

Public
Health
Ontario

Santé
publique
Ontario

Public Health Ontario

2023-24 Annual Report



Contents

- Message from the Board of Directors..... 1
- Organizational Overview..... 2
- Delivering on our Mandate 4
 - Achievements Fulfilling Expectations set out in the 2023-24 Agency Mandate Letter 4
 - Description of Activities Carried out over the 2023-24 Fiscal Year 7
- Report on 2023-24 Deliverables and Performance 14
 - Status of 2023-26 Annual Business Plan Priority Initiatives for Principal Program Areas (as of March 31, 2024) 15
 - Quantified Annual Targets and Outcome-Focused Measures..... 23
 - PHO Quarterly Performance Scorecard: 2023-24 Year-End View 28
- Risk Identification 38
- Financial Performance 40
- Board of Directors.....58

Message from the Board of Directors

On behalf of Public Health Ontario's (PHO) Board of Directors, I am pleased to present PHO's 2023-24 Annual Report. The report provides an overview of our achievements in fulfilling expectations set out in the 2023-24 Agency Mandate Letter, a high-level description of our key services and activities over the course of the year, a status report on key deliverables, and a year-end view of our financial performance.

PHO provides scientific and technical advice and evidence, expert guidance and centralized resources to our clients and partners to enable informed decisions and actions and to anticipate and respond to emerging public health issues and concerns. Our clients and partners include public health, hospitals and other health care facilities, community laboratories, frontline health workers, researchers and government.

PHO provides leadership and conducts activities such as population health assessment and surveillance, analytics and data visualization, research and evaluation, and professional development and education, to better understand and address public health issues, including environmental hazards, the risk and spread of infections, chronic diseases, food safety, substance use and health inequities. As the public health laboratory for the province, we perform millions of high quality tests each year, ensuring accurate and timely diagnoses and supporting clinical and public health action. We remain vigilant for current and emerging threats to the health of the people in Ontario and continue to study and evaluate what makes people healthy and how we can help people live healthier lives.

Developing a new strategic plan was an important priority in 2023-24. Informed by lessons learned from the pandemic and comprehensive consultations with PHO stakeholders from local, provincial and national levels, as well as PHO staff, four new strategic directions were identified. As part of our new Strategic Plan, we will develop a dedicated Indigenous Strategy for our organization that aims to enable improved health outcomes for Indigenous peoples and communities in Ontario. When taken together, the four strategic directions and our Indigenous Strategy will advance PHO's work in supporting public health and health system readiness to respond to public health emergencies and threats, such as pandemics, while improving health outcomes and reducing inequities in health and disease.

PHO is committed to strong accountability, transparency, fiscal prudence and operational excellence – all made possible by our great people.

On behalf of the Board of Directors, I want to thank the leadership team and staff for their dedication to the continued delivery of high quality, timely and relevant programs, products, services and resources to our clients. I am proud of PHO's accomplishments in the past year and look forward to implementing our new Strategic Plan and continuing to produce actionable evidence to drive public health planning, programming and policy in the province.

I would also like to thank our partners at the Government of Ontario for their ongoing support.



Helen Angus
Chair, PHO Board

Organizational Overview

Public Health Ontario (PHO) provides expert scientific and technical advice and support to government, public health units and health care providers to protect and improve the health of the people in Ontario. Our work sheds light on what affects health, while also quantifying the burden of disease and health inequities, to inform public health planning, programs and policy. We also operate the provincial public health laboratory, conducting critical clinical and reference testing for health care providers in primary care and hospitals as well as for public health units across Ontario. Through our work, we help promote health and support effective and responsive public health action, while continuing to maintain our readiness to respond to and manage public health threats in Ontario, such as outbreaks and pandemics.

PHO's areas of expertise and services correspond with the objects outlined in our enabling legislation the *Ontario Agency for Health Protection and Promotion Act, 2007*.

Our areas of expertise are:

- Chronic disease prevention
- Diseases of public health significance
- Emergency preparedness and response
- Environmental and occupational health
- Health promotion
- Immunization
- Infection prevention and control
- Injury prevention
- Knowledge exchange
- Microbiology and genomics
- Public health informatics

Our services include:

- Analytics and data visualization
- Guidance and interpretation for laboratory testing and test results
- Library services
- Outbreak investigation and management
- Professional development and education
- Public health and reference laboratory services
- Public health ethics
- Research and evaluation
- Scientific and technical advice, consultation, and interpretation
- Surveillance and population health assessment

Our primary clients include: Ontario's Chief Medical Officer of Health; the Ministry of Health; the Ministry of Long-Term Care and other ministries; public health units; health system providers and organizations across the continuum of care.

PHO's partners for health may be clients and also include academic, research, not-for-profit, community-based and private sector organizations, and government agencies working across sectors that contribute to the people in Ontario achieving the best health possible.

Vision – Internationally recognized evidence, knowledge and action for a healthier Ontario.

Mission – We enable informed decisions and actions that protect and promote health and contribute to reducing health inequities.

Mandate – We provide scientific and technical advice and support to clients working in government, public health, health care and related sectors.

Delivering on our Mandate

PHO is committed to delivering on our mandate to provide scientific and technical advice and support to partners and clients working in government, public health, health care and related sectors. We strive to produce actionable evidence to drive public health planning, programming and policy in the province. The examples that follow in this section and the rest of the report highlight our activities over the past year and demonstrate our achievements in fulfilling the expectations set out in PHO's 2023-24 Agency Mandate Letter.

Achievements Fulfilling Expectations set out in the 2023-24 Agency Mandate Letter

PHO's 2023-24 Agency Mandate Letter sets out the government's expectations for the organization and includes government-wide commitments for board-governed provincial agencies as well as PHO-specific priorities.

Government-wide Commitments

- 1. Competitiveness, Sustainability and Expenditure Management:** PHO operated within the agency's financial allocations as per the funding we received from the Ministry of Health for 2023-24. We continued to identify and pursue opportunities for efficiencies and savings by reducing discretionary spending in administration and occupancy costs, including exploring cost-effective alternatives for office space.
- 2. Transparency and Accountability:** We continued to adhere to the requirements of applicable government directives and policies, including the Agencies and Appointments Directive, to ensure transparency and accountability in reporting. PHO was the subject of a value-for-money audit conducted by the Office of the Auditor General (OAGO) in 2023, for which the report was published in December 2023. We accepted all of the recommendations for PHO from the OAGO and are developing plans to take action.
- 3. Risk Management:** PHO continued to adhere to the requirements of the Enterprise Risk Management Directive to ensure effective and efficient risk management, which includes the identification, assessment and mitigation of risks, including emergency situations. For 2023-24, financial sustainability was identified as a high priority risk that continued to carry major financial risks for PHO's ability to deliver on our mandate.
- 4. Workforce Management:** We continued to seek opportunities to optimize our organizational capacity to provide the best possible service delivery for our clients and partners. This included cross-training staff to build capacity in the event redeployment of resources is needed in response to public health issues and outbreaks. PHO continued to meet the expectations for provincial agencies as set out in the Realty Directive and the Community Jobs Initiative by working with the Ministry of Health to seek approvals with respect to agency office space. With the goal of

fostering improved collaboration, we increased the proportion of the in-office presence of our hybrid work model.

5. **Diversity and Inclusion:** PHO is committed to fostering and sustaining a diverse, equitable and accessible workplace that is inclusive and respectful. We continued to promote PHO's culture of diversity and inclusion through learning and engagement opportunities for staff. In the context of our new Strategic Plan, PHO is also developing a People Strategy which will be centred on enhancing PHO's people experience and will have a dedicated focus on equity, diversity and inclusion.
6. **Data and Collection:** PHO supports and informs public health practice and decision-making by making data and information available to our partners and the public through various interactive data tools, reports and knowledge products. A new example is the Ontario Respiratory Virus Tool (described in more detail later in this report), an interactive report developed by PHO that integrates and builds upon respiratory data that was previously presented in three different reports.
7. **Digital Delivery and Customer Service:** The PHO website continues to be our primary digital channel for sharing data, information and interactive data tools and reports with our clients and partners (examples provided later in this report). We continue to work with the Ministry of Health, Ontario Health and other partners to explore and advance initiatives that enable electronic ordering and communication of laboratory test results, replacing what has previously been done by fax. PHO continues to leverage digital delivery options, such as webinars and online learning, to provide dynamic training and continuing education programs for public health professionals, health care providers, scientists and policymakers across the province and beyond.

PHO-specific Priorities

Our achievements in fulfilling the priorities specific to PHO, as stated in the 2023-24 Agency Mandate Letter, are described by the highlights below, and with examples throughout the remainder of this report.

1. **COVID-19 Response and Recovery:** We worked closely with our public health and health system partners to support Ontario's pandemic response and recovery efforts. PHO continues to provide a leadership role in COVID-19 laboratory testing, data collection, analysis and reporting, along with surveillance of other respiratory diseases, as well as scientific and technical advice and resources to support our partners across the health system. In anticipation of increased pressures related to the co-circulation of COVID-19, influenza, respiratory syncytial virus (RSV) and other seasonal viruses during the fall and winter seasons, PHO supported health system partners in fall readiness planning. The last two cycles of PHO's Locally Driven Collaborative Projects program (a program that brings together public health units, along with academic and community partners, on important public health issues of shared interest) have been dedicated to exploring the unintended consequences of COVID-19 in Ontario.

2. **Ontario's Public Health Laboratory System:** PHO continues to contribute and provide leadership to enable a modernized and coordinated public health laboratory system in Ontario. We lead the Ontario COVID-19 Genomics Network and the Public Health Testing Strategy Expert Panel. PHO was identified as the co-lead, with Ontario Health, for the microbiology table of the Ontario Laboratory Medicine Program (OLMP). The OLMP will enable an integrated testing program across the health system, with laboratory medicine services that are innovative and patient-centred, enabling clinical and public health value.
3. **Public Health Strengthening:** PHO provided scientific and technical advice and support to the Ministry of Health in its work to strengthen Ontario's public health system. We are working with the Ministry of Health and local public health to advance the review and update of the Ontario Public Health Standards (OPHS), with PHO leadership presence at the OPHS Review Table.
4. **Health Protection and Surveillance:** With our public health and health system partners, we work across sectors and geographies to monitor, detect and respond to current or potential infectious disease outbreaks and environmental incidents and prepare for their possible impacts. We provided infection prevention and control (IPAC) scientific and technical advice, and developed evidence-informed IPAC guidance and resources. For the respiratory virus season, we redeveloped our COVID-19 IPAC products for broader application to other respiratory viruses. We developed new online learning modules focused on IPAC for environmental cleaning, including 14 new resources such as frequently asked questions, infographics and auditing tools.
5. **Health Promotion, Chronic Disease and Injury Prevention:** We continued our partnership work with the Ministry of Health and Ontario Health on advancing the development of a chronic disease strategy with a focus on diabetes. Over the past year, we generated evidence to inform the prevention components of the strategy. One of the Locally Driven Collaborative Projects focused on the development of common chronic disease prevention indicators that can be used to understand the effectiveness of and to demonstrate the relevance of chronic disease prevention programs.
6. **Partnerships:** PHO continues to work closely with the Office of the Chief Medical Officer of Health, Ministry of Health and public health partners, providing leadership, support and scientific and technical expertise as well as evidence and recommendations on a variety of public health topics. PHO also provides leadership and expertise for the Ministry of Health's initiatives focused on advancing the modernization and streamlining of provincial public health information systems. PHO convenes a number of external scientific advisory committees, bringing together in-house experts with multi-disciplinary experts from across Ontario to provide leadership, scientific and technical advice, best practices, and recommendations on a range of public health topics.

Description of Activities Carried out over the 2023-24 Fiscal Year

This section describes PHO's activities carried out in 2023-24 in the following domains: protecting the health of the people in Ontario; helping the people in Ontario improve their health; and providing centralized resources, services and expertise for Ontario's health system and workforce.

Protecting the Health of the People in Ontario

Our work is responsive to the needs of the provincial public health and health systems in consideration of ongoing and emerging public health threats. PHO played an active role in working with the Chief Medical Officer of Health and public health units to advance readiness planning for the 2023-24 respiratory virus season. In September 2023, we launched the [Ontario Respiratory Virus Tool](#), an interactive report that provides integrated epidemiological information on respiratory virus activity in Ontario, including influenza, RSV and SARS-CoV-2 (COVID-19). We developed this new report as a one-stop solution, consolidating data previously reported in three different reports, to provide public health and health system partners with a centralized view of weekly case trends, laboratory testing and outbreaks and other key indicators. To provide short term projections of virus activity and the risk of related severe viral respiratory disease in paediatric and adult populations, we published the [Integrated Respiratory Virus Risk Indicators Report](#) on a bi-weekly basis throughout the respiratory virus season.

PHO continues to innovate and provide leadership in the area of genomics, advancing Ontario's surveillance activities of and informing the response to respiratory pathogens, including influenza, RSV and COVID-19. Over the respiratory virus season, we expanded our genomics program to include influenza and RSV whole genome sequencing (WGS), in addition to continuing to monitor known and emerging COVID-19 variants of concern. This work enables us to better monitor circulating respiratory virus strains and informs public health action, such as implications for vaccine and therapeutic effectiveness.

We provided ongoing leadership to the Ontario COVID-19 Genomics Network, which is comprised of five laboratories across the province that conduct WGS of known and emerging COVID-19 variants. With the aggregated results from across the network, PHO publishes a weekly epidemiological summary of SARS-CoV-2 Genomic Surveillance in Ontario, providing analyses of variants by geographic area, outbreak status, hospitalizations and deaths.

Through ongoing daily monitoring and tracking, PHO anticipates, identifies, investigates and responds to infectious disease outbreaks and emerging situations. The following are examples of our work in various areas of focus over the past year:

- ***Invasive Group A streptococcal (iGAS)***: Group A Streptococcus (GAS) disease is caused by bacteria that spread person-to-person through direct contact with nose, throat or wound secretions or respiratory droplets. In rare cases, it becomes "invasive", or iGAS, when bacteria enter the blood or deep tissue. This can result in severe life-threatening illness. Over the last few years, higher levels of iGAS infections compared to historical averages have been observed

globally, particularly among children. In addition to closely monitoring the increasing trend in iGAS disease among children, we provided consultation support to public health units for congregate settings, and supported the Ministry of Health in developing communications for health care providers to increase awareness of iGAS activity. We also convened a three-part, evidence-to-action discussion forum on ways to strengthen primary care, develop public health approaches and increase knowledge translation. External partners and experts with a diverse range of clinical, academic and public health perspectives from across Ontario participated in the forum.

- **Measles:** Measles is a serious vaccine-preventable respiratory infection that is highly contagious. In Ontario, measles has been rare, owing to the successful elimination of measles in Canada and high immunization coverage. As a result, measles cases are predominantly associated with travel. Due to an increase in measles activity globally, Ontario has begun to see more cases of measles. As part of PHO's response to the growing number of measles cases in the province, we provided a variety of supports to our partners over the past year. This included: increasing our measles testing capacity; publishing a bi-weekly surveillance report on the epidemiology of measles in the province, including historical trends; providing outbreak consultation support to public health units; and producing knowledge products to support case and outbreak management, including immunization recommendations.
- **Legionella:** Legionella are bacteria found in natural water environments and can grow in human-made water systems, such as plumbing, cooling towers, hot tubs, showers and decorative fountains. Breathing in small droplets or vapour of contaminated water can cause mild infection (Pontiac fever) with flu-like symptoms or pneumonia (Legionnaires' disease). We provided support to public health units on Legionella case and outbreak investigations, including environmental investigations, sampling and testing. We also delivered a three-part PHO Rounds series to public health units, covering the epidemiology of Legionella cases, appropriate clinical and environmental testing and environmental control and remediation measures.

PHO supported public health units and their activities related to other environmental health issues over the past year, such as providing scientific and technical advice on cases of lead exposures, and addressing questions related to the emerging concerns of radiofrequency exposure to 5G technology. We supported risk communications and offered field support for environmental incidents, such as lake water contamination resulting from a fire in Meaford (May 2023) and a chemical spill contaminating a waterway in the Algoma region (January 2024). We also disseminated findings to public health units on strategies to reduce exposure to pollutants generated by wildfires that were occurring in northern Ontario and Quebec last summer.

PHO's external scientific advisory committees provide leadership, scientific and technical advice, best practices, and recommendations on a range of public health topics. The following are some examples of how the committees are advancing public health knowledge and evidence:

- The Ontario Public Health Emergencies Science Advisory Committee published a seasonal bulletin on [Interim Recommendations for Ontario's Heat Alert and Response System](#) and a scientific report on [Strengthening Ontario's Respiratory Viral Surveillance System](#).

- The Ontario Immunization Advisory Committee provided recommendations on [co-administration of RSV, COVID-19 and influenza vaccines in long-term care homes](#) as well as recommendations on [new Health Canada authorized pneumococcal conjugate vaccines for adults](#), with input and support from PHO.
- The Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control provided support in reviewing PHO's interim IPAC recommendations and [use of personal protective equipment for care of individuals exposed to measles](#).

Helping the People in Ontario Improve Their Health

PHO helps the people in Ontario improve their health by providing the evidence necessary to plan effective interventions, supporting people in making changes that prevent and reduce chronic disease and injury and live healthier lives.

We published four new evidence briefs covering several topics related to diabetes prevention, including: current facilitators and barriers to diabetes prevention and treatment programs, implementation of diabetes prevention programs and the impact of environmental features on diabetes. This work generated evidence that advanced the development of a chronic disease strategy with a focus on diabetes, a collaboration with the Ministry of Health and Ontario Health. PHO also partnered with the Public Health Agency of Canada and four community health centres in the Greater Toronto Area to support the validation of the Canadian Diabetes Risk Assessment Questionnaire (CANRISK) tool for African, Caribbean and Black Canadians. This tool can help health care providers, public health professionals and members of the public identify individuals at increased risk of pre-diabetes or type 2 diabetes.

PHO's work has continued to inform decision-making and development of public health responses related to substance use. We co-published three new reports over the course of the year with the Ontario Drug Policy Research Network: [Characteristics of Substance-Related Toxicity Deaths in Ontario, Prescribing Patterns, Substance Use Disorder Diagnoses, and Access to Treatment Prior to Substance-Related Toxicity Deaths in Ontario](#), and [Opioid Toxicity and Access to Treatment among Adolescents and Young Adults in Ontario](#) (which also included the Office of the Chief Coroner/Ontario Forensic Pathology Service as a collaborator). Findings from these reports may help inform health care, community-based and harm reduction interventions into the future. We also provided scientific and technical expertise to the Chief Medical Officer of Health in support of the development of his 2023 Annual Report that focuses on substance use and harms, including cannabis, alcohol, opioids and tobacco, vapour and other products that contain nicotine.

We continue to apply a health equity lens to all of the work that we do. The following are some recent examples from the past year:

- In the area of injury prevention, a collaborative research study on [Road Safety, Health Equity, and the Built Environment: Perspectives of Transport and Injury Prevention Professionals in Five Canadian Municipalities](#) was published in the BMC Public Health journal. This study examined how health equity concerns are perceived and applied by transport and injury prevention

professionals in the design and implementation of interventions that enhance the safety of vulnerable road users.

- In the area of food insecurity, we produced an enhanced epidemiological summary on [Food Insecurity among Children using Data from the Canadian Health Survey of Children and Youth](#) which provides an overview of household food insecurity among children in Ontario. This information could be used to help inform policy and practice focused on addressing the needs and challenges in childhood nutrition.
- PHO hosted a series of presentations that were delivered to public health units, researchers and the Ministry of Health on alcohol use, harms and risks over the past year, including the well-attended “Inequities in Alcohol Use and Harm” webinar, which provided insights on the socioeconomic inequities in alcohol use and harm in Canada.
- We produced a rapid review on [Mental Health Services and Programs with, and for, Black Communities](#) which highlights the characteristics and impacts of current mental health services and programs implemented for Black communities in Canada and the US. This information could be considered by researchers and practitioners when designing evaluation strategies and developing approaches to culturally responsive care.
- A review on [Substance Use Services with, and for, Indigenous Communities](#) was conducted to summarize knowledge and practice based on Indigenous communities’ experiences. This information could be used to help inform the co-design and co-delivery of harm reduction and treatment services with, and for, Indigenous communities.

Providing Centralized Resources, Services and Expertise for Ontario's Health System and Workforce

PHO provides centralized resources, services and expertise to our public health and health system partners across Ontario, as well as advances the learning and development of public health and health care professionals. Serving as a central resource reduces the duplication of work for our public health and health system partners and is more cost effective and efficient overall. Our website, the primary digital channel through which we deliver centralized resources, services and expertise to our clients and partners across Ontario and beyond, had more than 3.2 million visits by external users in 2023-24.

LABORATORY SERVICES

As the public health laboratory for the province, PHO’s laboratory performed more than seven million tests for clients throughout Ontario’s health care system, including hospital and community laboratories, public health units, long-term care facilities, clinicians in private practice and private citizens. In addition to developing and performing tests, our laboratory services are integral to the province’s ability to detect and respond to outbreaks and other public health threats. PHO’s laboratory is the reference laboratory for the province, conducting highly complex and specialized tests, requiring centralization of scientific expertise and testing services. Tests conducted by PHO’s laboratory, especially those for high-risk infectious diseases, rare infections, and majority of the tests related to pathogens of public health significance, are not available elsewhere in Ontario

SCIENTIFIC AND TECHNICAL EXPERTISE

PHO provides credible and timely scientific and technical advice and expertise to support our partners across government, public health and the broader health system. We frequently receive requests from the Chief Medical Officer of Health, the Ministry of Health, public health units and other health system partners. Over the past year, PHO completed more than 1,270 scientific and technical support activities and data requests in response to clients and stakeholders. We strive to bring the best evidence and information forward, to continually advance knowledge and to anticipate the needs of the public health and health systems with our suite of knowledge products. In 2023-24, we published over 510 knowledge products on the PHO website, including documents such as fact sheets, literature reviews and reports. A total of 175 publications were authored by PHO staff and published in peer-reviewed journals relevant to public health in 2023-24, contributing new evidence and knowledge to the field of public health and beyond.

PHO engaged in a number of new and continuing partnerships and program collaborations at the national and international level over the past year. We collaborated on over 77 research grant submissions, leading 22 in the role of Principal Investigator or Co-Principal Investigator and over \$2.1 million in funding was awarded to PHO researchers from third-party funding agencies.

CENTRALIZED ANALYTICS FOR POPULATION HEALTH ASSESSMENT AND SURVEILLANCE

PHO maintains a central repository of various interactive data tools and reports that summarize public health and health care data at the provincial and local levels. These tools and reports bring together data from diverse sources and sectors to create a strong foundation of information used by our clients and partners to inform population health decision-making and planning. We continually seek novel approaches to make information more accessible by presenting it in ways that are easy to understand and relevant to public health needs. Our online centralized data and analytics tools received more than half a million visits in 2023-24. In addition to the reports and tools described earlier in this report, the following are some examples of our interactive data tools and reports that are continually updated, providing the most recently available data and information:

- PHO's [Interactive Opioid Tool](#) continues to provide the most recent opioid-related morbidity and mortality data in Ontario.
- The [Vaccine Safety Surveillance Tool](#) allows users to explore annual trends in adverse events following immunization in the province.
- The [Snapshots](#) interactive data tool shows both geographic and temporal trends for key public health indicators by public health unit and Ontario overall. Household Food Insecurity was added as a new snapshot with five indicators, and six additional indicators were added to the Alcohol Use snapshot to align with information in the "Canada's Guidance on Alcohol and Health" document that was published in January 2023.
- Updates using data from the 2021 census were also made to the [Ontario Marginalization Index \(ON-Marg\)](#) data tool, which is used in research and population health assessment to understand how area-based marginalization drives health inequities at the neighbourhood-level.

We published 112 surveillance reports and tools over the past year, providing insights in other areas of public health importance, such as the bi-weekly [Measles in Ontario](#) surveillance report, the [Adverse Events Following Immunization \(AEFIs\) for COVID-19 in Ontario](#) surveillance report and the [Immunization Coverage Report for School Pupils in Ontario](#) surveillance report.

PUBLIC HEALTH WORKFORCE EDUCATION AND DEVELOPMENT

PHO supports skills development and training of Ontario's current and future public health workforce through accredited and general educational programs. We offered 65 professional development opportunities, including rounds, learning exchanges, webinars and workshops, to external clients and partners, with nearly 30,000 registrations in 2023-24. External learners completed nearly 300,000 online learning modules through our Learning Management System. The following are some key educational offerings and professional development opportunities that were developed and delivered by PHO in 2023-24.

- The Ontario Public Health Convention (TOPHC), the annual public health conference hosted by PHO, the Association of Local Public Health Agencies and the Ontario Public Health Association, was held in spring 2024. The event consisted of a full-day of in-person workshops and a full-day virtual program, with over 760 attendees across both days. The event had two plenary sessions that focused on strengthening Ontario's public health system and opportunities for artificial intelligence in public health.
- As part of PHO's ongoing partnership with the College of Physicians and Surgeons of Ontario, we designed and delivered a 14-week infection prevention and control training program for investigators and inspectors to better equip them in assessing and supporting safe physician practice. The program focused on critical IPAC functions, including: medical instrument cleaning and reprocessing, use of personal protective equipment, transmission-based IPAC precautions, environmental cleaning and safe medication handling to prevent infection. The program incorporated scenario-based exercises and online learning.

To further the development of the next generation of professionals in Ontario's public health and laboratory workforce, we offered 110 student placements in 2023-24 – the highest number of student placements since before the COVID-19 pandemic. Our students come from a wide range of fields, including undergraduate and graduate medical and public health learners, medical laboratory technologist trainees and lab assistants, medical and clinical microbiologist fellows, infectious disease fellows and pathologist residents.

Looking to the Future

Over the past year, a key priority for PHO was the development of our new [Strategic Plan for 2024-29](#), which was published in late February 2024. Through the development process, we considered the lessons learned from the pandemic, in addition to input shared through comprehensive consultations with PHO staff as well as our clients and partners from local, provincial and national levels. Our new Strategic Plan identifies four new strategic directions, which are connected and mutually reinforcing, and serve as the foundational pillars of our plan:

1. Lead provincial public health data transformation, leveraging advanced analytics to drive evidence-informed practice and decision-making.
2. Strengthen laboratory leadership, advance genomics for public health action, and sharpen the focus on complex microbiology testing.
3. Advance public health and health workforce capacity and knowledge to improve population health outcomes.
4. Accelerate moving evidence to action as the convener and integrator of expertise on public health issues and drive quality improvement for public health.

In our new Strategic Plan, we have committed to developing a dedicated Indigenous Strategy with and for Indigenous peoples and communities in Ontario.

As we evolve our organization through the implementation of the 2024-29 Strategic Plan, financial sustainability will continue to be critical to our success, and will ensure that we are able to deliver on our mandate into the future. Additionally, we recognize the importance of continuing to support the growth and development of PHO's workforce and fostering strong relationships with our partners as enablers for success.

When taken together, our four strategic directions and the Indigenous Strategy will drive positive change for the public health and health system in Ontario over the next five years. Building on PHO's contributions to date, we will make vital and transformative advancements to better enable PHO and our public health and health system partners to improve the health of the people in Ontario.

Report on 2023-24 Deliverables and Performance

On the pages that follow, we have analyzed our performance with a focus on operational results, including our performance against the quantified annual targets and outcome-focused measures established in our 2023-26 Annual Business Plan, as well as applicable industry standards.

The performance of public health organizations, such as PHO, is often challenging to describe using quantitative methods alone. Measuring the desired outcomes of our work – protecting the health and safety of the people in Ontario and helping the people in Ontario improve their health – is particularly challenging. With so many factors contributing to the health and safety of the people in Ontario, such as health services, housing, transportation and education, we recognize that the responsibility for results extends far beyond the direct control of PHO.

PHO continues to explore new approaches to performance measurement that will bring additional impact, value and outcome considerations into performance measurement and reporting. In keeping with the requirements outlined in the Agencies and Appointments Directive and the Guide to Developing Annual Reports for Provincial Agencies, and with the recommendations from the Office of the Auditor General of Ontario, PHO will be considering additional outcome and quality-based performance measures, including a focus on client satisfaction.

Status of 2023-26 Annual Business Plan Priority Initiatives for Principal Program Areas (as of March 31, 2024)

Our priority initiatives for fiscal year 2023-24 were established through the development of our 2023-26 Annual Business Plan in fall 2022. The commitments made in our 2023-26 Annual Business Plan reflected and aligned with known government priorities and the expectations set forth in PHO’s 2023-24 agency mandate letter.

Complete: Initiative has been completed as of March 31, 2024.

Multi-year on-track: Initiative is ongoing as per a multi-year time frame.

Not completed within target timeframe: Initiative has not been completed as of March 31, 2024.

Legend: Checkmark [✓] indicates status of each initiative.

PHO Laboratory

2023-26 Annual Business Plan priority initiatives Laboratory	Complete	Multi-year on-track	Not completed within target timeframe
Continue to work with the Ministry of Health to implement PHO’s Laboratory Modernization Plan and to optimize quality, impact and innovation for public health laboratory services and the public health system, including providing public health microbiology leadership for the COVID-19 pandemic and other public health concerns.		✓	
Lead the Ontario COVID-19 Genomics Network and genetic sequencing of positive COVID-19 test samples for known variants and tracking emerging variants of interest and variants of concern, with capacity to sequence 2,500 samples per week.		✓	
As part of the COVID-19 Diagnostic Network, continue to conduct Polymerase Chain Reaction (PCR) diagnostic testing for COVID-19, with capacity to provide 7,000 tests per day, with surge capacity for 12,000 tests per day. ¹	✓		

2023-26 Annual Business Plan priority initiatives Laboratory	Complete	Multi-year on-track	Not completed within target timeframe
<p>Explore advanced and alternate laboratory technologies and methods for the identification characterization and response to pathogens of public health priority, including molecular testing, genomics, dried blood spot testing, point of care and alternate sites of test delivery and testing capabilities to improve clinical and public health response. Maintain critical technical, clinical and scientific expertise to respond to emerging threats.</p>		<p>✓</p>	
<p>Collaborate with other governmental, scientific and public health organizations such as Ministry of Health, public health units and clinical and laboratory partners, the Ontario HIV Epidemiology and Surveillance Initiative (OHESI), ICES, to develop integrated data and capacity to respond to public health priorities, including SARS-COV-2, HIV, hepatitis C, Lyme, Influenza and emerging threats.</p>		<p>✓</p>	
<p>Expand and augment capacity for public health microbial genomics and bioinformatics to ensure timely public health laboratory testing that supports rapid outbreak detection and response and enhance capacity for the clinical testing and surveillance of public health threats in Ontario.</p>		<p>✓</p>	
<p>Continue to develop and contribute to improved models for service delivery optimization, value, utilization and reporting using data and informatics tools (includes, but is not limited to, artificial intelligence and machine learning tools).</p>		<p>✓</p>	
<p>Improve laboratory operations through optimization, automation and digitizing test orders by advancing the PHO Laboratory Information System to enable acceptance of electronic orders from clients and providers across Ontario and enhance direct electronic reporting of test results from the PHO laboratory.</p>		<p>✓</p>	
<p>Continue to advance and offer education, capacity building and tools for public health and reference microbiology for the province.</p>		<p>✓</p>	

2023-26 Annual Business Plan priority initiatives Laboratory	Complete	Multi-year on-track	Not completed within target timeframe
Advance the science and knowledge and priority of public health pathogens through publications, communications, practical guidance, presentations and supportive tools.		✓	

¹ Since PHO submitted the 2023-26 Annual Business Plan to the Ministry of Health in December 2023, the need for PCR diagnostic testing for COVID-19 has declined. PHO, in consultation with the Ministry of Health, has scaled its COVID-19 testing capacity accordingly.

Health Protection

2023-26 Annual Business Plan priority initiatives Health Protection	Complete	Multi-year on-track	Not completed within target timeframe
Conduct routine surveillance and analysis to support recovery of routine immunization programs impacted by the pandemic, including provincial immunization coverage and safety surveillance reports, resources and tools to effectively monitor and evaluate vaccination programs in Ontario.		✓	
Continue to support response, planning and recovery activities in collaboration with the Ministry of Health and other sector partners to ensure appropriate management and control of COVID-19 activity in Ontario, through the development of scientific and technical guidance, resources and tools to inform effective and efficient case and outbreak management.		✓	
Continue to conduct surveillance and timely analysis of respiratory infection epidemiological data to support response to emerging pathogens and effectively plan for future pandemics, and continue to explore and utilize new analytical methods and tools that will help strengthen situational awareness and planning (e.g., incorporating modelling methods and visual analytical tools or resources).		✓	

2023-26 Annual Business Plan priority initiatives Health Protection	Complete	Multi-year on-track	Not completed within target timeframe
Support enteric outbreak investigations by strengthening local public health capacity through guidance and support for outbreaks, adapting case management in consideration of evolving laboratory methods and considering additional training and resource development (e.g., questionnaires to support enteric outbreak investigations).		✓	
Work with the Ministry of Health and other IPAC partners to redefine PHO's role supporting IPAC within a newly expanded provincial network to support the IPAC work of public health units and Ontario Health's IPAC Hub Program.		✓	
Develop resources and provide implementation support to assist in the adoption of optimal IPAC practices for frontline service delivery in settings disproportionately impacted by outbreaks and emerging pathogens (e.g., long-term care), and continue to help strengthen the knowledge and application of IPAC in the primary care sector.		✓	
Continue to strengthen the capabilities of stakeholders to implement best practices in IPAC and public health based on science, evidence and best practices. This includes providing scientific and technical advice to inform guidance documents and other resources, and providing consultation to stakeholders on interpretation of guidance.		✓	
Continue to mitigate the impact of antimicrobial resistance including health care associated infections in Ontario by strengthening surveillance capabilities/infrastructure while promoting, monitoring and evaluating antimicrobial stewardship program interventions and impacts to improve antimicrobial prescribing across health care settings and in the community.		✓	

2023-26 Annual Business Plan priority initiatives Health Protection	Complete	Multi-year on-track	Not completed within target timeframe
Continue to build PHO's evidence synthesis capacity and support PHO's external scientific and technical advisory committees (Provincial Infectious Diseases Advisory Committee, Ontario Immunization Advisory Committee and Ontario Public Health Emergencies Science Advisory Committee) to produce evidence-informed recommendations, guidance and best practices to inform practitioners and decision-makers.		✓	
Continue to support planning for emerging public health risks, including timely risk assessments to support responses to emerging COVID-19 variants of concerns and other infectious diseases as relevant, to strengthen situational awareness and inform policy and practice.		✓	

Environmental and Occupational Health

2023-26 Annual Business Plan priority initiatives Environmental and Occupational Health	Complete	Multi-year on-track	Not completed within target timeframe
Continue supporting public health units and the provincial government with environmental issues related to COVID-19 pandemic response and recovery work.	✓		
Identify opportunities to contribute to climate change work in Ontario through strengthened partnerships with public health and environmental science professionals in the field.		✓	
Identify opportunities to expand and enhance environmental health tracking and monitoring on environmental issues such as radon.		✓	

2023-26 Annual Business Plan priority initiatives Environmental and Occupational Health	Complete	Multi-year on-track	Not completed within target timeframe
Continue to conduct mandate-driven research activities in relevant Environmental and Occupational Health areas and disseminate findings: <ul style="list-style-type: none"> • Radiofrequency exposures before and after the implementation of 5G • Air pollution exposure and related health outcomes 		✓	

Health Promotion, Chronic Disease and Injury Prevention (HPCDIP)

2023-26 Annual Business Plan priority initiatives HPCDIP	Complete	Multi-year on-track	Not completed within target timeframe
Respond to current and future COVID-19 priorities related to HPCDIP content areas (e.g., indirect impacts of public health measures on early childhood development and school-aged children; impacts of COVID-19 on health equity, falls in the elderly). Collaborate with internal and external partners on child, youth, and school health priority areas, upon request as issues arise (e.g., respiratory virus – surge planning and response).	✓		
Respond to escalating drug-related mortality (including opioids) and related inequities by providing data tools, epidemiology and surveillance expertise, leading or collaborating on knowledge generation through research and evaluation, and supporting public health unit actions with evidence and knowledge exchange, particularly in rural and remote areas and in collaboration with community experts.		✓	
Continue to partner with Ontario Health and other partners on initiatives to advance the development of a chronic disease strategy, with an initial focus on diabetes.		✓	

2023-26 Annual Business Plan priority initiatives HPCDIP	Complete	Multi-year on-track	Not completed within target timeframe
Continue to support the recovery work related to the COVID-19 pandemic by collaborating with public health units to support the resumption and refresh of services related to health promotion, chronic disease and injury prevention	✓		
<p>Continue to conduct mandate-driven research activities in relevant HPCDIP content areas and disseminate findings. The work is grounded in population health intervention science, focusing on a better understanding of:</p> <ul style="list-style-type: none"> • Social inequities in alcohol use and harms • Impacts of cannabis legalization • Opioids 		✓	

Knowledge Exchange

2023-26 Annual Business Plan priority initiatives Knowledge Exchange	Complete	Multi-year on-track	Not completed within target timeframe
Develop a refreshed strategy and approach for TOPHC 2024 based on feedback, evaluation results and learnings from the 2023 convention and taking into consideration the evolution of the public health landscape, the continued impacts of COVID-19 pandemic and the accelerated shift to hybrid and virtual learning.	✓		
Explore opportunities to broaden and re-design the Locally Driven Collaborative Projects program to support local public health focusing on opportunities for the program to address gaps and learnings from COVID-19 response and recovery.		✓	

Informatics

2023-26 Annual Business Plan priority initiatives Informatics	Complete	Multi-year on-track	Not completed within target timeframe
Collaborate and support Ministry of Health in the development and configuration of the full replacement of iPHIS with Case and Contact Management (CCM) and continue to support the Ministry of Health in maintenance and operations of CCM for COVID-19 reporting (including COVID-19 vaccine safety).		✓	
Support local public health units by providing centralized resources for data and information management, population health assessment, health equity and surveillance.		✓	
Begin to integrate methodologies and tools in the fields of data science and artificial intelligence. Continue to seek out opportunities to partner with leaders in these fields.		✓	

Quantified Annual Targets and Outcome-Focused Measures

The following table shows the core activities for which PHO established quantified annual targets and outcome focused measures for 2023-24. Where applicable, specific topics of focus were guided over the course of the year by priorities established based on requests from the Chief Medical Officer of Health, ministries and other clients, and based on our analysis of emerging issues and work plans.

The annual targets in the table below were established through the development of our 2023-26 Annual Business Plan in fall 2022. As PHO’s work is responsive to the needs of our public health and health system partners, it is challenging to determine appropriate targets for our core activities and services in advance of the fiscal year. Due to the rapidly changing context in which we operate, many factors that could influence public health in Ontario and the work of PHO in 2023-24 were considered when we set targets for the year ahead. These factors included: potential public health threats and emergencies; health and social needs and health equity; political and economic considerations; and scientific advancements and digital innovations. PHO’s financial position, as well as the capacity of our workforce, were also important considerations. Using data from prior years to inform our projections, we endeavoured to set targets that are ambitious and reflective of our current environment. We will continue to use the best information available as we set targets for our core activities and services in the years ahead.

Core Activities/Services	Annual Target	2023-24 Actual
Generating evidence and knowledge:		
<p>Number of laboratory tests performed</p> <p><i>PHO provides laboratory testing services and expertise to Ontario’s public health units and to clinicians in primary care, hospitals and long-term care facilities. Public health action, such as the identification of outbreaks and tracking of disease trends; and clinical decision-making, such as the diagnosis of health conditions, depend on accurate and laboratory test results.</i></p> <p><i>As the provincial reference laboratory, PHO performs diagnostic PCR testing for COVID-19 to meet provincial testing demand.</i></p>	<p>Non-COVID-19 tests – 5.6 million</p> <p>COVID-19 tests – 2.6 million</p>	<p>Non-COVID-19 tests – 6,862,815</p> <p>COVID-19 tests – 221,599¹</p>

¹The need for COVID-19 testing has declined since this target was initially set. PHO, in consultation with the Ministry of Health, has scaled its COVID-19 testing capacity accordingly, leading to decreased testing volumes and the associated target not being met. PHO will continue to support COVID-19 testing as needed.

Core Activities/Services	Annual Target	2023-24 Actual
<p>Percentage of laboratory tests completed within target turnaround time²</p> <p><i>Timely laboratory testing enables faster public health action that can prevent localized health events from becoming regional or global threats, and enables faster clinical decision-making that can result in earlier treatment of health conditions and better health outcomes.</i></p>	90%	99.7%
<p>Percentage of routine surveillance reports and tools published within the established reporting cycle timelines</p> <p><i>Public health surveillance is the continuous, systematic collection, analysis, and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Timely publication of surveillance reports enables evidence-based decision-making and informs public health action for PHO clients and stakeholders.</i></p>	90%	100% 112 surveillance reports and tools published
<p>Number of knowledge products published on PHO’s website</p> <p><i>PHO’s knowledge products contain information and evidence that help clients and stakeholders in their decision-making and guide practice. Types of products include literature reviews; fact sheets; and reports, such as population health assessments, risk assessments, environmental scans, and evaluation reports, as well as routine and ad-hoc surveillance reports.</i></p>	575	511 ³
<p>Number of articles published in peer-reviewed journals relevant to public health</p> <p><i>Publications in peer-reviewed journals relevant to public health contribute new evidence and knowledge to the field of public health and beyond. Articles published in these journals indicate high quality, reflecting standards of rigour, originality, and other quality assessment criteria.</i></p>	140	175

²This activity corresponds to indicator 3.4.1 in PHO’s performance scorecard and includes the following laboratory tests for which the target was set: serology (Hepatitis A serology), molecular (Hepatitis C Viral Load), and culture based (Neisseria gonorrhoea culture).

³ The target for this activity was set based on exceptionally high volumes of knowledge products produced throughout the emergency phase of the COVID-19 pandemic. The 2023-24 target anticipated a decrease in volumes compared to the last three years, but still above our pre-pandemic volumes. In addition, PHO is moving towards producing more integrated products, which has led to reduced total number of knowledge products produced but more centralized information available for our partners.

Core Activities/Services	Annual Target	2023-24 Actual
Disseminating evidence and knowledge:		
<p>Number of visits to PHO’s online centralized data and analytics tools</p> <p><i>Access to reliable, meaningful and relevant public health data and information is the basis of public health action and decision-making. PHO’s centralized data tools make public health data more accessible to clients and stakeholders. Our tools allow users to customize data to understand local and provincial needs, as well as to inform evaluation for program improvement and policy decisions.</i></p>	500,000	596,715
<p>Number of self-directed online learning courses completed by external clients and stakeholders</p> <p><i>Leveraging digital technology, self-directed online learning efficiently delivers educational programs province-wide to support the development of a critical mass of competent public health practitioners in Ontario. Courses can be accessed from anywhere at any time.</i></p>	200,000	289,895
<p>Number of professional development sessions offered to external clients and stakeholders</p> <p><i>Continuing professional development, including various types of rounds, learning exchanges, webinars, conferences, and workshops, enables public health practitioners to continue to effectively contribute to the field of public health. These sessions, delivered in-person and/or virtually online, are a central component of the continuing professional development activities in Ontario’s public health units and professional groups, bringing partners together to share knowledge on public health issues of importance. This measure does not include self-directed learning products, such as online learning modules.</i></p>	80	65 ⁴

⁴ Despite the lower number of sessions offered, overall attendance this fiscal year (almost 30,000 registrations) has nearly doubled since last fiscal year (approximately 15,000 registrations).

Core Activities/Services	Annual Target	2023-24 Actual
<p>Percentage of professional development sessions achieving a client/stakeholder rating of at least 4 out of 5</p> <p><i>PHO aims to provide high quality professional development sessions for clients and stakeholders to build skills, capacity, and competencies in Ontario’s health workforce to face tomorrow’s public health issues. Participant evaluations provide feedback on how effectively these sessions achieved their educational objectives, their quality, relevance, and ability to meet the needs of the target audience.</i></p>	90%	75.8% ⁵
Responding to the needs of clients and stakeholders:		
<p>Percentage of outbreak consultation requests from public health units (PHUs) for public health investigation that are responded to by PHO within one business day⁶ of PHO being notified</p> <p><i>PHO plays a central, coordinating, and consulting role to ensure collaboration and communication with stakeholders for public health investigations. This may include consultations about local or multi-jurisdictional outbreaks relating to diseases of public health significance, noting that local outbreaks are managed by public health units. Ensuring timely response to public health units is critically important to support them in effectively controlling outbreaks so that more people do not get sick, risks are mitigated, and similar outbreaks are prevented from happening in the future.</i></p>	80%	98.1%
<p>Percentage of infection prevention and control lapses in community settings that are assessed by PHO for further investigation within one business day of PHO being notified</p> <p><i>PHO supports public health units investigating infection prevention and control lapses in community settings such as clinics, clinical office practices, family health teams, community health and personal services settings. Ensuring timely response to lapses is critically important to effectively mitigate possible infectious disease transmission to patients, clients or health care workers and prevent similar lapses from happening in the future.</i></p>	80%	100%

⁵ Although this target was missed, the average client satisfaction rating for these sessions was 4.1 out of 5.

⁶ For a subset of diseases requiring urgent public health action, follow-up is within 24 hours of PHO being notified.

Core Activities/Services	Annual Target	2023-24 Actual
<p>Number of scientific and technical support activities and data requests completed in response to clients and stakeholders</p> <p><i>These activities support our clients and stakeholders, such as the Chief Medical Officer of Health, the Ministry of Health, the Public Health Agency of Canada, local public health units and health care providers, in their work to safeguard the health of people in Ontario, plan and deliver public health programs and services, and provide advice on public health matters. These activities also include scientific and technical support relating to laboratory testing services and results interpretation. The situational context influences the number of requests made by clients and stakeholders, and is impacted by factors such as seasonal increases in disease activities, emerging issues, outbreaks, health emergencies and heightened interest by the public or other stakeholders.</i></p>	<p>Client and stakeholder requests – 1,500</p> <p>Laboratory Customer Service Centre support – 100,000</p>	<p>Client and stakeholder requests – 1,277⁷</p> <p>Laboratory Customer Service Centre support – 87,115^{7,8}</p>

⁷ Both of these activities experienced exceptionally high volumes throughout the emergency phase of the COVID-19 pandemic. The 2023-24 targets anticipated a decrease in volumes compared to the last three years, but still above our pre-pandemic volumes. In addition, as we continue to leverage new technologies to enhance and expand our centralized resources, more information can be accessed by self-service on our website rather than by ad-hoc requests for scientific and technical support and data.

⁸ The reduction in customer service requests at year-end aligns with the overall decrease in demand for COVID-19 testing.

PHO Quarterly Performance Scorecard: 2023-24

Year-End View

The performance scorecard summarizes PHO's performance related to its mandate and the five strategic directions of PHO's 2020-23 Strategic Plan. Using traditional quantitative methods, it provides an assessment of PHO's performance in relation to a defined set of indicators and associated performance measures chosen because they are expected to be dynamic on a quarterly basis. A brief overview of each indicator and its associated measures is also provided.

How to read the scorecard:

Our performance indicators are tied to each of the five strategic directions of our 2020-23 Strategic Plan.

- **Strategic Direction 1** – *Provide scientific and technical expertise to strengthen Ontario's public health sector and support the achievement of its goals* is linked to all performance indicators.
- **Strategic Direction 2** – *Accelerate integrated population health monitoring* is linked to performance indicators 2.1 through 2.3.
- **Strategic Direction 3** – *Enable policy, program and practice action* is linked to performance indicators 3.1 through 3.9.
- **Strategic Direction 4** – *Advance public health evidence and knowledge* is linked to performance indicators 4.1 through 4.3.
- **Strategic Direction 5** – *Engage our great people and exceptional teams in building a stronger PHO* is linked to performance indicators 5.1 through 5.4.

Performance indicators 6.1 through 6.4 are organizational foundations and enablers.

Legend:

Other: Not Applicable (N/Ap), Not Available (N/Av)

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
2.1 Use of web-based Query tools – Strategic Direction 2: Accelerate integrated population health monitoring								
2.1.1 Number of visits to the Infectious Diseases Query tool	Descriptive	N/Ap	815	N/Ap	857	646	783	973
2.1.2 Number of visits to the Sexually Transmitted Infections Query tool	Descriptive	N/Ap	386	N/Ap	288	406	427	424
2.2 Use of web-based Snapshots tool – Strategic Direction 2: Accelerate integrated population health monitoring								
2.2.1 Number of indicators available	Descriptive	N/Ap	285	N/Ap	281	284	284	290
2.2.2 Percentage of indicators current within 6 months of data release	Directional	≥ 80%	99%	Met	100%	100%	100%	95%
2.2.3 Number of visits by external users	Descriptive	N/Ap	11,703	N/Ap	11,857	9,293	11,166	14,496
2.3 Availability of laboratory information systems – Strategic Direction 2: Accelerate integrated population health monitoring								
2.3.1 Laboratory Information System (LIS) uptime	Service Standard	99.5%	97.1%	Missed Significantly ³	98.1%	94.7%	95.8%	99.7%
3.1 Responsiveness to client requests – Strategic Direction 3: Enable policy, program and practice action								
3.1.1 Number of knowledge products completed as a result of client requests	Descriptive	N/Ap	56	N/Ap	45	53	60	67

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
3.1.2 Number of scientific and technical support activities completed as a result of a client request	Descriptive	N/Ap	277	N/Ap	283	292	264	267
3.2 Responsiveness to urgent client requests – Strategic Direction 3: Enable policy, program and practice action								
3.2.1 Number of urgent client requests completed	Descriptive	N/Ap	26	N/Ap	27	28	18	29
3.3 Responsiveness to clients – Timeliness – Strategic Direction 3: Enable policy, program and practice action								
3.3.1 Percentage of knowledge products completed within agreed upon target turnaround time	Directional	95.0%	89.7%	Missed Somewhat	93.3%	81.1%	91.7%	92.5%
3.3.2 Percentage of scientific and technical support activities completed within agreed upon target turnaround time	Directional	95.0%	96.3%	Met	97.5%	94.9%	97.7%	95.1%
3.4 Laboratory performance – Strategic Direction 3: Enable policy, program and practice action								
3.4.1 Percentage of laboratory tests completed within target turnaround time	Directional	90.0%	99.7%	Met	99.7%	99.9%	99.6%	99.6%

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
3.5 Website usage – Strategic Direction 3: Enable policy, program and practice action								
3.5.1 Number of visits by external users	Directional	160K	801K	Met	742K	752K	845K	863K
3.5.2 Number of product downloads by external users	Directional	50K	123K	Met	111K	107K	123K	153K
3.6 Client education – Strategic Direction 3: Enable policy, program and practice action								
3.6.1 Number of education sessions offered to external clients	Directional	20	16	Missed Somewhat	15	18	17	15
3.7 Client satisfaction with educational sessions – Strategic Direction 3: Enable policy, program and practice action								
3.7.1 Percentage of client education sessions achieving a client rating of at least 4 out of 5	Directional	90.0%	75.8%	Missed Somewhat	80.0%	77.8%	58.8%	86.7%
3.8 Student placements – Strategic Direction 3: Enable policy, program and practice action								
3.8.1 Number of new student placements	Directional	21 ⁴	28	Met	30	22	37	21
3.9 Laboratory testing volumes – Strategic Direction 3: Enable policy, program and practice action								
3.9.1 Number of laboratory tests performed	Directional	1.65M	1.77M	Met	1.72M	1.78M	1.75M	1.84M
4.1 Staff publishing – Strategic Direction 4: Advance public health evidence and knowledge								
4.1.1 Number of articles published in peer-reviewed journals relevant to public health	Directional	32-35	44	Met	35	49	39	52

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
4.2 Knowledge dissemination – Strategic Direction 4: Advance public health evidence and knowledge								
4.2.1 Percentage of peer-reviewed articles published in priority journals	Directional	75.0%	64.6%	Missed Somewhat	57.1%	79.6%	56.4%	65.4%
4.3 Third party funding – Strategic Direction 4: Advance public health evidence and knowledge								
4.3.1 Dollar value of funding awarded to PHO researchers from third-party funding agencies	Directional	≥ \$400K	\$535K	Met	\$267K	\$523K	\$610K	\$741K
5.1 Recruitment efficiency – Strategic Direction 5: Engage our great people and exceptional teams in building a stronger PHO								
5.1.1 Average number of days to fill permanent and temporary staff positions	Directional	≤ 60	44	Met	45	47	38	45
5.2 Employee absenteeism – Strategic Direction 5: Engage our great people and exceptional teams in building a stronger PHO								
5.2.1 Average number of paid sick days per employee	Industry Standard	≤ 2.0	2.3	Missed Somewhat	2.0	2.2	2.7	2.3
5.3 Staff turnover – Strategic Direction 5: Engage our great people and exceptional teams in building a stronger PHO								
5.3.1 Voluntary and involuntary permanent employee turnover rate	Descriptive	N/Ap	2.26%	N/Ap	2.77%	1.98%	1.64%	2.63%

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
5.4 Laboratories staff credentials and certification – Strategic Direction 5: Engage our great people and exceptional teams in building a stronger PHO								
5.4.1 Percentage of medical and clinical microbiologists and medical laboratory technologists with credentials /certification in place ⁵	Industry Standard	100.0%	99.8%	Missed Somewhat	N/Ap	99.6%	N/Ap	100.0%
6.1 Financial performance – Organizational foundation and enabler								
6.1.1 Percent variance between actual and budgeted expenses	Directional	± 1.5%	N/Ap	Met ⁶	+3.8%	+4.5%	+3.7%	-1.5%
6.2 Complaints – Organizational foundation and enabler								
6.2.1 Number of complaints about PHO services or products	Directional	≤ 7	4	Met	3	5	5	4
6.3 Availability of enterprise technology systems – Organizational foundation and enabler								
6.3.1 General IT infrastructure uptime	Service Agreement	99.50%	96.49%	Missed Significantly ⁷	100.0%	90.23%	96.03%	99.70%
6.4 Laboratories external quality assessment – Organizational foundation and enabler								
6.4.1 Overall annual average score on the Institute for Quality Management in Healthcare (IQMH) Clinical Proficiency Testing ⁵	Industry Standard	> 90.0%	98.7%	Met	N/Ap	98.4%	N/Ap	99.0%

Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
6.4.2 Overall annual score on the Canadian Association for Laboratory Accreditation (CALA) Z-score ⁵	Industry Standard	> 70.0	91.2	Met	N/Ap	91.0	N/Ap	91.4

Notes:

¹ Quarterly averages are calculated based on the full fiscal year's data.

² Annual statuses are based on the quarterly average value for each measure.

³ The quarterly average for this measure significantly missed the target of 99.5% Laboratory Information System (LIS) uptime. This was due to a number of issues that occurred throughout the 2023-24 fiscal year, the majority of which were a result of issues and changes by external service providers that impacted the LIS. For this measure, the quarterly average is noted to have significantly missed the quarterly target if the value is less than or equal to 99.0%.

⁴ This target is based on the average number of student placements in the previous fiscal year.

⁵ Indicators 5.4 and 6.4 are not dynamic on a quarterly basis and therefore are only reported twice a year.

⁶ Annual status is based on the Q4 year-to-date result. Excluding the impact of the application of the accounting standard PS 3280 Asset Retirement Obligations (ARO) that was newly adopted last fiscal year, PHO was in a balanced base operating position at fiscal year-end.

⁷ For this measure, the quarterly average is noted to have significantly missed the quarterly target if the value is less than or equal to 99.00%. This target was missed in 2023-24 due to brief service outages in Q2 and Q3. There was no service disruption to clients or stakeholders, all issues were promptly investigated, and service was restored once the respective root causes were identified.

Description of current measures:

2.1.1 Number of visits to the Infectious Diseases Query tool and 2.1.2 Number of visits to the Sexually Transmitted Infections Query tool count the total number of visits and number of people accessing these web-based dynamic data exploration tools that allow users to drill down and explore record-level data by public health unit and other demographics to improve the management of infectious diseases in Ontario.

2.2.1 Number of indicators available in Snapshots tool; 2.2.2 Percentage of indicators current within 6 months of data release are measures of the amount of content and recency of these key population health indicators used to visualize trends in a web-based, interactive dashboard format. Indicators are refreshed regularly as new or updated data becomes available and new indicators are added as needed and data are available; **2.2.3 Number of visits by external users** to the Snapshot tool counts the number of external users accessing this material in a three-month period.

2.3.1 Laboratory information system uptime is a measure of availability of the LIS, which is crucial to operations at the PHO laboratories. Service is provided under contract with the provincial government's service provider.

3.1.1 Number of knowledge products completed as a result of client requests and 3.1.2 Number of scientific and technical support activities completed as a result of a client request together provide a count of the number of knowledge activities completed by PHO staff as a result of a client request. Types of activities include literature reviews, statistical and technical reports, clinical guidelines, best practice and guidance documents, and scientific and technical support such as consultations and fact checking.

3.2.1 Number of urgent client requests completed includes requests that require a same day response turnaround time by PHO. This is a subset of 3.1.1 and 3.1.2.

3.3.1 Percentage of knowledge products completed within agreed upon target turnaround time and 3.3.2 Percentage of scientific and technical support activities completed within agreed upon target turnaround time indicates the percentage of knowledge activities completed within the agreed upon timelines.

3.4.1 Percentage of laboratory tests completed within target turnaround time indicates the percentage of laboratory tests completed within the industry standard turnaround time for each test.

3.5.1 Number of website visits by external users and 3.5.2 Number of product downloads by external users indicates the number times external users access PHO's external website and/or download material from the website.

3.6.1 Number of education sessions offered to external clients captures the number of education sessions offered publicly (i.e. on PHO's website) to external clients. It comprises all types of PHO rounds, educational series, and formal education sessions offered provincially or regionally and promoted publicly.

3.7.1 Percentage of client education sessions achieving a client rating of at least 4 out of 5 reflects the number of education sessions where the average evaluation score by participants met or exceeded 4 out of 5 divided by the total number of sessions offered.

3.8.1 Number of new student placements counts the number of student placements at PHO and includes medical residents, masters, doctoral and laboratory technologist students.

3.9.1 Number of laboratory tests performed captures the total number of tests performed at the PHO laboratories, excluding tests performed for research purposes.

4.1.1 Number of articles published in peer-reviewed journals relevant to public health counts the total number of articles written by PHO staff members as part of their work at PHO that are published in a peer-reviewed journal or a journal edited by an expert editorial board and/or affiliated with an authoritative organization.

4.2.1 Percentage of peer-reviewed articles published in priority journals captures the proportion of journals in measure 4.1.1 that are published in journals that are priority journals internationally and/or for Ontario's public health community. This indicator helps to ascertain the degree to which PHO research is entering the base of public health evidence and knowledge.

4.3.1 Dollar value of funding awarded to PHO researchers from third-party funding agencies shows the amount of third-party funding that has been awarded to PHO, distributed over the length of the grants.

5.1.1 Average number of days to fill permanent and temporary staff positions shows the average number of calendar days it takes to fill a position from the date the position was posted to the date PHO received a signed employment agreement.

5.2.1 Average number of paid sick days per employee shows the average number of paid sick days for full-time and part-time employees.

5.3.1 Voluntary and involuntary permanent employee turnover rate shows the percentage of permanent employees who leave the organization (excluding retirements) related to the total number of permanent employees.

5.4.1 Percentage of medical and clinical microbiologists and medical laboratory technologists with credentials /certification in place measures the proportion of medical microbiologist staff registered in good standing with the College of Physicians and Surgeons of Ontario and the proportion of medical laboratory technologist staff registered in good standing with the College of Medical Laboratory Technologists of Ontario.

6.1.1 Percent variance between actual and budgeted expenses indicates PHO's level of actual expenses relative to budgeted expenses and is reflective of PHO's financial position relative to its budget.

6.2.1 Number of complaints about PHO services or products is a count of the number of external complaints related to PHO products or services.

6.3.1 General IT infrastructure uptime is the percentage of time the general IT infrastructure including key systems such as Finance, SharePoint, Email and Skype are up and running.

6.4.1 Overall annual average score on the Institute for Quality Management in Healthcare (IQMH) Clinical Proficiency Testing program and 6.4.2 Overall annual score on the Canadian Association for Laboratory Accreditation (CALA Z-score) measure the percentage of proficiency testing specimens, provided by proficiency testing programs IQMH (for clinical tests) and CALA (for environmental tests), that meet acceptance criteria.

Risk Identification

The content that follows outlines key organizational risks facing PHO and the associated risk mitigation strategies, as identified in our most recent Annual Business Plan submission.

Risk: Financial sustainability

Lack of sustainable base funding continues to carry major financial risk and compromises PHO's ability to deliver on PHO's mandate, including our ability to respond to current and emerging public health threats. These historical fiscal pressures facing PHO were also identified as a key risk in the Office of the Auditor General of Ontario's (OAGO) Special Report on COVID-19 Preparedness and Management (2020) and again in the December 2023 OAGO value-for-money audit on PHO.

PHO identified the need for a permanent investment in its base operations to maintain and establish essential public health programs and services. We continue to identify and pursue opportunities for efficiencies and savings. PHO has identified a number of key financial mitigation strategies that we are prepared to implement with Ministry of Health approval. PHO will continue to work closely with the Ministry of Health to reduce PHO's deficit position.

Risk: Employee attrition and the continuing impacts of workforce burnout

The risk of insufficient resources and capacity for PHO to respond to current and emerging public health threats and issues has been exacerbated by workforce burnout and workforce shortage challenges. Long-term impacts of the COVID-19 pandemic, which include employee attrition and shortages in labour availability for specific skill sets, compounded by the impacts of pandemic-related workforce burnout, continue to impact the health and public health sectors, including PHO.

PHO actively implements strategies to promote employee mental health and provides support to employees experiencing burnout. Examples include: offering mental health self-management workshops; workplace mental health training for managers and leaders; promoting staff recognition and milestones; and providing enhanced support to staff experiencing burnout through PHO's wellness program and services. PHO continues to refine its human resources practices to improve recruitment and retention of staff. In support of our people, our Strategic Plan 2024-29 has committed to the creation of a People Strategy, which will reflect a strengthened focus on equity, diversity and inclusion, and enhancing the employee experience.

Risk: Cyber security

Cyber security continues to be a growing concern in Canada, especially with recent cyber-attacks on health care information systems. As digital innovation continues to progress, safeguarding data and information is a top priority for PHO. Recognizing PHO's reliance on digital platforms to deliver many of our core services to partners across the province, the organization is inherently subject to increasing cyber security threats.

PHO continues to remain vigilant through the application of its information technology policy and practices, including cyber security by design, while promoting staff awareness and introducing mandatory education on cyber security best practices. Maintaining and enhancing effective cyber security measures that support privacy protection and reflect the evolving needs of the digital world will be key in ensuring sensitive data is appropriately safeguarded and privacy risks are mitigated. PHO will continue to monitor and evaluate cybersecurity as a risk for the organization, ensuring the appropriate safeguards, privacy and security measures and best practices are in place.

Financial Performance

PHO acknowledges the funding received from the Ministry of Health and has managed its resources in a prudent and careful manner. PHO ended the year in a surplus position directly attributable to the asset retirement obligation standard. PHO updated its assessment of its annual reporting obligations and as a result of changes in the cost escalation and discount rates, the asset retirement obligation was reduced by \$1.14 million. Excluding this adjustment, PHO fully utilized all operating funding received from the Ministry of Health in respect of the 2023-24 fiscal year. With respect to the \$185.7 million of operating funding received from the Ministry of Health, \$27.4 million was for COVID-19 related expenditures, \$151.3 million was used to cover annual operating expenses, with the balance of \$7.0 million used to cover expenditures on equipment and other capital assets in support of PHO's base and COVID-19 operations.

Funds provided by the Ministry of Health have allowed PHO to monitor, detect and respond to COVID-19 activity within the province, further develop its programs and advance various initiatives. PHO also receives revenue from third parties which is reflected in the audited financial statements as other grants revenue. As in prior years, reported expenses include expenditures equivalent to other grants revenue (with these expenditures funded exclusively from the revenue received from third parties).

Management Responsibility Report

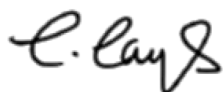
PHO management is responsible for preparing the accompanying financial statements in conformity with Canadian public sector accounting standards for government not-for-profit organizations as established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada.

In preparing these financial statements, management selects appropriate accounting policies and uses its judgment and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

PHO maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with PHO policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit, Finance and Risk Standing Committee. The Audit, Finance and Risk Standing Committee meets at least four times annually to review audited and unaudited financial information. Ernst & Young LLP has full and free access to the Audit, Finance and Risk Standing Committee.

Management acknowledges its responsibility to provide financial information that is representative of PHO operations, is consistent and reliable, and is relevant for the informed evaluation of PHO activities.



Cathy Campos, CPA, CA

Chief Financial Officer



Michael Sherar, PhD

President and Chief Executive Officer

Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

Financial statements
March 31, 2024



Independent auditor's report

To the Board of Directors of
Ontario Agency for Health Protection and Promotion

Report on the audit of the financial statements

Opinion

We have audited the financial statements of **Ontario Agency for Health Protection and Promotion** [operating as Public Health Ontario] ["OAHPP"], which comprise the statement of financial position as at March 31, 2024, and the statement of operations and changes in net deficit and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of OAHPP as at March 31, 2024, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of OAHPP in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

Management is responsible for the other information. The other information comprises the information included in the Annual Report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information, and in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

We obtained the Annual Report prior to the date of this auditor's report. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing OAHPP's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate OAHPP or to cease operations, or has no realistic alternative but to do so.



Those charged with governance are responsible for overseeing OAHPP's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of OAHPP's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on OAHPP's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause OAHPP to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on other legal and regulatory requirements

As required by the *Corporations Act* (Ontario), we report that, in our opinion, Canadian public sector accounting standards have been applied on a basis consistent with that of the preceding year.

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants

June 26, 2024
Toronto, Canada



Ontario Agency for Health Protection and Promotion
 [operating as Public Health Ontario]

Statement of financial position
 [in thousands of dollars]

As at March 31

	2024	2023
	\$	\$
Assets		
Current		
Cash	82,216	93,111
Accounts receivable [note 3]	7,940	3,285
Prepaid expenses	1,832	1,424
Total current assets	91,988	97,820
Restricted cash [notes 4 and 6]	4,274	4,644
Capital assets, net [note 5]	90,049	95,786
	186,311	198,250
Liabilities and net deficit		
Current		
Accounts payable and accrued liabilities [note 14]	79,920	86,371
Total current liabilities	79,920	86,371
Deferred capital asset contributions [note 6]	92,264	98,116
Deferred contributions [note 7]	3,348	3,360
Accrued benefit liability [note 8[b]]	1,575	1,839
Deferred rent liability	7,959	7,438
Other liabilities	1,245	1,126
Asset retirement obligation [note 10]	20,123	21,227
Total liabilities	206,434	219,477
Commitments and contingencies [note 13]		
Net deficit	(20,123)	(21,227)
	186,311	198,250

See accompanying notes

On behalf of the Board:



Director



Director

Ontario Agency for Health Protection and Promotion
 [operating as Public Health Ontario]

Statement of operations and changes in net deficit
 [in thousands of dollars]

Year ended March 31

	2024	2023
	\$	\$
Revenue		
Ministry of Health <i>[note 14]</i>	185,697	205,324
Amortization of deferred capital asset contributions <i>[note 6]</i>	12,999	12,539
Other grants	2,882	2,003
Miscellaneous recoveries	3,171	2,113
	204,749	221,979
Expenses <i>[note 8]</i>		
Public health laboratory program <i>[notes 11 and 14]</i>	130,946	150,495
Science and public health programs <i>[note 11]</i>	39,541	39,843
General and administration <i>[notes 9 and 11]</i>	21,263	19,102
Amortization of capital assets	12,999	12,539
Accretion cost (recovery) – asset retirement obligation <i>[note 10]</i>	(1,104)	658
	203,645	222,637
Excess (deficiency) of revenue over expenses for the year	1,104	(658)
Net deficit, beginning of year	(21,227)	(20,569)
Net deficit, end of year	(20,123)	(21,227)

See accompanying notes

Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]

Statement of cash flows
[in thousands of dollars]

Year ended March 31

	2024	2023
	\$	\$
Operating activities		
Excess (deficiency) of revenue over expenses for the year	1,104	(658)
Add (deduct) items not affecting cash		
Employee benefit expense	71	80
Amortization of deferred capital asset contributions	(12,999)	(12,539)
Amortization of capital assets	12,999	12,539
Accretion expense (recovery) on asset retirement obligation	(1,104)	658
	71	80
Changes in non-cash operating working capital balances related to operations		
Decrease (increase) in accounts receivable <i>[note 12]</i>	(4,654)	340
Decrease (increase) in prepaid expenses	(408)	314
Increase (decrease) in accounts payable and accrued liabilities <i>[note 12]</i>	(6,671)	(43,586)
Increase (decrease) in deferred contributions	(12)	93
Increase in deferred rent liability	521	563
Increase in other liabilities	119	38
Decrease in accrued benefit liability	(335)	(184)
Cash used in operating activities	(11,369)	(42,342)
Capital activities		
Net acquisition of capital assets <i>[note 12]</i>	(7,042)	(3,930)
Cash used in capital activities	(7,042)	(3,930)
Financing activities		
Contributions for capital asset purchases <i>[note 12]</i>	7,146	4,807
Decrease in restricted cash	370	23
Cash provided by financing activities	7,516	4,830
Net decrease in cash during the year	(10,895)	(41,442)
Cash, beginning of year	93,111	134,553
Cash, end of year	82,216	93,111

See accompanying notes

Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]

Notes to financial statements
[in thousands of dollars]

March 31, 2024

1. Description of the organization

Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario] ["OAHPP"] was established under the *Ontario Agency for Health Protection and Promotion Act, 2007* as a corporation without share capital. OAHPP's mandate is to enhance the protection and promotion of the health of Ontarians, contribute to efforts to reduce health inequities, provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities, such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

Under the *Ontario Agency for Health Protection and Promotion Act, 2007*, OAHPP is primarily funded by the Province of Ontario.

OAHPP, as an agency of the Crown, is exempt from income taxes.

2. Summary of significant accounting policies

These financial statements have been prepared in accordance with Canadian public sector accounting standards as established by the Public Sector ["PS"] Accounting Board of the Chartered Professional Accountants of Canada. OAHPP has elected to follow PS 4200-4270 in the *CPA Canada Public Sector Accounting Handbook*.

Revenue recognition

Contributions are recorded in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are recorded as deferred contributions or deferred capital contributions when initially recorded in the accounts and recognized as revenue in the period in which the related expenses are incurred.

Capital assets

Capital assets are recorded at acquisition cost. Contributed capital assets are recorded at fair market value as at the date of contribution. Amortization is provided on a straight-line basis based upon the estimated useful service lives of the assets as follows:

Building service equipment	5–30 years
Other equipment	5–10 years
Furniture	5–20 years
Leasehold improvements	Over the term of the lease

Inventory and other supplies held for consumption

Inventory and other supplies held for consumption are expensed when acquired.

Notes to financial statements
[in thousands of dollars]

March 31, 2024

Asset retirement obligations

Asset retirement obligations are recorded in the period during which a legal obligation associated with the retirement of a capital asset is incurred and when a reasonable estimate of this amount can be made. The asset retirement obligation is initially measured at the best estimate of the amount required to retire a capital asset at the financial statement date. A corresponding amount is added to the carrying amount of the related capital asset and is then amortized over its remaining useful life unless the asset was not recognized in the financial statements on initial recognition or is no longer in productive use, in which cases the asset retirement cost is expensed immediately. Changes in the liability due to the passage of time are recognized as an accretion expense in the statement of operations and changes in net deficit, with a corresponding increase in the liability.

The estimated amounts of future costs to retire the assets are reviewed annually and adjusted to reflect the then current best estimate of the liability. Adjustments may result from changes in the assumptions used to estimate the undiscounted cash flows required to settle the obligation, including changes in estimated probabilities, amounts and timing of settlement as well as changes in the legal requirements of the obligation, and in the discount rate. These changes are recognized as an increase or decrease in the carrying amount of the asset retirement obligation, with a corresponding adjustment to the carrying amount of the related asset. If the related capital asset was not recognized in the financial statement on initial recognition or the asset is no longer in productive use, all subsequent changes in the estimate of the liability for asset retirement obligations are recognized as an expense in the period incurred.

A liability continues to be recognized until it is settled or otherwise extinguished.

Employee future benefits

Contributions to multi-employer, defined benefit pension plans are expensed on an accrual basis.

Other employee future benefits are non-pension benefits that are provided to certain employees and are accrued as the employees render the service necessary to earn these future benefits. The cost of these future benefits is actuarially determined using the projected unit credit method, prorated on service and management's best estimate of expected salary escalation and retirement ages of employees. Net actuarial gains and losses related to the employee future benefits are amortized over the average remaining service life of 10 years for the related employee group. Employee future benefit liabilities are discounted using the average interest cost for the Province of Ontario's net new debt obligations with maturities that correspond to the duration of the liability.

Allocation of expenses

The costs of each function include the costs of personnel and other expenses that are directly related to the function. Building and information technology costs are attributed based on the number of people utilizing the space and technology application, where applicable. General support and other costs are not allocated.

Contributed materials and services

Contributed materials and services are not recorded in the financial statements.

Notes to financial statements
 [in thousands of dollars]

March 31, 2024

Financial instruments

Financial instruments, including accounts receivable and accounts payable and accrued liabilities, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities as at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Significant estimates and assumptions used in these financial statements require the exercise of judgment and are used for, but not limited to, salary and benefit accruals, employee future benefit plans [severance credits], the estimated useful lives of capital assets and asset retirement obligations. Actual results could differ from these estimates.

Adoption of new accounting standard

During the year, OAHPP adopted the new accounting standard, Section PS3400, *Revenue*, on a prospective basis. This standard establishes how to account for and report on revenue, specifically differentiating between revenue arising from transactions that include performance obligations, referred to as “exchange transactions”, and transactions that do not have performance obligations, referred to as “non-exchange transactions”. The adoption of this new standard had no impact on these financial statements.

3. Accounts receivable

Accounts receivable consist of the following:

	2024	2023
	\$	\$
Ministry of Health	4,958	789
Harmonized Sales Tax	1,724	1,219
Other	1,258	1,277
	7,940	3,285

4. Restricted cash

[a] Restricted cash consists of the following:

	2024	2023
	\$	\$
Ministry of Health	4,241	4,613
Sheela Basrur Centre	33	31
	4,274	4,644

Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]

Notes to financial statements
[in thousands of dollars]

March 31, 2024

Restricted cash from the Ministry of Health ["MOH"] represents funding received in connection with the liability assumed by OAHPP in connection with severance credits [note 8[b]], other credits [primarily accrued vacation pay] related to employees who transferred to OAHPP [Ontario public health laboratories in 2008 and Public Health Architecture in 2011] and unspent cash pertaining to capital projects. Funds associated with severance and other credits are drawn down when transferred employees leave employment with OAHPP. Funds associated with capital projects are drawn down when capital assets are purchased.

[b] The continuity of MOH restricted cash is as follows:

	2024			
	Severance credits	Other credits	Capital projects	Total
	\$	\$	\$	\$
Restricted cash, beginning of year	1,183	1,101	2,329	4,613
Interest earned [note 6]	62	58	119	239
Restricted cash drawdown [note 8[b]]	(335)	(43)	(233)	(611)
Restricted cash, end of year	910	1,116	2,215	4,241

	2023			
	Severance credits	Other credits	Capital projects	Total
	\$	\$	\$	\$
Restricted cash, beginning of year	1,328	1,024	2,285	4,637
Interest earned [note 6]	40	32	63	135
Restricted cash increase (drawdown) [note 8[b]]	(185)	45	(19)	(159)
Restricted cash, end of year	1,183	1,101	2,329	4,613

Notes to financial statements
 [in thousands of dollars]

March 31, 2024

5. Capital assets

Capital assets consist of the following:

	2024		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Building service equipment	368	368	—
Other equipment	69,403	53,394	16,009
Furniture	4,301	3,956	345
Leasehold improvements	122,564	51,386	71,178
Construction in progress	2,517	—	2,517
	199,153	109,104	90,049

	2023		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Building service equipment	368	368	—
Other equipment	64,185	46,645	17,540
Furniture	4,039	3,916	123
Leasehold improvements	120,184	45,176	75,008
Construction in progress	3,115	—	3,115
	191,891	96,105	95,786

6. Deferred capital asset contributions

Deferred capital asset contributions represent the unamortized amount of contributions received for the purchase of capital assets. The amortization of deferred capital asset contributions is recorded as revenue in the statement of operations and changes in net deficit. The continuity of the deferred capital asset contributions balance is as follows:

	2024	2023
	\$	\$
Deferred capital asset contributions, beginning of year	98,116	105,848
Contributions for capital purposes	7,027	4,744
Interest earned on unspent contributions [note 4[b]]	119	63
Amortization of deferred capital asset contributions	(12,999)	(12,539)
Deferred capital asset contributions, end of year	92,264	98,116
Unspent deferred capital asset contributions [note 4[b]]	(2,215)	(2,329)
Deferred capital asset contributions spent on capital assets	90,049	95,786

Notes to financial statements
 [in thousands of dollars]

March 31, 2024

Restricted cash includes \$2,215 [2023 – \$2,329] [note 4[b]] related to unspent deferred capital asset contributions.

7. Deferred contributions

[a] Deferred contributions consist of unspent externally restricted grants and donations for the following purposes:

	2024	2023
	\$	\$
Severance credits	2	7
Sheela Basrur Centre [note 4[a]]	33	31
Third-party funds	3,313	3,322
	3,348	3,360

The continuity of deferred contributions is as follows:

	2024	2023
	\$	\$
Deferred contributions, beginning of year	3,360	3,267
Amounts received during the year	2,874	2,206
Amounts recognized as revenue during the year	(2,886)	(2,113)
Deferred contributions, end of year	3,348	3,360

[b] Deferred contributions for severance credits represent the difference between the restricted cash held for severance credits [note 4[b]] and the portion of the accrued benefit liability associated with service prior to the transfer of employees of the Ontario public health laboratories to OAHPP [note 8[b]].

[c] Deferred contributions for the Sheela Basrur Centre [the “Centre”] represent unspent funds held by OAHPP restricted for the Centre’s outreach programs. In addition to these funds, \$351 [2023 – \$324] is held by the Toronto Foundation for the benefit of the Centre and its programs.

Named after the late Dr. Sheela Basrur, a former Chief Medical Officer of Health for the Province of Ontario, the Centre was created to become a prominent provider of public health education and training.

8. Employee future benefit plans

[a] Multi-employer pension plans

Certain employees of OAHPP are members of the Ontario Public Service Employees Union [“OPSEU”] Pension Plan, the Healthcare of Ontario Pension Plan [“HOOPP”] or the Ontario Pension Board [“OPB”], which are multi-employer, defined benefit pension plans. These pension plans are accounted for as defined contribution plans. OAHPP contributions to the OPSEU Pension Plan, HOOPP and OPB during the year amounted to \$1,182 [2023 – \$1,312], \$5,894 [2023 – \$5,963] and \$317 [2023 – \$376], respectively, and are included in expenses in the statement of operations and changes in net deficit.

Notes to financial statements
 [in thousands of dollars]

March 31, 2024

The most recent valuation for financial reporting purposes completed by OPSEU as at December 31, 2023 disclosed net assets available for benefits of \$25.1 billion with pension obligations of \$22.1 billion, resulting in a surplus of \$3.0 billion.

The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2023 disclosed net assets available for benefits of \$112.6 billion with pension obligations of \$102.5 billion, resulting in a surplus of \$10.1 billion.

The most recent valuation for financial reporting purposes completed by OPB as at December 31, 2022 disclosed net assets available for benefits of \$31.0 billion with pension obligations of \$35.0 billion, resulting in a deficit of \$4.0 billion.

[b] Severance credits

OAHPP assumed the unfunded non-pension post-employment defined benefit plans provided to employees from the Government of Ontario as part of the transfer of employees from Ontario public health laboratories [in 2008] and Public Health Architecture [in 2011]. These defined benefit plans provide a lump sum payment paid on retirement to certain employees related to years of service. The latest actuarial valuation for the non-pension defined benefit plans for the remaining eligible employees was performed as at March 31, 2024. OAHPP measures its accrued benefit obligation for accounting purposes as at March 31 of each year based on an extrapolation from the latest actuarial valuation.

Additional information on the benefit plans is as follows:

	2024	2023
	\$	\$
Accrued benefit obligation	1,618	1,756
Unamortized actuarial gains (losses)	(43)	83
Total accrued benefit liability	1,575	1,839

The continuity of the accrued benefit liability as at March 31 is as follows:

	2024	2023
	\$	\$
Accrued benefit liability, beginning of year	1,839	1,943
Expense for the year	71	81
Contributions to cover benefits paid [note 4[b]]	(335)	(185)
Accrued benefit liability, end of year	1,575	1,839

Ontario Agency for Health Protection and Promotion
 [operating as Public Health Ontario]

Notes to financial statements
 [in thousands of dollars]

March 31, 2024

The significant actuarial assumptions adopted in measuring OAHPP's accrued benefit obligation and expense are as follows:

	2024	2023
	%	%
Accrued benefit obligation		
Discount rate	4.20	3.80
Rate of compensation increase	3.50	2.25
Rate of inflation	2.00	2.00
Expense		
Discount rate	3.80	3.20
Rate of compensation increase	3.50	2.25
Rate of inflation	2.00	2.00

9. Directors' remuneration

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2024, directors were paid \$18 [2023 – \$4].

10. Asset retirement obligation

The asset retirement obligation relates to the estimated costs required to exit OAHPP's leased buildings, excluding remediating asbestos costs as these are the liability of the lessor. The cost estimates are based on internal expert assessments and third-party engineering reports.

OAHPP has estimated total undiscounted expenditures of \$33,275 [2023 – \$32,003] to retire these assets. No set retirement dates have been determined; however, they are estimated to be incurred and settled in approximately 14 years [2023 – 15 years] from the current fiscal year-end. OAHPP calculated the asset retirement obligation by applying an inflation rate of 2.5% [2023 – 2.2%] to the estimated costs, which were then discounted using a discount rate of 4.3% [2023 – 3.2%]. No retirement costs were incurred during the years ended March 31, 2024 and 2023.

The continuity of the asset retirement obligation is as follows:

	2024	2023
	\$	\$
Asset retirement obligation, beginning of year	21,227	20,569
Accretion expense (recovery)	(1,104)	658
Asset retirement obligation, end of year	20,123	21,227

Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

Notes to financial statements

[in thousands of dollars]

March 31, 2024

11. Related party transactions

OAHPP is controlled by the Province of Ontario through the MOH and is therefore a related party to other organizations that are controlled by or subject to significant influence by the Province of Ontario. Transactions with these related parties are outlined below.

All related party transactions are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

- [a] OAHPP has entered into transfer payment agreements with various related parties. Under these agreements, OAHPP makes payments to these parties once defined eligibility requirements have been met. Expenses for the year include transfer payments of \$879 [2023 – \$719], which are recorded in science and public health programs in the statement of operations and changes in net deficit.
- [b] OAHPP incurred costs of \$19,995 [2023 – \$18,991] for the rental of office space and other facility-related expenses from Ontario Infrastructure and Lands Corporation, and information technology services and support costs of \$7,141 [2023 – \$6,996] from the Minister of Finance. These transactions are recorded in public health laboratory program, science and public health programs or general and administration expenses in the statement of operations and changes in net deficit.
- [c] OAHPP incurred costs of \$674 [2023 – \$729] with various related parties for other contracted services, including legal and laboratory testing. These transactions are recorded in public health laboratory program, science and public health programs or general and administration expenses in the statement of operations and changes in net deficit.

12. Supplemental cash flow information

The change in accounts payable and accrued liabilities is adjusted for capital assets received but not paid of \$1,452 as at March 31, 2024 [2023 – \$1,232].

The change in accounts receivable is adjusted for contributions for capital assets receivable but not received of \$800 as at March 31, 2024 [2023 – \$789].

13. Commitments and contingencies

- [a] Under the Laboratories Transfer Agreement, MOH is responsible for all obligations and liabilities in respect of the public health laboratories that existed as at the transfer date, or that may arise thereafter and have a cause of action that existed prior to the transfer date of December 15, 2008.
- [b] OAHPP is a member of the Healthcare Insurance Reciprocal of Canada [“HIROC”]. HIROC is a pooling of the liability insurance risks of its members. Members of the pool pay annual deposit premiums that are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for experience gains and losses, by the pool, for prior years in which OAHPP participated. As at March 31, 2024, no assessments have been received.

Ontario Agency for Health Protection and Promotion
 [operating as Public Health Ontario]

Notes to financial statements
 [in thousands of dollars]

March 31, 2024

[c] OAHPP has committed future minimum annual payments related to premises as follows:

	\$
2025	16,994
2026	17,074
2027	16,586
2028	16,295
2029	14,567
Thereafter	151,127
	<u>232,643</u>

[d] OAHPP has contractual commitments totalling \$90,709 related to the purchase of medical supplies.

14. COVID-19

On March 11, 2020, the World Health Organization characterized the outbreak of a strain of the novel coronavirus ["COVID-19"] as a pandemic, which has resulted in a series of public health and emergency measures that have been put into place to combat the spread of the virus. COVID-19 mitigation measures significantly disrupted supply chains, economic activity and the daily lifestyle of every individual and emphasized public reliance on the continued and proper functioning of healthcare systems of which OAHPP is an integral and essential element. As a result of OAHPP's COVID-19 response efforts, implemented as early as January 2020, OAHPP is continuing to experience an increasing demand for its services.

To the extent that OAHPP has continued to incur COVID-19 related expenditures, the Province of Ontario has committed to reimbursing incremental costs incurred by OAHPP to monitor, detect and contain COVID-19 within the province. OAHPP has incurred \$27,432 [2023 – \$54,641] in operating expenses and \$3,467 [2023 – \$1,037] related to equipment purchases during the year, totalling \$30,899 [2023 – \$55,678]. OAHPP has recognized a corresponding amount of revenue in the statement of operations for expenses incurred and deferred capital contributions related to capital purchases. As at March 31, 2024, accounts payable and accrued liabilities include \$36,176 [2023 – \$48,273] due to the Province of Ontario for surplus funding received for COVID-19 related expenditures and associated interest income.

Board of Directors

PHO’s independent Board of Directors is responsible for the strategic direction and effective oversight of PHO’s operations. The Board establishes the agency’s strategic plan, assesses performance, ensures good governance, oversees financial performance, approves the financial statements and business plan and ensures effective risk management. The Board fulfills its mandate through the work of its Audit, Finance and Risk Standing Committee, Governance and Human Resources Standing Committee and Strategic Planning Standing Committee.

PHO’s Board is appointed by the Lieutenant Governor in Council. As of March 31, 2024, PHO’s Board is made up of the 12 Board members with a wide breadth of expertise and relevant experience to carry out their fiduciary duties and uphold the best interests of PHO.

Board Member	Location ¹	Term	Annual Remuneration ²
S. Ford Ralph	Stouffville	December 2, 2015 – November 27, 2025	\$1,000.00
Isra Levy (Vice Chair)	Ottawa	May 13, 2020 – May 12, 2024	\$463.00
Terri McKinnon	Shanty Bay	June 24, 2021 – June 23, 2024	\$3,450.00
Mark (Cat) Criger	Brampton	August 26, 2021 – August 25, 2024	–
Helen Angus (Chair)	Toronto	October 7, 2021 – April 6, 2025	\$6,655.00
Andy Smith	Toronto	February 17, 2022 – February 16, 2025	–
Harpreet Bassi	Toronto	February 17, 2022 – February 16, 2025	\$450.00
Ian McKillop	Waterloo	February 17, 2022 – February 16, 2025	\$4,150.00
William Mackinnon	Toronto	February 17, 2022 – February 16, 2025	–
Rob Notman	Ottawa	June 15, 2023 – June 14, 2026	\$600.00
Roxanne Anderson	Ottawa	June 15, 2023 – June 14, 2026	\$1,050.00
David Wexler	Thornhill	June 22, 2023 – June 21, 2026	\$450.00

¹The location reported in this table is based on the information posted on the Ontario Government’s Public Appointments site.

²The total combined amount of remuneration for all Board members during the reporting period ending March 31, 2024 was \$18,268.00.

Public Health Ontario

661 University Avenue, Suite 1701

Toronto, Ontario

M5G 1M1

416.235.6556

communications@oahpp.ca

publichealthontario.ca

