zoonotic diseases in Canada which have the potential to adversely impact the health of Canada's population. By examining the interrelationship between the environment and human health, the Sub-Sub-Program develops and disseminates measures to help address the risks associated with infectious disease threats such as Salmonella, *E.coli* 0157, West Nile virus, Legionella and Listeria, including emerging antimicrobial resistance. The Sub-Sub-Program undertakes national surveillance of food-borne illness and zoonotic diseases, conducts targeted research projects aimed at reducing infectious disease emergence, and manages Canada's national and international response to food- and water-borne disease outbreaks. It also addresses the risk associated with rising global population mobility through enhancing evidence-based information. The Sub-Sub-Program works with federal, provincial, territorial and regional stakeholders as well as international public health organizations to help address emerging global food-borne, water-borne, environmental and zoonotic infectious diseases, in keeping with Canada's obligations under the *International Health Regulations*.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
13,223,124	13,490,427	267,303

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
84	88	4

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Evidence of knowledge uptake of food safety surveillance information	Percent of surveillance information uptake by stakeholders	90	89.3
Multi-jurisdictional food-borne and zoonotic illness outbreaks are detected and responded to in a timely manner	Percent of significant multi-jurisdictional clusters that are assessed for further investigation within 24 hours of notification	90	90
Public access to information on Travel Health via social media	Number of referrals from social media to the travel health section of the Web site	12,000	50,845

1.2.2 Sub-Program: Conditions for Healthy Living

Description

The Conditions for Healthy Living Sub-Program supports improved health outcomes for Canada's population throughout life by promoting positive mental, social, and physical development, and by enabling the development of healthy communities. Population-wide health promotion efforts that respond to the needs of vulnerable and at-risk populations have been shown to improve health outcomes, especially in circumstances where poor social, physical or economic living conditions exist. The Sub-Program contributes to early childhood development, sustains healthy living conditions into youth and adolescence and builds individual and community capacity to support healthy transitions into later life. In collaboration with provinces, territories, stakeholders and organizations that assist individuals directly affected by a condition or disease, the Sub-Program advances priorities and initiatives to promote health and well-being. It also develops, tests and implements evidence-based interventions and initiatives that can help those facing socially challenging circumstances (e.g., family violence, poor mental health, injuries, communicable infections and social isolation). Finally, the Sub-Program provides evidence-based information for public health policies, practices and programs, and helps to build community public health capacity.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16Actual Spending	2015–16 Difference (actual minus planned)
191,616,567	194,750,081	3,133,514

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
362	333	(29)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Programs, policies and practices to promote health and reduce health inequalities are informed by evidence	Percent of key stakeholders using evidence	70	80[h]
Communities have the capacity to respond to health inequalities of targeted populations	Percent of funded community organizations that leverage multi-sectoral collaborations to support at risk populations	95	86[i]
	Percent of funded community organizations that have leveraged funds from other sources	60	70[j]

[h] Of the 717 Community Action Program for Children (CAPC), Canada Prenatal Nutrition Program (CPNP), Aboriginal Head Start in Urban and Northern Communities (AHSUNC), and Innovation Strategy (IS) funding recipients surveyed, 572 (80%) have used science and intervention research evidence to inform public health policies, practices, and programs. The indicator is measured based on the proportion of funding recipients reporting having promoted, disseminated or used one or more evidence-based products (e.g., brochures, toolkits, videos) generated by these PHAC-funded programs.

[i] Of the 717 CAPC, CPNP, AHSUNC and IS funding recipients surveyed, 617 (86%) leveraged multi-sectoral collaborations (more than three different types of partners) to support at risk populations. The indicator is measured based on the proportion of funding recipients reporting having more than three types of partner organizations.

[j] Of the 717 CAPC, CPNP, AHSUNC and IS funding recipients surveyed, 502 (70%) leveraged additional funds from other sources (i.e., federal government funding other than PHAC's CAPC, CPNP, AHSUNC or IS programs, P/T and regional government funding, not-for-profit organizations, etc.).

1.2.2.1 Sub-Sub-Program: Healthy Child Development

Description

The Healthy Child Development Sub-Sub-Program promotes improvement of maternal and child health outcomes, and encourages positive health and development throughout the stages of infancy and childhood. Current research demonstrates that building resilience, developing empathy, exposing children to healthy eating practices and promoting breastfeeding can substantially compensate for adverse socio-economic conditions throughout their life. Through social science research, population health and community-based interventions, the Sub-Sub-Program works to promote positive physical, social and cognitive development, and reduce health inequalities in order to set a positive trajectory for sustained health throughout the life course. The Sub-Sub-Program engages key stakeholders to identify and address shared priorities related to healthy childhood and adolescent development, including fetal alcohol spectrum disorder, maternal and infant health, oral health, positive parenting practices and health status in Aboriginal and Northern communities. It supports interventions to assist pregnant women, children, adolescents and families who face circumstances such as low socio-economic status, family violence, poor mental health and isolation. As well, it facilitates knowledge development and exchange of practice guidelines, frameworks for action, training, tools and supports which benefit the Canadian population, their families, other jurisdictions, national non-governmental organizations and public health practitioners. The Sub-Sub-Program uses funding from the following transfer payments: Aboriginal Head-Start in Urban and Northern Communities (AHSUNC), Canada Prenatal Nutrition Program (CPNP), Community Action Program for Children (CAPC), Fetal Alcohol Spectrum Disorder (FASD) and Joint Consortium for School Health (JCSH).

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
129,906,338	138,249,581	8,343,243

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
166	169	3

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Participation in the Agency-funded interventions is positively associated with protective factors for healthy child development	Percent change in school readiness for Aboriginal participants in funded interventions relative to an Aboriginal population of non-participants	15	19[k]
	Percent of participants reporting positive parental-child interaction in funded interventions relative to a population of non-participants with comparable socio-demographic characteristics	58.9	58.9[l]

1.2.2.2 Sub-Sub-Program: Healthy Communities

Description

The Healthy Communities Sub-Sub-Program aims to improve the community capacity to contribute to better health outcomes for Canada's population, including those who are vulnerable and at-risk. Evidence demonstrates that supportive social and physical community environments can have a positive impact on health status through the life course. Certain populations such as seniors, new Canadians, Aboriginal Peoples or those living with a communicable or infectious disease, are more likely to experience health challenges that can be prevented or mitigated in a community context. By engaging federal departments, other levels of government and stakeholders, the Sub-Sub-Program implements shared priorities, disease prevention and health promotion initiatives. The Sub-Sub-Program develops, adapts and implements promising or innovative population health and community-based initiatives and interventions that equip communities to support the population, including those affected by a communicable disease, in living the healthiest, most productive lives possible. The Sub-Sub-Program facilitates the exchange and uptake of evidence-based information to inform decision making for policy and programs and improve public

[k] As of the 2014–15 DPR, this program result (19%) remains the most current evidence for this indicator, which was derived from the 2012 AHSUNC School Readiness Study (Brigance Head Start Screen). This study will not be undertaken on a periodic basis. Additional evidence to inform this indicator was collected in May 2015 with the implementation of a Parent Survey. Of note, the following evidence points to improvements in school readiness of program participants: 93% of survey respondents reported that their child is more prepared to start school; 89% reported that their child is better able to express him/herself; 88% report their child is more interested in being read stories, or looking at books; and 84% reported that the program has helped improve their health and well-being of their child(ren).

[l] As of the 2014–15 DPR, this actual result remains the most current evidence for this indicator. 58.9% of participants in funded interventions reported positive parental-child interaction relative to a population of non-participants with comparable socio-demographic characteristics. Positive parent-child interaction promotes positive parent-child relationships which are important to healthy child development. Additional evidence collected in May 2015 indicated that 87% of survey respondents reported having a better relationship with their child and 91% reported doing more things with their child to help him or her learn, as a result of coming to the CAPC program.

health outcomes within communities. The Sub-Sub-Program uses funding from the following transfer payments: Federal Initiative to Address HIV/AIDS, Innovation Strategy, Canadian HIV Vaccine Initiative and Hepatitis C Prevention, Support and Research Program.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
61,710,229	56,500,500	(5,209,729)[m]

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
196	164	(32)[n]

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
New collaborative alliances to promote health, prevent and control infections, and address barriers to care, treatment and support, are in place across Canada	Percent of programming funded through collaborative alliances	10	6.2[o]

[m] Actual spending was less than planned due to: delays in staffing, realignment of resources between Sub-Sub-Programs, and underspending in operating expenditures. Transfer payments, including the Federal Initiative to Address HIV/AIDS, were not affected.

[n] Actual FTEs were less than planned primarily due to delays in staffing processes and realignment of resources between Sub-Sub-Programs.

[o] This actual result represents the percentage of HIV Grants and Contributions funded through collaborative alliances. As PHAC implements this new funding model, a small number of projects were selected to pilot this approach.

1.2.3 Sub-Program: Chronic (non-communicable) Disease and Injury Prevention

Description

The Chronic (non-communicable) Disease and Injury Prevention Sub-Program mobilizes and supports governmental and non-governmental organizations at national, provincial, territorial and local levels, and collaborates with international/national multi-sectoral stakeholders in designing, evaluating and identifying best practices, with the goal that policies and programs support healthy living, decrease chronic disease rates and reduce the impact of these diseases on Canada's population. This Sub-Program tracks injuries, chronic diseases, their risk factors and related inequalities, analyses the risks to public health and determines priorities for action. It also identifies what works in chronic disease prevention and mitigation according to scientific criteria and disseminates these approaches widely to increase the use of effective interventions. Finally, it facilitates collaboration among stakeholders to increase the efficiency and effectiveness of chronic disease prevention and mitigation. The Sub-Program uses funding from the following transfer payments: Integrated Strategy for Healthy Living and Chronic Disease (Cancer, Diabetes, Cardiovascular Disease, Surveillance for Chronic Disease, Healthy Living and Observatory of Best Practices), Canadian Breast Cancer Initiative, Federal Tobacco Control Strategy and Promoting Access to Automated External Defibrillators and Associated Training in Recreational Hockey Arenas Initiative.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
56,912,653	52,292,169	(4,620,484)

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
204	186	(18)

Performance Results

Expected Results	Performance Indicators	Targets	Actual Results
Chronic disease prevention priorities for Canada are identified and advanced	Percent of key stakeholders who agree that chronic disease and injury priorities have been advanced through collaboration with the Agency	70	72[p]
Chronic disease prevention practice, programs and policies for Canadians are informed by evidence	Percent of key stakeholders using evidence	70	76[q]

[p] As of 2014–15, out of 71 stakeholders surveyed working in the areas of neurological conditions, autism, and mental health / mental illness, 51 (72%) agreed that these public health priorities were advanced through collaboration with PHAC.

[q] As of 2014–15, out of 338 key stakeholders surveyed across a range of knowledge products, 257 (76%) stated they had used or intended to use the information obtained.

1.3 Program: Health Security

1.3.1 Sub-Program: Emergency Preparedness and Response

Description

The Emergency Preparedness and Response Sub-Program is the central coordinating point among federal, provincial, territorial and non-governmental public health partners. The Sub-Program is also responsible for strengthening the nation's capacity to help prevent, mitigate, prepare and respond to public health events/emergencies. In order to meet these goals, the Sub-Program's interventions include emergency preparedness, emergency planning, training and exercises, ongoing situational awareness and risk assessment, maintenance of a Health Portfolio Operations Centre, coordination of inter-jurisdictional mutual aid, deployment of surge capacity to provinces and territories, and deployment of Microbiological Emergency Response Teams and associated mobile laboratories. The Sub-Program seeks to protect all persons living in Canada and provides surge capacity to provinces and territories and fulfills Canada's international obligations for events, such as infectious disease outbreaks, pandemic influenza and bioterrorism. In addition, it coordinates response to natural or man-made disasters and preparedness for mass gatherings and high profile events. The Sub-Program enables PHAC to meet its obligations under the *Emergency Management Act* and *International Health Regulations*, and it also makes a significant contribution to the Beyond the Border initiatives and to the North American Plan for Animal and Pandemic Influenza.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
43,888,910	50,647,087	6,758,177[r]

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
175	166	(9)

[r] Actual spending was greater than planned spending primarily due to funding for Ebola Preparedness and Response Initiatives to Protect Canadians at Home and Abroad, and funding to Acquire Medical Countermeasures for Smallpox and Anthrax.

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Canada has the capacity to prevent, mitigate, prepare and respond to public health emergencies including infectious disease	Percent of all-hazards and disease specific Emergency Management plans and procedures developed, maintained and kept current at all times	100	90[s]
	Percent of inter-jurisdictional mutual aid/federal assistance requests coordinated for domestic and international response and resource sharing within negotiated timelines	100	100
	Percent of required health portfolio capabilities ready to respond appropriately to events/emergencies on 24/7 basis	100	100

1.3.2 Sub-Program: Border Health Security

Description

The Border Health Sub-Program helps protect Canadians from the introduction and spread of communicable disease across borders through administration and enforcement of the *Quarantine Act* and elements of the *Department of Health Act.* The Sub-Program includes quarantine services for travelers, cargo and conveyances at Canadian ports of entry. It also includes a risk-based public health inspection program for passenger conveyances (including aircraft, trains, cruise ships and ferries) and ancillary services (such as flight kitchens and terminals). The Sub-Program provides ship sanitation Inspections pursuant to the *International Health Regulations (IHR).* The Border Health Security Sub-Program promotes coordinated border health measures by creating linkages between key border departments and agencies, including the Canadian Border Services Agency, Royal Canadian Mounted Police and the Canadian Food Inspection Agency.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
5,748,985	7,370,810	1,621,825[t]

* Actual spending was higher than planned primarily due to additional spending for the Ebola virus disease outbreak.

[s] In 2015–16, nine out of ten plans and annexes were updated or kept current.
[t] Actual spending was higher than planned primarily due to additional spending for the Ebola virus disease outbreak.

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
54	57	3

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Risks associated with import and export of communicable diseases into and out of Canada are mitigated and/or controlled	Percent of inspected passenger conveyances (ships, planes, trains) that meet federal guidelines	90	95
	Percent of designated Canadian points of entry that maintain the *IHR* core capacities	100	100

1.3.3 Sub-Program: Biosecurity

Description

The Biosecurity Sub-Program is responsible for administration and enforcement activities related to the use and manipulation of human and terrestrial animal pathogens and toxins. This Sub-Program has specific responsibility under the *Human Pathogens and Toxins Act*, the *Human Pathogens Importation Regulations*, and select sections of the *Health of Animals Act* and *Health of Animals Regulations* to promote and enforce safe and secure biosafety practices and laboratory environments. Through the fostering of a foresight-based collaborative Canadian framework for pathogen oversight and accountability, the Sub-Program further contributes to public health security by assessing and addressing emerging risks and by mitigating risks posed by the malicious use of pathogens with the intent to harm. The Sub-Program's main methods of intervention include compliance promotion and education through the provision of knowledge products and training, guidance, the publication of biosafety and biosecurity standards, risk assessments, laboratory certification and verification, the issuance of import permits, laboratory inspections and enforcement activities. The Sub-Program works in close collaboration with a variety of key stakeholders including academic institutions, industry, hospitals and public health laboratories, government laboratories, federal government departments and Health Portfolio partners, and provincial and territorial policy and issue experts.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2015–16 Actual Spending	2015–16 Difference (actual minus planned)
10,138,345	9,954,479	(183,866)

Human Resources (FTEs)

2015–16 Planned	2015–16 Actual	2015–16 Difference (actual minus planned)
71	77	6

Performance Results

Expected Result	Performance Indicators	Targets	Actual Results
Safe and secure biosafety practices and laboratory environments	Percent of *Human Pathogens and Toxins Act* (HPTA) registered laboratories working with moderate risk pathogens and toxins compliant with requirements	90	100
	Percent of HPTA registered laboratories working or intending to work with high risk pathogens and toxins compliant with requirements	100	100
	Number of laboratory acquired infections[u]	0	0

[u] Baseline or average annual expected laboratory acquired infections is to be established following the initiation of prospective reporting at the end of 2015. A minimum of five consecutive years of data will be needed to establish an accurate baseline.