

Pan-Canadian Public Health Network  
*Partners in Public Health*

*Pan-Canadian Public Health  
Network  
– Annual Report –  
2010-2011*

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## Message from the Pan-Canadian Public Health Network Council Co-Chairs and P/T Liaison Deputy Minister

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It is our privilege to present the 2010 – 2011 Annual Report for the Pan-Canadian Public Health Network (PHN).

Over the past year, the PHN focused its efforts on enhancing its capacity to be an effective pan-Canadian forum where public health threats and emerging issues can be anticipated, prepared for, and responded to in a coordinated manner across jurisdictions. For the 2010-2011 fiscal year, the PHN was directed by the Conference of Federal, Provincial and Territorial (F/P/T) Deputy Ministers of Health to advance a number of initiatives, including:

- Streamlining and strengthening the PHN's governance and accountability structures through an operational review;
- Developing long-term strategic public health priorities for Canada;
- Following up on H1N1 lessons learned, including the development of a report on the human health issues related to Influenza in swine in Canada;
- Continuing to focus on healthy living through the development and advancement of 1) *Curbing Childhood Obesity: A F/P/T Framework for Action to Promote Healthy Weights* and 2) *Creating a Healthier Canada: Making Prevention a Priority – A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living*; and
- Supporting the renegotiation of pandemic and annual influenza vaccine contracts.

This report highlights the contributions and achievements of the PHN in assisting governments and other public health partners in promoting healthy living, preventing chronic disease and injury, protecting the health of Canadians and reducing health disparities through effective pan-Canadian collaboration.

We look forward to building on the past successes of the PHN to ensure the network continues to be an effective, collaborative and efficient mechanism for F/P/T action on pan-Canadian public health matters.

Thank you,

Dr. André Corriveau, Chief Medical Health Officer, Alberta  
Provincial/Territorial co-chair, Public Health Network Council

Dr. David Butler-Jones, Chief Public Health Officer of Canada  
Federal co-chair, Public Health Network Council

Ms. Jan Sanderson, Deputy Minister, Healthy Living, Youth and Seniors, Manitoba  
Provincial/Territorial Liaison Deputy Minister

## Executive Summary

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The Pan-Canadian Public Health Network (PHN) was established by Canada's Federal, Provincial and Territorial (F/P/T) Health Ministers in 2005, as a key intergovernmental mechanism to:

- Strengthen and enhance Canada's public health capacity;
- Enable F/P/T governments to better work together on the day-to-day business of public health; and
- Anticipate, prepare for, and respond to public health events and threats.

This is the fourth annual report on the contributions and achievements of the PHN in assisting governments and other public health partners in collectively advancing work on public health priorities for Canada. Briefly, fiscal year 2010 – 2011 saw the completion of work on many PHN priorities, including

- completion of an operational review of PHN governance and operations, and development of recommendations for a new PHN governance structure with greater efficiencies and alignment with Deputy Ministers' direction;
- endorsement of the *Creating a Healthier Canada: Making Prevention a Priority – A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living*, by F/P/T Ministers of Health, which articulates Ministers' commitment to promoting health and preventing disease in Canada;
- approval of the *Curbing Childhood Obesity: A F/P/T Framework for Action to Promote Healthy Weights*, by F/P/T Ministers of Health, which will facilitate collaboration across governments and sectors to promote healthy weights in children.
- renewal of pandemic and annual influenza vaccine contracts for Canada to secure vaccine supplies for Canadians and further enable governments to protect the health of Canadians; and
- development of options for the engagement of Aboriginal public health expertise within the PHN to ensure the systematic consideration of Aboriginal public health issues in the work of the PHN, and to enable key issues to be identified.

The PHN also continued to build relationships with the public health community in Canada. Members of the network participated in the Canadian Public Health Association's annual conference and took part in hosting a conference workshop, pre-conference session and presented an exhibit booth. These activities contributed to raising awareness of the work of the PHN and its contributions to improving public health in Canada.

The PHN also engaged with the National Collaborating Centres for Public Health (NCCs) to explore potential synergies with the activities ongoing within the NCCs. The PHN will continue to engage with the NCCs and other public health stakeholders, and leverage partnerships with experts to ensure the work of the PHN is informed by Canada's best available public health expertise.

Looking ahead to fiscal year 2011 – 2012, the PHN will continue to build on its successes to respond to Ministerial and Deputy Minister direction and ensure the network continues to be an effective and efficient mechanism for governments and public health partners to work together toward improving the health of Canadians and strengthening the public health system in Canada.

## Introduction

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The Pan-Canadian Public Health Network (PHN) was established by Canada's Federal, Provincial and Territorial (F/P/T) Health Ministers in 2005, as a key intergovernmental mechanism to:

- Strengthen and enhance Canada's public health capacity;
- Enable F/P/T governments to better work together on the day-to-day business of public health; and
- Anticipate, prepare for, and respond to public health events and threats.

The PHN was established in response to various reviews and public health events that highlighted the urgent need for a mechanism to respond to the need for a comprehensive, integrated and responsive system for intergovernmental coherence and collaboration in the field of public health<sup>1</sup>. In fulfilling its duties, the PHN strives to conduct its intergovernmental work in a manner that is respectful of the authority and jurisdiction of each government to manage public health operations within their own domain. Textbox 1 provides a snapshot of the strategic directions of the PHN including, the network's vision, mandate, strategic goals and 2011 – 2014 strategic priorities.

### ***Goals of the 2010-2011 PHN Annual Report***

The PHN presents an annual report on its activities to F/P/T Ministers of Health, via the Conference of F/P/T Deputy Ministers of Health. The purpose of these reports is to highlight the contributions and achievements of the PHN in assisting governments and other public health partners in promoting healthy living, preventing chronic disease and injury, protecting the health of citizens and reducing health disparities through effective pan-Canadian collaboration. The present report provides an overview of key changes to the PHN in 2010-2011, as well as its activities and accomplishments during this period. The report covers the following sections:

- Section I outlines the PHN governance and structure from April 2005 to March 31, 2011;
- Section II outlines changes in PHN Council membership;
- Section III highlights the key priorities and deliverables for 2010-2011;
- Section IV describes some of the PHN activities in support of building relationships with the public health community in Canada; and
- Section V summarizes key areas of focus for the PHN in 2011-2012.

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<sup>1</sup> Please refer to, *Partners in Public Health – Final Report of the F/P/T Special Task Force on Public Health* (March 2005), for more information related to the recommendation for the creation of a pan-Canadian Public Health Network. Available at: <http://www.phn-rsp.ca/pubs/index.html>

**Textbox 1. The Pan-Canadian Public Health Network: At-A-Glance**

<b>Vision</b>	<ul style="list-style-type: none"> <li>▪ Canadians benefit from an effective federation dedicated to collaboratively addressing contemporary challenges in public health</li> </ul>
<b>Mandate</b>	<ul style="list-style-type: none"> <li>▪ Facilitate information sharing among all jurisdictions</li> <li>▪ Disseminate information regarding best-practices in public health</li> <li>▪ Support the public health challenges jurisdictions face during emergencies</li> <li>▪ Provide advice and regular reporting to F/P/T Deputy Ministers of Health on public health matters and the activities of the Network</li> <li>▪ Collaborate on the day-to-day operations of public health</li> <li>▪ Respect jurisdictional responsibilities in public health</li> <li>▪ Be accountable to the Conference of F/P/T Deputy Ministers of Health</li> </ul>
<b>Strategic Goals</b>	<ul style="list-style-type: none"> <li>▪ To protect and promote the health of Canadians</li> <li>▪ To promote the importance of public health in the development of a sustainable Canadian health system</li> <li>▪ To improve health outcomes and reduce health inequalities</li> </ul>
<b>2011 – 2014 Strategic Priorities</b>	<ul style="list-style-type: none"> <li>▪ Health promotion: healthy living development and management</li> <li>▪ Communicable disease control and prevention</li> <li>▪ Prepare for and respond to public health emergencies</li> <li>▪ Build the public health infrastructure and organizational supports</li> </ul>

**Note:** The mandate of the PHN was approved in 2005, upon establishment of the PHN by F/P/T Ministers of Health. The vision, strategic goals and 2011 – 2014 strategic priorities for the PHN were approved by F/P/T Deputy Ministers of Health in December 2010.

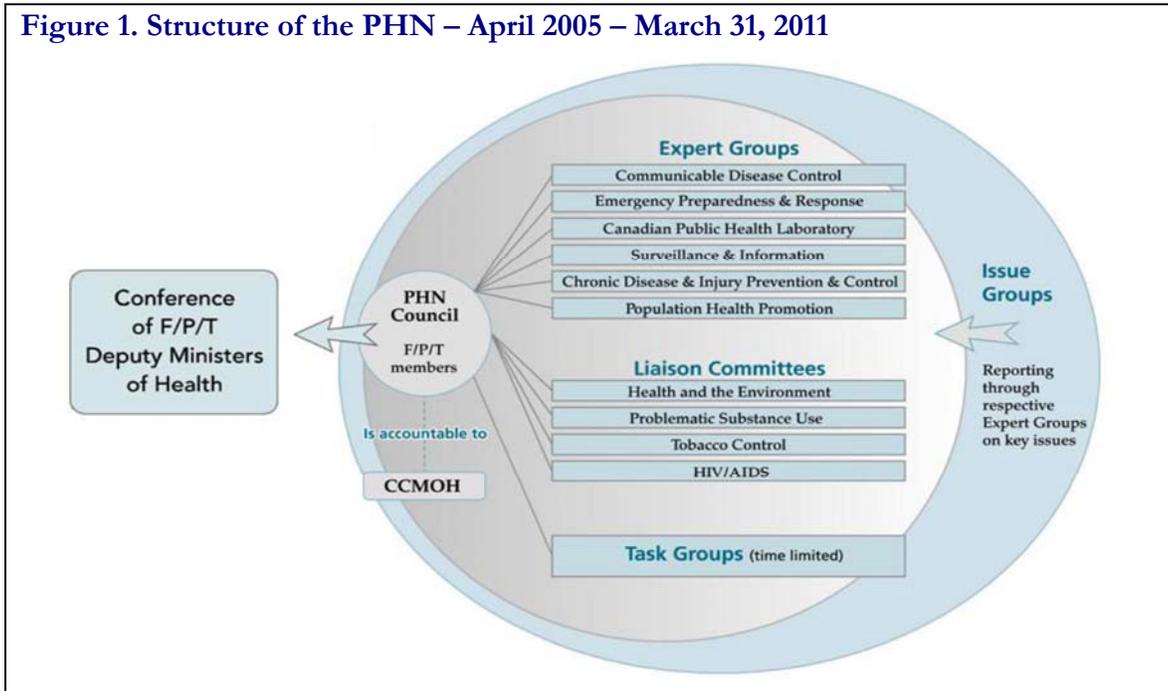
## **I. PHN Governance and Structure – April 2005 – March 31, 2011**

Figure 1 outlines, at a high-level, the governance structure of the PHN from April 2005 to March 31, 2011. The PHN is governed by a seventeen member Council – representing the public health leadership of each jurisdiction. PHN Council members are appointed by the Deputy Minister of Health of each jurisdiction. Dr. André Corriveau (Chief Medical Officer of Health of Alberta) is the PHN Council Provincial/Territorial (P/T) co-chair and Dr. David Butler Jones (Chief Public Health Officer for Canada) serves as the federal co-chair. Ms. Jan Sanderson (Deputy Minister, Healthy Living, Youth and Seniors, Manitoba) serves as the Provincial/Territorial Liaison Deputy Minister to the PHN Council. The PHN is accountable to F/P/T Ministers of Health and Healthy Living *via* reporting to the Conference of F/P/T Deputy Ministers of Health.

From April 2005 to March 31, 2010, the PHN was composed of six expert groups, four liaison committees, issue groups and time-limited task groups, all of which contributed to supporting and completing work on public health priorities<sup>2</sup>.

<sup>2</sup> Please refer Annex A for a more detailed figure of the PHN structure and groups as of March 31, 2011.

**Figure 1. Structure of the PHN – April 2005 – March 31, 2011**



**Note:** PHN business and administration is supported financially by the Public Health Agency of Canada, with annual P/T contributions for general policy support, research, and specific policy support for the P/T co-chair and Liaison Deputy Minister.

## II. Changes to PHN Council Membership<sup>3</sup>

Between April 1, 2010 and March 31, 2011, there were several changes in PHN Council membership. The PHN wishes to thank the following individuals for their service as members of Council:

- Mr. Duff Montgomerie, former P/T Liaison Deputy Minister to the PHN (June 2008 – January 2011);
- Dr. Isaac Sobol, former Nunavut member (April 2005 – March 2011); and
- Dr. Jeffrey Scott, interim Prince Edward Island member (May 2010 – October 2010).

The PHN is also pleased to welcome the following new/returning members to Council:

- Ms. Jan Sanderson, P/T Liaison Deputy Minister to the PHN (as of February 2011);
- Dr. Geraldine Osborne, Nunavut member (as of April 2011); and
- Dr. Heather Morrison, returning Prince Edward Island member (as of October 2010).

<sup>3</sup> Please refer to Annex B for a complete list of PHN Council members as of March 31, 2011.

### III. Reporting on 2010-2011 PHN Priorities & Deliverables

The following section describes some key priorities for the PHN for the 2010-2011 fiscal year, as directed by the Conference of F/P/T Deputy Ministers of Health.

#### *Summary of Key 2010-2011 PHN Workplan Priorities and Deliverables*

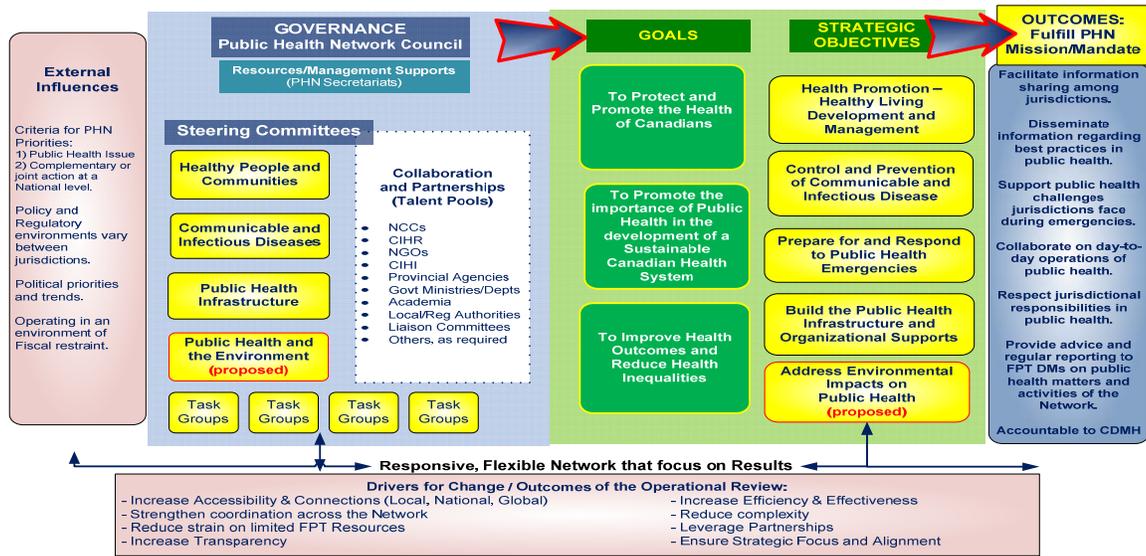
Priority	Deliverable(s)
1. Streamline PHN governance and operations	<ul style="list-style-type: none"> <li>▪ Complete an operational review of the PHN</li> <li>▪ Develop recommendations for a new governance structure for the PHN</li> <li>▪ Develop recommendations for long-term public health priorities for Canada</li> </ul>
2. Human health issues related to Influenza in swine in Canada	<ul style="list-style-type: none"> <li>▪ Develop a report on human health issues related to Swine Influenza in Canada</li> </ul>
3. Develop an Aboriginal engagement strategy for the PHN	<ul style="list-style-type: none"> <li>▪ Develop options for the engagement of Aboriginal expertise within the PHN</li> </ul>
4. Continue focus on healthy living	<ul style="list-style-type: none"> <li>▪ Develop an F/P/T framework to curb childhood obesity in Canada</li> <li>▪ Develop a declaration on prevention and promotion for F/P/T Ministers of Health</li> </ul>
5. Enhance existing surveillance and epidemiological capacity to strengthen public health surveillance	<ul style="list-style-type: none"> <li>▪ Hold a discussion forum on national capacity for respiratory virus surveillance</li> </ul>
6. Advise on negotiation of future pandemic and seasonal influenza vaccine contracts	<ul style="list-style-type: none"> <li>▪ Renew annual and pandemic influenza vaccine contracts for Canada</li> </ul>

#### *Priority One: Streamline PHN governance and operations*

The PHN Operational Review was completed in September 2010 and final recommendations were presented to F/P/T Deputy Ministers of Health in December 2010 (Figure 2.). Deputy Ministers approved the recommendation to implement a new PHN governance structure (Figure 3.) and business planning and reporting cycle, as well as long-term public health priorities for Canada

There was extensive collaboration and engagement of members of the PHN throughout the operational review and transition to the new governance structure. PHN Council, Expert Group, Task Group, Issue Group and Secretariat members, as well as members of the Liaison Committees, actively participated in workshops and interviews to provide feedback on the operations of the PHN to date. A small group of F/P/T PHN Council members provided guidance and leadership on the transition to the new governance structure.

**Figure 2. Logic Model and Summary of PHN Operational Review Recommendations**

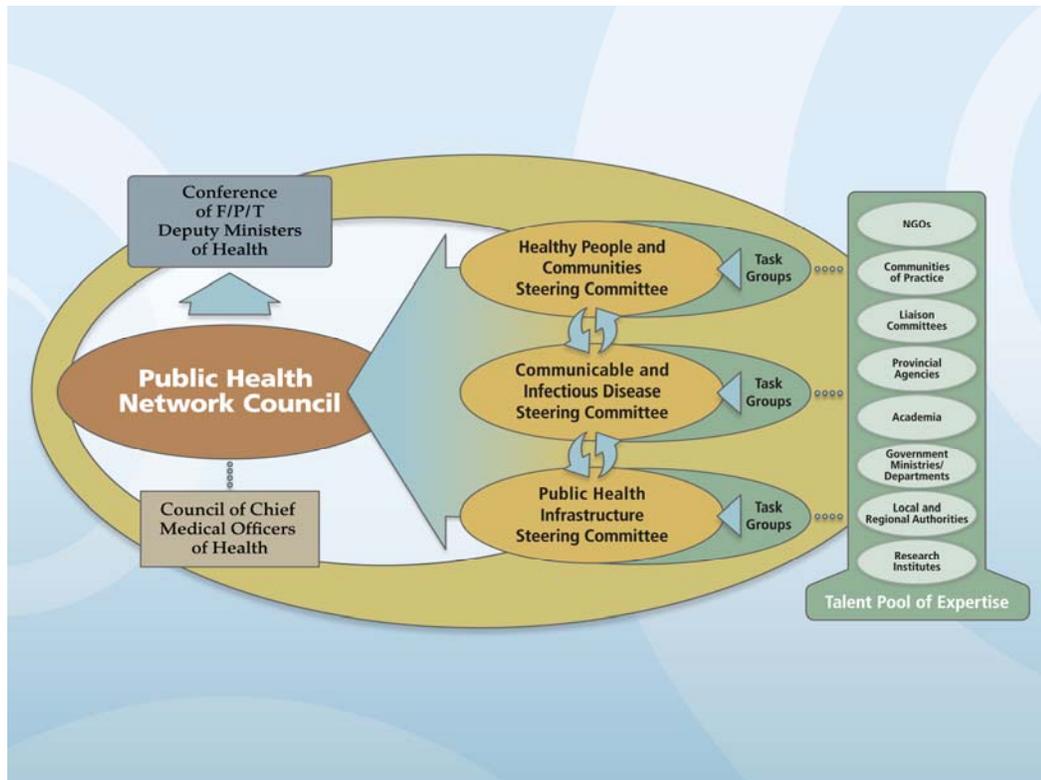


- ❖ The PHN Operational Review highlighted that there was a need to refocus the PHN governance structure to facilitate vertical and horizontal streamlining to:
  - Ensure the work of the PHN aligned with overall strategic priorities and direction received from F/P/T Deputy Ministers of Health;
  - Strengthen management processes to enhance the timeliness, relevance and value of deliverables and PHN activities;
  - Ensure that F/P/T resources are used efficiently; and
  - Leverage partnerships with other public health stakeholders.

Throughout the operational review and transition to the new governance structure many lessons were learned. These include the value of F/P/T collaboration in developing durable approaches for addressing public health issues, and the need for improved management and operations, to ensure the work of the PHN aligns with collective public health priorities for Canada.

The resulting Operational Review recommendations have been valuable in helping guide the network in transitioning to a new, streamlined governance structure that emphasizes more effective and efficient operations. Reporting on the efficiencies gained through the new PHN governance structure will occur in fiscal year 2011 – 2012.

**Figure 3. New Structure of the Pan-Canadian Public Health Network – As of April 1, 2011**



- ❖ The new PHN has established three Steering Committees, which cover three key areas of PHN work: Healthy People and Communities, Communicable and Infectious Disease and Public Health Infrastructure.
- ❖ At the direction of F/P/T Deputy Ministers of Health, the PHN is also examining options for an alternate approach to dealing with issues on public health and environment using existing structures, the outcome of which will be submitted to F/PT Deputy Ministers of Health in 2011 – 2012.
- ❖ The new governance structure is intended to:
  - create a tighter, better focused network;
  - improve management and control over planning and priority setting;
  - increase efficiency and effectiveness in the work and how it is managed;
  - reduce strain on F/P/T resources; and
  - improve linkages with other public health stakeholders.

### ***Priority Two: Human health issues related to Influenza in swine in Canada***

Under the auspices of the Communicable Disease Control Expert Group, a report entitled *Human Health Issues Related to Influenza in Swine in Canada*, was developed by the Public Health Agency of Canada with contributions from other partners<sup>4</sup>. This document provides an overview of influenza in swine and swine-origin influenza in humans, recommendations for surveillance, reporting and notification to public health and animal health authorities, public health risk and strategies for management of influenza at the human / animal interface, guidance for infection control, use of antivirals, vaccine programs and the prevention of viral reassortment. The information and recommendations outlined in the document will further inform public health authorities and other stakeholders of practices for the effective management of actual and potential human health issues related to influenza outbreaks in swine.

### ***Priority Three: Develop an Aboriginal engagement strategy for the PHN***

The PHN recognises that Aboriginal populations and groups have unique needs with respect to public health, and that there is a requirement to engage Aboriginal public health expertise when relevant issues are under consideration. In addition, the PHN Operational Review noted that First Nations, Inuit and Metis expertise should be integrated at different and combined levels of the PHN. The PHN sought advice from the National Collaborating Centre for Aboriginal Health on options and recommendations for an approach for the engagement of Aboriginal public health expertise within the PHN and plans to maintain a close working relationship with the NCCAH to increase access to appropriate expertise.

The development of an Aboriginal engagement strategy for the PHN is a key feature of the PHN that was envisioned in the F/P/T Special Task Force report, *Partners in Public Health*. After the consideration of a number of mechanisms for Aboriginal engagement within the network, the PHN Council developed a multi-pronged approach for F/P/T Deputy Ministers of Health consideration and approval at the June 2011 meeting of Deputy Ministers. The proposed strategy will ensure the systematic consideration of Aboriginal public health issues in the work of the PHN, and enable key issues to be identified and appropriately addressed.

### ***Priority Four: Continue focus on healthy living***

In September 2010, Canada's F/P/T Ministers of Health and Healthy Promotion/Healthy Living endorsed *Creating a Healthier Canada: Making Prevention a Priority – A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living* (the Declaration on Prevention and Promotion). Also in September 2010, Ministers approved *Curbing Childhood Obesity: A F/P/T Framework for Action to Promote Healthy Weights* (the Framework for Action). Both the *Declaration on Prevention and Promotion* and the *Framework for Action* demonstrate F/P/T governments' commitment to working collaboratively to promote healthy weights in children as an important step in reversing childhood obesity trends in Canada.

Upon approval of the *Framework for Action*, F/P/T Ministers of Health directed officials to develop a report to be brought forward at the next F/P/T Health Ministers' Meeting on

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<sup>4</sup> Other partners were: the Centre for Public Health and Zoonoses (University of Guelph), the Working Group on pandemic H1N1 at the Human-Animal Health Interface of the Council of the Chief Medical Officers of Health/Council of Chief Veterinary Officers, the Pandemic Coordination Committee, and the Workplace Health and Public Safety Programme of Health Canada.

November 24-25, 2011. This report will cover concrete initiatives taken since approval of the *Framework for Action*, as well as a plan of action for the subsequent year. During the 2010-2011 fiscal year, members of the Healthy Living Project Committee leveraged partnerships with experts and convened expert-based task teams to develop five discussion papers on the key concepts and next steps of the strategies outlined in the *Framework for Action*. On March 7, 2011, the Healthy Living Project Committee launched a comprehensive engagement strategy to seek ideas and feedback from various stakeholders across Canada, including members of the general public, on ways to tackle childhood obesity in Canada. These ideas and feedback will be a valuable source of information as work on the strategies outlined in the *Framework for Action* continues to advance throughout the 2012-2013 fiscal year.

Textbox 2 provides further information on the *Declaration on Prevention and Promotion* and the *Framework for Action*. The full *Declaration on Prevention and Promotion* and *Framework for Action* can be found on the PHN website <http://www.phn-rsp.ca/pubs/index.html>.

### **Textbox 2. Declaration on Prevention and Promotion and F/P/T Framework for Action to Promote Healthy Weights**

Endorsed by F/P/T Ministers of Health on September 14, 2010, the *Declaration on Prevention and Promotion* is a non-binding public statement that makes explicit the shared vision of F/P/T Health and Health Promotion/Healthy Living Ministers to work together to make chronic disease prevention and health promotion a priority. It presents the vision in which governments work together and with private, non-profit, municipal, academic and community sectors, and with First Nations, Inuit and Métis peoples, to improve health and reduce health disparities and to build and influence the physical, social and economic conditions that will promote health and wellness, and prevent illness so that Canadians can enjoy good health for years to come.

As a first deliverable in conjunction with the *Declaration on Prevention and Promotion*, the healthy weights *Framework for Action* proposed a focus on the prevention of childhood obesity using a sustained, multi-sectoral, transformative agenda. Through the *Framework for Action*, F/P/T Ministers of Health and Health Promotion/Healthy Living agreed to work collectively on three integrated strategies:

1. Making childhood overweight and obesity a collective priority for action;
2. Coordinating efforts on three key policy areas – supportive environments, early action, and nutritious foods; and
3. Measuring and reporting on collective progress.

Together, the *Declaration on Prevention and Promotion* and the *Framework for Action* facilitate coordinated action by governments to promote healthy weights in children. The *Framework for Action* is a critical first step in addressing the childhood obesity problem as a nation and focusing on specific areas for F/P/T collaboration. The *Framework for Action* builds on, strengthens, and expands on the current work on obesity taking place within jurisdictions by giving it national profile, raising awareness and mobilizing stakeholders and all involved sectors.

**Sources:** 1) *Creating a Healthier Canada: Making Prevention a Priority – A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living*. (September 2010), and 2) *Curbing Childhood Obesity: A F/P/T Framework for Action to Promote Healthy Weights* (September 2010)

***Priority Five: Enhance existing surveillance and epidemiological capacity to strengthen public health surveillance***

In August 2010, the Pandemic Preparedness Oversight Committee organized a one-day discussion forum with public health professionals and surveillance experts from across Canada to identify best approaches for coordinating national respiratory virus surveillance capacity. The recommendations stemming from the forum are being used to inform future PHN work on enhancing surveillance capacity and public health infrastructure, as this area of work will continue to be a priority for the network in fiscal year 2011 – 2012, with an initial focus on communicable and nationally notifiable diseases.

***Priority Six: Renewal of Pandemic and Annual Influenza Vaccine Contracts***

Canada's contracts for annual and pandemic influenza vaccine were scheduled to expire March 2011. Due to the demands of the H1N1 response, timelines to put new contracts in place were considerably shorter than usual. F/P/T governments agreed to work together, through the Pandemic Vaccine Supply Task Group, to develop and negotiate a long-term domestic pandemic vaccine supply contract for pandemic and annual vaccine supplies.

This work commenced in March 2010, and after collective F/P/T effort, three contracts were awarded on February 28, 2011 for the renewal of pandemic and annual influenza vaccines supplies in Canada (Textbox 3). The collaborative work involved in the vaccine contract renewal process enables governments to continue to protect the health of Canadians and resulted in favourable vaccine prices for Canada. The fluid and effective communication among jurisdictions throughout the process proved to be an effective method for strategic and timely outcomes, and further enhanced the existing, collaborative relationship between the federal, provincial and territorial governments.

**Textbox 3. Awarded Contracts for the Renewal of Pandemic and Annual Influenza Vaccines Supplies in Canada**

Three vaccine supply contracts were awarded on February 28, 2011:

1. Domestic Pandemic and Annual Contract

- Primary pandemic vaccine supply
- Pandemic readiness to produce, fill and package Canada's pandemic vaccine
- Supply doses of annual influenza vaccine

2. Annual and Back-up Pandemic Contract

- Supply of annual influenza vaccine
- Includes an intradermal vaccine targeted for the elderly
- Back-up supplier for pandemic vaccine

3. Annual Contract

- Annual influenza vaccine
- Includes an adjuvanted vaccine targeted for the elderly

## **IV. Building Relationships with the Public Health Community**

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Over the last year, the PHN continued to build relationships with the public health community in Canada. At the 2010 Canadian Public Health Association Centenary Conference, the PHN hosted a conference workshop, a pre-conference session and also presented an exhibit booth, all of which contributed to communicating to public health stakeholders the work of the PHN and its contribution to public health in Canada.

The PHN Council also invited the National Collaborating Centres for Public Health (NCCs) to present on the work of the NCCs at the May 2010 PHN Council meeting. The PHN will continue to leverage partnerships and collaborate with public health stakeholders and experts in Canada to ensure the work of the PHN is informed by Canada's best available expertise and facilitate the sharing of information of public health activities ongoing across Canada, both within and external to governments.

## **V. Looking Ahead to 2011-2012**

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In the 2011-2012 fiscal year, the PHN will continue to build on its achievements to date. Of particular importance will be responding to Ministerial and Deputy Minister direction, specifically with respect to:

- Development of the Multi-Lateral Information Sharing Agreement (MLISA);
- Promoting healthy weights for children and youth;
- Review/renewal of the National Immunization Strategy;
- Enhancing national surveillance capacity; and
- Managing emerging issues in environmental public health.

We also look forward to further strengthening the PHN through the implementation of the operational review recommendations and refinement of the governance structure and business operations.

The PHN will also continue to build relationships and communications with the public health community by participating in conferences and other appropriate fora, partnering where appropriate, with expertise in Provincial Public Health Agencies and NCCs, improving utilization of the Canadian Network for Public Health Intelligence and by further enhancing the PHN web-site.

## Conclusion

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Since its creation in April 2005, the Public Health Network has focused its efforts on delivering on the commitments and priorities identified by the Conference of F/P/T Deputy Ministers of Health and the F/P/T Ministers of Health, including those articulated in the F/P/T Special Task Force report, *Partners in Public Health*. This past year, through the PHN, governments and other public health stakeholders took collective action to address many public health issues in Canada including, promoting healthy weights for children and youth, preparing for annual and pandemic influenza, and identifying ways to strengthen the surveillance of respiratory viruses. These actions further emphasize the commitment of governments to work with public health partners to promote and protect the health of Canadians and prevent disease and injury. The PHN looks forward to building on its successes in working towards a high quality, efficient and responsive public health system for all Canadians.

## Reference Documents

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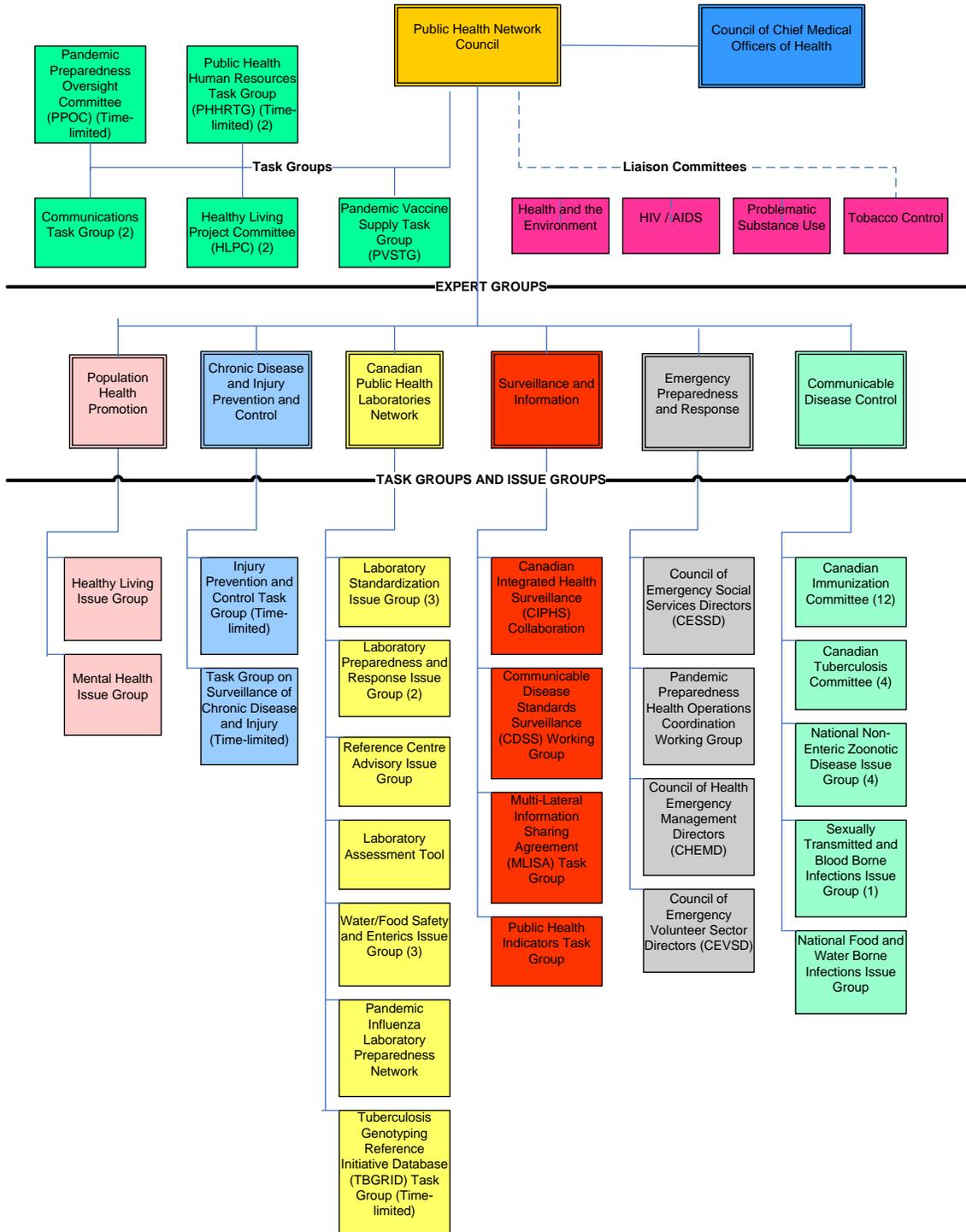
Creating a Healthier Canada: Making Prevention a Priority – A Declaration on Prevention and Promotion from Canada’s Ministers of Health and Health Promotion/Healthy Living. (September 2010). Available at: <http://www.phac-aspc.gc.ca/publicat/healthpartners/full/index-eng.php>

Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights. September 2010. Available at: <http://www.phac-aspc.gc.ca/publicat/healthpartners/full/index-eng.php>

Partners in Public Health – Final Report of the Federal/Provincial/Territorial Special Task Force on Public Health. March 2005. Available at: <http://www.phac-aspc.gc.ca/publicat/healthpartners/full/index-eng.php>

# Annex A

## PHN Structure and Groups – As of March 31, 2011



**Note:**  
 (#) denotes the number of sub-groups.

## Annex B

### *Public Health Network Council Members – April 2005 – March 31, 2011*

<b>Federal Co-Chair</b>	<b>P/T Co-Chair</b>
Dr. David Butler-Jones Chief Public Health Officer Public Health Agency of Canada	Dr. André Corriveau Chief Medical Officer of Health Alberta Health and Wellness
<b>P/T DM Liaison</b>	<b>Yukon</b>
Ms. Jan Sanderson Deputy Minister Department of Healthy Living, Youth and Seniors, Manitoba	Ms. Sherri Wright Assistant Deputy Minister, Health Services Department of Health and Social Services
<b>Northwest Territory</b>	<b>Nunavut</b>
Mr. Dana Heide Assistant Deputy Minister, Operational Support Department of Health and Social Services	Dr. Geraldine Osborne Chief Medical Officer of Health Department of Health and Social Services
<b>British Columbia</b>	<b>Alberta</b>
Dr. Perry Kendall Provincial Health Officer Ministry of Health	Ms. Margaret King Assistant Deputy Minister, Community and Population Health Alberta Health and Wellness
<b>Saskatchewan</b>	<b>Manitoba</b>
Mr. Rick Trimp Executive Director, Population Health Ministry of Health	Dr. Joel Kettner Chief Provincial Public Health Officer Manitoba Health
<b>Ontario</b>	<b>Quebec</b>
Dr. Arlene King Chief Medical Officer of Health Ministry of Health and Long-Term Care	Dr. Alain Poirier Directeur national de santé publique et sous- ministre adjoint Ministère de la Santé et des Services sociaux
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Ms. Rosemary Boyd Director, Government Relations Department of Health and Community Services	Dr. Heather Morrison Chief Health Officer Department of Health and Wellness
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