

2019-20 Annual Report

Public Health Ontario



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Message from the Board of Directors

On behalf of Public Health Ontario's (PHO) Board of Directors, I am pleased to present PHO's 2019-20 Annual Report. The report provides a high-level description of our key services and activities over the year that fulfilled our mandate and supported government priorities; a status report on key deliverables; and a year-end view of our financial performance.

PHO is committed to doing our part to protect the health and safety of the people of Ontario and help them improve their health.

We provide scientific and technical evidence, expert guidance and centralized resources to partners and clients – government, public health, hospitals and other health care facilities, community laboratories, frontline health workers and researchers – to enable informed decisions and actions, and to anticipate and respond to emerging public health issues. The importance of our work has never been more apparent, than it has with the emergence of the global COVID-19 pandemic. Our support has been integral to Ontario's response efforts.

With a presence throughout the province, PHO monitors, prepares for, detects and responds to infectious disease outbreaks and other public health threats. 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 generate evidence to better understand and address public health issues such as environmental hazards, the risk and spread of infections, chronic diseases, food safety, and substance use. We study and evaluate what makes people healthy and how we can help the people of Ontario live healthier lives.

In the context of COVID-19, our laboratory was one of the first in the world to be conducting testing outside of China, with the first test done on January 12, 2020 at our Toronto laboratory. Anticipating the need for more testing capacity than any single organization could immediately provide, when only a few hundred tests had been completed, in February we initiated engagement with other hospital and community laboratories in Ontario to bring together a COVID-19 testing network. By the end of March, nearly 50,000 Ontarians had been tested and capacity was continuing to increase. PHO continued providing scientific expertise and being the largest single organizational contributor to the province's testing volumes.

We have also been working tirelessly to provide scientific guidance to partners at the provincial and local level on case management, contact follow up, infection prevention, disease control, and surveillance based on public health research from around the world and our incredible depth of expertise – to ensure that Ontario's response is informed by the best science, conducted by its brightest minds.

PHO is committed to the responsible stewardship of resources entrusted to us. 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 we look forward to continuing to make a vital contribution to the health of the people of Ontario.

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

A handwritten signature in blue ink, appearing to read 'Linda Rothstein', with a long horizontal flourish extending to the right.

Linda Rothstein
Chair, PHO Board

Organizational overview

Public Health Ontario exists to keep Ontarians safe and healthy. With our partners in government, public health and health care, we prevent illness and improve health. We provide the scientific evidence and technical advice to guide policy and practice for a healthier Ontario. We operate the provincial public health laboratory service, performing millions of tests for front-line health care workers and public health units. We focus on public health emergencies and outbreaks, infectious diseases, environmental hazards, health promotion and disease prevention programs, infection prevention and control, and health information. We educate health professionals with practical applications of public health principles.

As set forth in our legislation, the *Ontario Agency for Health Protection and Promotion Act, 2007*, we focus on:

- providing scientific and technical advice and support
- delivering public health laboratory services
- advancing and disseminating knowledge, best practices, and research
- serving as a model to bridge infection control and occupational health and safety
- informing and contributing to policy development processes
- enhancing data development, collection, use, analysis and disclosure
- providing education and professional development
- undertaking public health research
- providing advice and operational support in emergency or outbreak situations with health implications

Our primary clients are:

- Ontario's Chief Medical Officer of Health
- Ontario Ministry of Health other ministries
- Public health units
- Health system providers and organizations across the continuum of care

In addition to these clients, PHO's partners for health can also include academic, research, not for-profit, community-based and private sector organizations and government agencies—working across sectors—that contribute to Ontarians 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 provides scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians. This means supporting our clients and partners across government, public health, and the broader health system. Preventing disease, disability and injury; and providing people with the tools and information to improve their own health; are essential in alleviating pressures on our health care system.

The examples that follow demonstrate our efforts in three domains: protecting the health and safety of the people of Ontario; helping the people of Ontario improve their health; and providing centralized services, resources and expertise for Ontario's public health system and workforce. Through all of these activities, PHO strives to contribute to efforts to reduce health inequities.

It is important to note that the reporting period for this annual report includes the first three months of the COVID-19 pandemic, beginning in January 2020. Given the unprecedented nature of COVID-19 and the exponential escalation of PHO's activities to support Ontario's COVID-19 response, this section also includes an overview of our response efforts up until March 31, 2020.

Protecting the health and safety of the people of Ontario

Together with our partners, PHO protects and improves the health and safety of the people of Ontario. With an integrated approach to health monitoring and analysis, outbreak management, laboratory testing, environmental health assessment and field support, we help prevent disease and minimize risks before they cause harm to the public. We are an essential component of the Ontario public health system.

PHO provides scientific and technical advice and support to health system partners and stakeholders across the province. Our advice and support takes many forms, such as specialized surveillance programs, assistance with case investigations, outbreak coordination and management, immunization guidance, and infection prevention and control best practices. Through ongoing daily monitoring and tracking, PHO anticipates, detects and identifies current or potential infectious disease outbreaks or environmental incidents. We support coordinated and effective responses by Ontario's Chief Medical Officer of Health, the Ministry of Health, public health units, and health care institutions and providers.

PHO's laboratory is an indivisible component of our organization, playing a crucial role on every infectious disease issue we address, including an ever-increasing use of the latest methods for genetic sequencing of DNA to identify previously unrecognized links between cases of infectious disease. It provides essential services to hospital and community laboratories, public health units, long-term care facilities, clinicians in private practice and private citizens. PHO's laboratory develops and performs tests to meet the changing needs of Ontario's health system. In addition to testing, the integration of PHO's laboratory services with our public health protection services is key to the province's ability to detect and respond to outbreaks, biological incidents and other public health threats and control the spread of disease in the population.

The examples that follow demonstrate PHO's efforts in 2019-20 to protect the health and safety of the people of Ontario.

- Supported outbreak investigations of infectious diseases, including novel pathogens (such as COVID-19, discussed in more detail later in this report), outbreaks of respiratory and foodborne illness (such as influenza and *Salmonella*) and *Legionella* in water systems, across Ontario. Our laboratory testing is used to identify, confirm and link cases of illnesses, support rapid and comprehensive testing of others who may have been exposed, and provide expertise to assist with managing outbreaks. Utilizing the latest methods for genetic sequencing of DNA and computer analysis to determine the genetic fingerprint and sequence of bacteria present in clinical cases, food products or water samples, cases of illness can be linked, the source of potential clusters can be detected, and further spread can be mitigated through the efforts of our partners in local public health units.
- Provided expertise on immunization and vaccine-preventable disease control to support Ontario's immunization efforts to prevent the spread of diseases. This includes the release of the annual [Immunization Coverage Report for School Pupils in Ontario](#) for the 2017-18 school

year, which presents coverage estimates for publicly-funded childhood immunization programs with a new addition that analyzes immunization exemptions, as well as the [2018 Annual Report on Vaccine Safety](#) summarizing adverse events following immunizations (AEFIs) reported in Ontario following vaccines administered in 2018.

- Monitored patterns of diseases transmitted by mosquitoes and ticks and released resources including the [Vector-borne Disease Summary Report, 2018](#) and the [Ontario Lyme Disease Estimated Risk Areas Map, 2019](#) to assist local public health units with developing public health messages and to assist healthcare providers with clinical decision making on testing and treatment. In addition, PHO is collaborating with the Vector Institute to create an online tool that will improve Ontario's capacity to identify ticks faster and prevent Lyme disease by allowing health care providers to administer one dose of antibiotic, when appropriate, within the 72 hour window after tick removal that is optimal to prevent disease. The tool will integrate tick identification and geographical information to determine risk of infection and need for prophylaxis treatment, thus empowering both public and health care providers in making appropriate medical decisions within the critical time frame.
- Supported local public health units, other members of the health system, and the Ontario government to assess and respond to emerging and evolving local environmental health issues, such as water quality, indoor air quality, ambient air pollution, Wi-Fi, or physical hazards. Recent examples include a collaboration with the Institute for Clinical Evaluative Sciences (IC/ES) to link OLIS (Ontario Laboratories Information System) data containing the results of blood and urine testing for lead and other metals with drinking water data held by the Ministry of Environment, Conservation and Parks; and supporting a public health unit responding to community questions concerning the renewal of an operating license at a nuclear fuel facility using risk communication best practices.

Helping the people of Ontario improve their health

By helping the people of Ontario increase control over and improve their health, we are helping them live healthy lives and stay out of the hospital. To do this, we look at social determinants of health and health behaviours ranging from creating supportive social or physical surroundings, removing barriers to healthy living, increasing awareness of healthy lifestyles to help people make changes that prevent chronic disease and injury, to encouraging healthy public policies. We offer evidence, expertise and resources to address some of Ontario's greatest public health challenges.

The examples that follow demonstrate PHO's efforts in 2019-20 to help the people of Ontario improve their health.

- In partnership with Cancer Care Ontario (now part of Ontario Health), we jointly developed [The Burden of Chronic Diseases in Ontario: Key Estimates to Support Efforts in Prevention](#). The report, released in July 2019, provides data and evidence that support health system planning for chronic disease prevention in Ontario. Chronic diseases cause about three three-quarters of

deaths in Ontario. The majority are due to four major chronic diseases: cancers, cardiovascular diseases, chronic lower respiratory diseases and diabetes. Tobacco smoking, alcohol consumption, physical inactivity and unhealthy eating are the key modifiable risk factors that are common to these major diseases. The prevalence of these risk factors is high in Ontario, especially for populations that face health inequities, such as those with low socioeconomic status and poor mental health, or are members of racial minorities or indigenous communities. Addressing these risk factors is critical to reducing the health and economic burden of chronic diseases, minimizing hospital overcrowding and ending hallway medicine in Ontario.

- In partnership with the Office of the Chief Coroner for Ontario and the Ontario Drug Policy Research Network of St. Michael's Hospital in Toronto, PHO released the [Opioid Mortality Surveillance Report](#) in June 2019 analyzing the 1,337 opioid-related deaths in Ontario between July 2017 and June 2018. Among these, the report sheds light on the circumstances behind the 1,209 deaths that were deemed accidental, including characteristics of those who have died, involvement of different opioid and non-opioid substances, and context about where the overdoses occurred. The partnership with the Office of the Chief Coroner, the Ontario Drug Policy Research Network and PHO enables reliable and timely data to be collected, shared and analyzed with a view to informing and tailoring preventative interventions to better address the unique needs of Ontarians who may be exposed to opioids.
- Developed the [Ontario Tobacco Monitoring Report 2018](#), a provincial resource for our stakeholders, released in November 2019. The report serves as an environmental scan and surveillance report of tobacco use in Ontario and represents a transition from previous reports produced by the Ontario Tobacco Research Unit. This report draws upon population-level surveys, program evaluations, performance reports and administrative data to describe the population trends, system infrastructure, programmatic interventions and strategies that impact the supply and demand of tobacco products as of the 2017-18 fiscal year. Capturing comprehensive tobacco control in Ontario is important to inform the development of policies and programs to reduce the impact of tobacco use and nicotine addiction across the province.
- Provided scientific and technical advice on service schedules and implementation to the Ministry of Health on their new publicly-funded Ontario Seniors Dental Care Program (OSDCP) that provides low-income seniors access to quality dental care. This program provides seniors, many of whom do not have access to dental insurance, the essential dental services they need to prevent chronic diseases, improve quality of life and reduce the strain on emergency departments. Oral health is a major factor in chronic disease progression in the elderly population.

Providing centralized resources, services and expertise for Ontario's health system and workforce

As a provincial agency, PHO provides key resources, service and expertise to health system partners and clients across Ontario. We recognize that serving as a central resource for our clients is more cost-effective and efficient than a number of our clients doing the same work multiple times. This approach to centralized efficiency is at the forefront of our thinking in delivering programs and services to support Ontario's public health system and workforce.

PHO supports public health professionals, health care providers, scientists and policymakers with essential, up-to-date information that keeps pace with the current and future needs of the people of Ontario and our health system. Our website, one of the most significant digital channels through which we deliver centralized resources, services and expertise to public health stakeholders across Ontario and beyond was designed to support our clients and partners in the essential work they do each and every day.

The examples that follow demonstrate a selection of centralized resources, services and expertise provided by PHO for Ontario's public health system and workforce.

- **Laboratory services** - PHO's laboratory performed more than six million tests in 2019-20 for clients throughout Ontario's health care system, enabling accurate and timely diagnoses and supporting clinical and public health action. Many of the tests conducted by PHO's laboratory, especially those for high-risk infectious diseases, and rare infections, are not available elsewhere in Ontario. PHO is a reference laboratory for the province, meaning that clinicians, institutions, hospital and community laboratories across Ontario look to PHO for specialized laboratory testing and medical microbiological expertise.
- **Scientific and technical expertise** - PHO provides comprehensive, rigorous, credible and timely responses to scientific and technical requests from the Ministry of Health, public health units and other health system stakeholders. Given the breadth of public health issues, the depth of central expertise at PHO is a resource for public health units and health system stakeholders to inform program design and delivery of evidence-based health programs. In 2019-20, PHO completed more than 2,400 scientific and technical activities in response to requests from clients.
- **Centralized population health assessment, data and analytics** - PHO is a central repository of provincial public health and health care data and information. We transform data into interactive tools and resources that centrally monitor population health for public health units and the health system. The data, available online, can be accessed from anywhere and readily customized to understand local and provincial needs, as well as to inform evaluation for program improvement and policy decisions.

- **Public health workforce education and development** - PHO translates evidence to public health action and practice by supporting skills development of Ontario's current and future public health workforce through educational programs consistent with Ministry of Health Standards and best practices. These education opportunities include weekly province-wide webinars and online learning, webinars focused on specific practice issues of front-line practitioners, and the annual Ontario Public Health Convention, delivered jointly with the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA), offers opportunities for intensive learning, collaboration and priority sharing. Our clients and partners tell us that they value PHO's educational offerings and resources for their unique relevance and applicability to the Ontario context. In 2019-20, PHO delivered 55 education opportunities to groups of external clients, and our online learning modules had nearly 250,000 course registrations and over 190,000 course completions. TOPHC 2020 was cancelled in March 2020 for the first time in the event's 11 year history due to COVID-19.
- **Access to Shared Library Services** - PHO coordinates and administers the Shared Library Services Partnership (SLSP), operating within the larger system of existing public health unit libraries. The SLSP was initiated in 2012 to improve public health unit access to a centralized source of scientific resources, professional expertise, and library resources and programs to support applied research, program evaluation, professional development and knowledge exchange in Ontario's local public health units. Within the SLSP, four public health unit libraries act as "hubs" to provide library services and supports to health units that do not have an in-house library (approximately two thirds). PHO provides all public health units and the Office of the Chief Medical Officer of Health, Public Health with access to the Virtual Library (a suite of bibliographics databases and complementary full text content).
- **Research and ethics services** - PHO has developed a public health specific framework for ethics review that is internationally recognized. PHO currently provides ethics review and/or ethics capacity building services to the majority of public health units across Ontario. PHO provides ethics review and support services across the life-cycle of evidence-generating projects that involve human participants, their data, or their biological materials. Projects may include research, evaluation, enhanced surveillance and quality improvement. As a central resource for public health units, in addition to providing ethics review and oversight services, PHO also provides ethics consultations on project-related issues, ongoing education and training and access to resources.

Supporting Ontario's response to COVID-19

In January 2020, a novel (new) coronavirus was identified as the cause of an outbreak of pneumonia originating in Wuhan, China. Coronaviruses are a large family of viruses that originate in animals but are known to cause respiratory illness in humans, particularly during the fall and winter seasons. Later that month, on January 25, the first case was detected in Ontario. While countries around the world, including Canada, worked to contain the spread of COVID-19, on March 11, the World Health Organization declared the COVID-19 outbreak a global pandemic. On March 17, the Government of Ontario declared a provincial emergency through the *Emergency Management and Civil Protection Act*, in order to quickly implement and enforce orders in the public interest. The Act enables the provincial government to declare a state of emergency when there is a need to take immediate, temporary and extraordinary measures to ensure safety and security because of a major crisis.

Ontario's response to the COVID-19 pandemic has evolved rapidly since January, requiring ongoing coordination and collaboration with partners at many levels and across jurisdictions. At the national level, the Public Health Agency of Canada reports confirmed cases to the World Health Organization under the *International Health Regulations*, and leads on issues such as international travel and border control, federal control measures, and national coordination. It reports national case numbers, supports the work at the provincial level, contributes to the supply and distribution of medical supplies, and provides federal financial supports for people and businesses. Provincially, Ontario's Ministry of Health is leading the province's COVID-19 response. The Ministry has implemented an enhanced response structure with a Command Table that oversees the response across the province. The Command Table is chaired by Ontario's Deputy Minister of Health, and includes the Chief Medical Officer of Health, and representation from various government ministries and agencies (i.e., Ontario Health, Public Health Ontario) and academia. It is supported by a variety of advisory and coordination tables. At the local level, Ontario's 34 public health units respond to cases in their region, gather information and provide updates specific to various regions of Ontario. The COVID-19 situation at the local level varies across the province, as do different jurisdictions' pandemic responses. Local public health units are responsible for following up with those who test positive with COVID-19 to work to help them understand how to self-isolate and to determine how they were exposed to the virus and follows up with all of the contacts of the individual to help stop the spread, and to set and enforce local public health measures (e.g., municipal park closures, closure of non-essential businesses).

Given PHO's experience with other coronaviruses, such as SARS and MERS CoV, we are well positioned to provide the essential support to our clients and stakeholders to prepare and respond to this rapidly evolving outbreak. One of PHO's roles in Ontario's COVID-19 response is to perform laboratory testing and surveillance. PHO's laboratory was one of the first in the world to be conducting diagnostic testing outside of China, with the first test done on January 12, 2020 at our Toronto laboratory. Our testing has continued to scale up and at the end of the 2019-20 fiscal year we were performing thousands of COVID-19 tests each day, with more than 50,000 COVID-19 laboratory tests conducted in Ontario by the end of March 2020, the vast majority of which were conducted at Public Health Ontario. Our laboratory also serves as a reference laboratory, supporting other labs across Ontario coming on line with testing

and validating new testing methodologies. PHO's COVID-19 surveillance involves ongoing, systematic collection, analysis, and interpretation of COVID-19 data that is used to assess how the pandemic is evolving, measure the spread and impact, and inform the necessary public health interventions to prevent further spread.

PHO also provides scientific and technical advice and support to the provincial government and local public health units, as well as to those working in health care and related sectors, on issues such as public health management, surveillance, infection prevention and control, and support for evidence-based decision making and policy. We analyze and report on the epidemiology of COVID-19 in Ontario. We synthesize knowledge from the rapidly published research literature and answer scientific questions from Ontario's Ministry of Health, public health units, and other health stakeholders to aid them in their decision making. The unprecedented nature of COVID-19 has resulted in an unprecedented demand for scientific and technical advice and support from PHO. Between January 3 and March 31, 2020, PHO addressed more than 700 requests for support from key stakeholders relating to COVID-19. Responding to these requests for support include activities such as scientific and technical consulting, developing of knowledge products, reviewing client documents, and supporting surveillance activities.

Some of our major activities to support Ontario's response to the COVID-19 outbreak have included:

- Closely monitoring rapidly emerging information and synthesizing evidence to enable timely situational updates and adapting public health advice appropriately.
- Developing diagnostic testing and testing algorithms, as well as guidance for health care providers.
- Working closely with other provincial laboratories and the National Microbiology Laboratory to continually develop more sensitive tests that can pick up the smallest traces of the virus.
- Rapid advances in testing mean that PHO is conducting a very powerful and effective test for COVID-19 very quickly.
- Working closely with the Ministry of Health in the development of a wide variety of resources, including guidance for those in various sectors and settings, guidance for effective surveillance, and the continual review of the provincial case definition.
- Supporting the Public Health Agency of Canada, Ontario's Ministry of Health and local partners with the repatriation and quarantine of Canadians, including providing on-site support at Canadian Forces Base Trenton and the Nav Centre in Cornwall.
- Partnering with those in the academic sector on essential COVID-19 research.

As the COVID-19 outbreak continues to evolve, PHO continues to work closely with provincial and local partners to build on the progress Ontario has made to contain COVID-19.

Report on 2019-20 deliverables and performance

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 of Ontario, and helping the people of Ontario improve their health – is particularly challenging. With so many factors contributing to the health and safety of the people of Ontario, such as health services, housing, transportation and education, we recognize that the responsibility for results extends far beyond the direct control of PHO.

On the pages that follow, we have analyzed our operational performance with a focus on operational results, including our performance against targets established in our Annual Business Plan and applicable industry standards. PHO continues to explore new approaches to performance measurement that will bring additional impact, value and outcome considerations into our performance measurement and reporting. In keeping with the new requirements (January 2019) outlined in *Agencies and Appointments Directive* and the *Guide to Developing Annual Reports for Provincial Agencies* (March 2019) released by the Treasury Board Secretariat, Public Appointments and Agency Governance Branch, we continue to consider additional outcome-based performance measures, some of which have been introduced in our 2020-23 Annual Business Plan.

Status of 2019-22 Annual Business Plan Priority Initiatives for Principal Program Areas, as of March 31, 2020

Laboratory

Priority Initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Continue to work closely with Ministry of Health (Office of the Chief Medical Officer of Health, Public Health and Laboratory and Genetics Branch) to optimize quality and value in the laboratory and public health system; focus will be on implementation of the Joint Ministry of Health/PHO Laboratory Modernization and Pressure Management Plan that will address demands for reference and public health testing and promote efficiencies in the laboratory system.			√ ¹
Respond to potential new directions from the provincial audit of Ontario’s Hospital and Community Laboratory program; continue to pursue efficiencies, service optimization and scientific expertise in public health microbiology and specialized laboratory services.	√		
Further assess the use of OLIS and other solutions for electronic delivery of test requests from clients across Ontario to the PHO Laboratory and enhance direct electronic reporting of test results from the PHO laboratory.			√ ²
Continue to advance testing and surveillance in Ontario to detect and respond to emerging public health threats.		√	
Fully implement Enteric whole genome sequencing to detect and respond to food and water borne outbreaks; continue to apply and augment capacity for public health microbial genomics and bioinformatics to ensure timely and precise public health laboratory testing that supports outbreak detection and response; and enhance capacity for the surveillance and understanding of antimicrobial resistance in Ontario.	√		
Identify and prioritize pathogens of concern that may emerge in Ontario, develop testing capacity, and		√	

Priority Initiatives	Complete	Multi-year on-track	Not completed within target timeframe
collaborate with other public health organizations for response.			
Modernize testing methods and delivery by implementing evolving laboratory technologies including molecular and genomics and develop related staff expertise.		√	
Continue to prepare for the relocation of London laboratory services to PHO's new Southwest Ontario hub.		√	
Continue to prepare for the Toronto-based Operational support Facility/Bio-repository and associated decommissioning of the Resources Road facility.			√ ³
Conduct mandate-driven research in applied public health microbiology that will improve the delivery of laboratory testing and public health practice.		√	

¹ This initiative is on hold pending MOH permission to implement.

² This initiative is on hold at the request of the MOH pending the implementation of a provincial approach.

³ This initiative was not completed within the target timeframe due to unforeseen circumstances that required a number of reviews and refinements of the Functional Program, as well as re-deployment of resources to support COVID-19. It is anticipated that Stage 2 Functional Program submission will be made to the MOH in Summer 2020.

Key Ongoing Initiatives (representative sample):

- Deliver effective clinical and reference laboratory services.
- Provide a laboratory-based infectious disease surveillance and monitoring program.
- Operate laboratory incident and outbreak management services.
- Operate technical and customer service centre.
- Maintain quality management system including Ontario Laboratory Accreditation, Ministry of Environment, Conservation and Parks licensure for drinking water testing, and the Canadian Association of Laboratory Accreditation.
- Advance public health testing and reporting through development of laboratory methods, evaluation of existing diagnostic practice, and translation of new recent findings to improve clinical testing reporting.

Communicable Disease, Emergency Preparedness and Response (CDEPR)

Priority Initiatives	Complete	Multi-year on-Track	Not completed within target timeframe
Continue to support the implementation of the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.	√		
Enhance provincial vaccine safety and coverage surveillance methods, tools and resources to support public health unit stakeholder needs and effective monitoring of vaccine safety and coverage in Ontario.		√	
Provide enhanced surveillance for new tick and mosquito vectors entering Ontario, including training for public health units to monitor for new and emerging vector-borne diseases.		√	
Explore analytical approaches to improve our understanding of the factors that put Ontarians at risk for multiple communicable diseases, referred to as syndemics.		√	
With our laboratory colleagues, continue to advance HIV surveillance in Ontario in collaboration with the <i>Ontario HIV Epidemiology and Surveillance Initiative</i> (OHESI).		√	
Develop resources to support the public health management of communicable disease risks identified during infection prevention and control lapse investigations in Ontario.		√	
Provide provincial and/or local scientific and technical support for the <i>Ready and Resilient Health System</i> approach and future accountability framework.		√	
Conduct mandate-driven research and program evaluations in relevant CDEPR areas and disseminate findings: <ul style="list-style-type: none"> Contribute to the scientific evidence related to communicable diseases and immunization, including vaccine coverage and respiratory diseases. 		√	

Key Ongoing Initiatives (representative sample):

- Support routine case/contact/outbreak management for reportable/emerging diseases by providing scientific/technical information and support to stakeholders.

- Develop and maintain scientific and technical guidance documents in support of the prevention and control of infectious disease.
- Prepare knowledge products (literature reviews, knowledge syntheses,) in response to client requests.
- Operate provincial communicable disease surveillance programs.
- Operate provincial vector-borne disease surveillance programs including West Nile Virus and Lyme Disease.
- Support the development of provincial data standards for immunization and communicable diseases.
- Design and implement research projects for the surveillance, prevention and control of communicable diseases and pathogens of concern for institutional infection control.
- Provide scientific and technical consultation and field support to immunization programs on immunization issues and vaccine safety.
- Design and implement program evaluations for public health interventions.
- Provide scientific and technical consultation and field support to emergency preparedness and response issues to the Office of the Chief Medical Officer of Health, Public Health, including the Emergency Management Branch of the Ministry of Health; and at the local level.
- Maintain a professional development program for emergency preparedness and response.

Infection Prevention and Control (IPAC)

Priority Initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Continue to support the implementation of the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.	√		
Increase capacity of stakeholders to respond to infection prevention and control challenges through development of implementation strategies and resources (e.g. “IPAC Essentials”, evaluative thinking).		√	
Improve understanding of antimicrobial usage and outcomes in the community and primary care settings. Identify opportunities to support the expansion of antimicrobial stewardship interventions beyond hospitals.		√	
Continue to support Ontario’s antimicrobial resistance strategy in collaboration with Health Quality Ontario and the MOHLTC.		√	
In collaboration with provincial partners, hospitals, and Health Quality Ontario, support a surveillance strategy for antimicrobial use, antimicrobial resistance (e.g. CPE) and health care-associated infections in Ontario hospitals. Build local/regional surveillance capacity in response to the emerging infection prevention and control issues.		√	
Continue with the provincial rollout of the Urinary Tract Infection Program in long-term care homes and develop a plan to sustain this initiative.		√	
Based on literature reviews conducted in 2018-19, improve Ontario’s hand hygiene program and promote hand hygiene in all health care settings across the province with application of theory (e.g. implementation science and behaviour change) to existing practice.		√	
<p>With PIDAC-IPC, EOH and relevant stakeholders, develop and release the best practice documents on:</p> <ul style="list-style-type: none"> • Occupational Dermatitis • Infection prevention and control in hemodialysis settings. 	√	√	

Conduct mandate driven research activities in relevant IPAC areas and disseminate findings:

- Initiate validation of *C. difficile* infection cases in OLIS data base ✓
- Explore methods to identify high prescribers of antimicrobials and methods to communicate with physicians to affect change. ✓

Key Ongoing Initiatives (representative sample):

- Maintain the capacity to deploy an Infection Control Resource Team to provide expert assistance to health care settings that are investigating and managing outbreaks.
- Maintain the Infection Prevention and Control Core Competency online learning program.
- Maintain a field presence to support the adoption of infection prevention and control best practices.
- Complete knowledge syntheses and conduct research on relevant infection prevention and control topics to provide up-to-date knowledge to the field.

Environmental and Occupational Health (EOH)

Priority Initiatives	Complete	Multi-year on track	Not completed within target timeframe
Continue to support the implementation of the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, and the modernized environmental health regulations under the <i>Health Promotion and Protection Act</i> .	√		
Finalize environmental burden of disease in Ontario report.			√ ⁴
Identify opportunities to expand and enhance environmental health tracking and monitoring and support local response.		√	
Continue to conduct mandate-driven research activities in relevant EOH areas and disseminate findings: <ul style="list-style-type: none"> • Explore the effects of air pollution and green space on chronic disease risks and effectiveness of interventions to reduce risk. 		√	

⁴The completion of this initiative is delayed primarily due to re-deployment of resources to support other time-sensitive priorities (including COVID-19).

Key Ongoing Initiatives (representative sample):

- Provide scientific and technical consultation and field support to environmental health issues at the local level including support in the investigation and control of environmental health incidents and emergencies.
- Develop and implement a professional development program for environmental health.
- Maintain professional development program related to environmental health skills and competencies.
- Maintain environmental assessment equipment loan program for public health units.

Health Promotion, Chronic Disease and Injury Prevention (HPCDIP)

Priority Initiatives	Complete	Multi-year on-Track	Not completed within target timeframe
Continue to support the implementation of the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.	√		
Provide scientific and technical expertise to the Chief Medical Officer of Health, MOHLTC, public health units and other stakeholders related to the provincial opioid response and cannabis legalization.		√	
Respond to new directions signalled by the 2017 provincial audit of chronic disease prevention and health promotion.		√	
Complete the evaluation of the Healthy Kids Community Challenge (HKCC); transmit and disseminate the results.	√		
Continue to partner and engage in the generation of Indigenous specific health data, as requested.		√	
Explore opportunities to address evolving public health system needs for capacity building in health promotion and chronic disease prevention including taking initial steps to create dedicated capacity in tobacco surveillance, monitoring and rapid response and scientific consultation, as well as leveraging existing capacity to provide supports in the area of substance use.	√		
Continue to conduct and disseminate mandate-driven program evaluations and research activities in relevant HPCDIP areas: <ul style="list-style-type: none"> Contribute to the evidence related to population health interventions for chronic disease prevention, primarily in the areas of evaluation of programs and policies related to health equity, healthy eating, physical activity and healthy weights, oral health, substance use including alcohol, cannabis and opioids. Complete research with Indigenous communities in Ontario to evaluate the HKCC program. 	√		

Key Ongoing Initiatives (representative sample):

- Provide scientific and technical consultation and field support at the local level.
- Develop and maintain scientific and technical guidance documents in support of HPCDIP health programs.
- Continue to provide support to clients and stakeholders to address health inequities, through:
 - Knowledge generation and knowledge exchange activities, including research projects on the application of Health Equity Impact Assessment tools.
 - Knowledge synthesis activities which analyze health inequity in PHO topic specific reports.
 - Capacity building efforts including the integration of marginalization and deprivation indices in analytic products.

Knowledge Exchange and Communications

Priority Initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Continue to support the implementation of the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.	√		
Further optimize PHO's educational offerings (e.g., suite of PHO Rounds, TOPHC, workshops) to meet client needs by conducting a needs assessment.			√ ⁵

⁵This initiative is delayed primarily due to re-deployment of resources to support other time-sensitive priorities (including COVID-19).

Key Ongoing Initiatives (representative sample):

- Support the planning, production, promotion, dissemination and evaluation of PHO products, services and expertise to maximize client awareness and usage.
- Organize and deliver comprehensive professional development and education offerings, including PHO rounds, visiting speakers, seminars, workshops, and Continuing Medical Education accreditation.
- Coordinate and support the provincial Shared Library Services Partnership and the Locally Driven Collaborative Projects program.
- Deliver The Ontario Public Health Convention (TOPHC) on an annual basis.

Informatics

Priority Initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Support the implementation and evolution of indicators, methods and tools that enable the LHIN-public health unit relationship.	√		
Support local public health units with advice regarding data governance, data quality and data literacy.		√	

Key Ongoing Initiatives (representative sample):

- Provide specialized services in the areas of analytics, biostatistics, data visualization, epidemiology, geospatial services and population health assessment and surveillance (including support to access, analyze and link to existing data or new data sets).

2019-22 Annual Business Plan Volumetric Commitments

This table shows the core activities for which PHO has established annual volume targets for 2019-20. Where applicable, specific topics of focus will be guided over the course of the year by the priorities established based on requests from the Chief Medical Officer of Health, ministries, and other clients, and our analysis of emerging issues and work plans.

Volume Targets for Core Activities

Core Activity	2019-20 Target	2019-20 Actual
Laboratory tests	5.3 million	6.4 million
<i>Production of surveillance reports</i>		
Daily issues summary and situation reports	250	257
Bi-weekly iPHIS notices	26	26
Weekly Enhanced Surveillance Directives and Monitored Situations	52	52
Weekly respiratory pathogen report	52	51 ¹
Annual Immunization Coverage Report for School Pupils	1	1
Annual Report of Vaccine Safety	1	1
<i>Development of knowledge products to support clients and stakeholders</i>		
Review of literature, including knowledge synthesis reports, in response to requests to summarize a body of published evidence	24-28	106 ²
Major population and environmental health technical reports	1-2	4
Evaluation reports to support program or policy review	5-7	7
Best practice or guidance documents	30-35	68 ²
Statistical reports or data requests	80-90	157 ²
<i>Development of peer-reviewed abstracts and research protocols, and events to support knowledge exchange</i>		
Abstracts (either as presentations, posters, or workshops) at scientific conferences	150	81 ³
Develop research proposals to address important priorities in public health programs and laboratory science	20	20
Co-sponsor professional development events for public health professional associations and other professional groups	15	0 ⁴

Core Activity	2019-20 Target	2019-20 Actual
Support quality improvement of infection prevention and control practices in health care settings via education, coaching and discussion forums with providers	300	181 ⁵

¹This product was not produced during surveillance week 51 (December 15 – 21, 2019).

²Due to increased demand with the COVID-19 response, the number of knowledge products produced in these categories significantly exceeded the annual target.

³The number of abstracts at scientific conference was significantly impacted by the cancellation of The Ontario Public Health Convention (TOPHC) due to COVID-19. Sixty-three abstracts had been accepted but not presented, and therefore not included in the total. There was also a decrease in the number of abstracts shared at scientific conferences due to government-directed expenditure constraints.

⁴Due to government-directed expenditure constraints, these activities have been temporarily suspended.

⁵These volumes are lower than projected due to a change in delivery model that focuses on holding fewer sessions with larger groups of providers. Due to government-directed expenditure constraints, some of these activities were temporarily curtailed or deferred.

PHO Quarterly Performance Scorecard: 2019-20 Year-End View

The Scorecard summarizes PHO's performance related to its mandate and the five strategic directions of our *2014-19 Strategic Plan: Evidence, knowledge and action for a healthier Ontario*. 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.

	Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	
SD 2 Accelerate integrated population health monitoring	2.1 Use of web-based Query tools									
	2.1.1 Number of unique visits to the Infectious Diseases Query tool	Descriptive	N/Ap	656	N/Ap	804	712	559	555	
	2.1.2 Number of unique visits to the Sexually Transmitted Infections Query tool	Descriptive	N/Ap	127	N/Ap	189	115	122	83	
	2.2 Use of web-based Snapshots tool									
	2.2.1 Number of indicators available	Descriptive	N/Ap	219	N/Ap	199	218	218	240	
	2.2.2 Percentage of indicators current within 6 months of data release	Directional	≥ 80%	100%	●	100%	100%	100%	100%	
	2.2.3 Number of unique visits by external users	Descriptive	N/Ap	7,525	N/Ap	8,295	6,786	7,889	7,128	
	2.3 Availability of laboratory information systems									
	2.3.1 Laboratory Information System (LIS) uptime	Service Standard	99.5%	99%	🔄	99.9%	100%	99.7%	96.4% ³	
	SD 3 Enable policy, program and practice action	3.1 Responsiveness to client requests								
3.1.1 Number of knowledge products completed as a result of client requests		Descriptive	N/Ap	37	N/Ap	47	26	18	57 ⁴	
3.1.2 Number of scientific and technical support activities completed as a result of a client request		Descriptive	N/Ap	605	N/Ap	450	437	351	1,180 ⁴	
3.2 Responsiveness to urgent client requests										
3.2.1 Number of urgent client requests completed		Descriptive	N/Ap	55	N/Ap	15	9	14	182 ⁵	
3.3 Responsiveness to clients – Timeliness										
3.3.1 Percentage of knowledge products completed within target turnaround time		Directional	95%	96.2%	●	97.9%	92.3%	100%	94.7%	
3.3.2 Percentage of scientific and technical support activities completed within target turnaround time		Directional	95%	99%	●	97.3%	99.8%	99.4%	99.5%	
3.4 Laboratory performance										
3.4.1 Percentage of laboratory tests completed within target turnaround time		Directional	90%	99.68%	●	99.7%	99.7%	99.7%	99.6%	
3.5 Website usage										
3.5.1 Number of visits by external users		Directional	160K	804K	●	339K	377K	358K	2.14M ⁶	
3.5.2 Number of product downloads by external users		Directional	50K	100K	●	74K	60K	60K	206K ⁶	
3.5.3 Number of unique visits by external users		Directional	100K	536K	●	203K	227K	215K	1.50M ⁶	
3.6 Client education										
3.6.1 Number of education sessions offered to external clients	Directional	20	14	⊗ ⁷	22	5	21	10		
3.7 Client satisfaction with educational sessions										
3.7.1 Percentage of client education sessions achieving a client rating of at least 3.5 out of 5	Directional	90%	91.8%	●	100%	67%	100%	100%		
3.8 Student placements										
3.8.1 Number of new student placements	Directional	31 ⁸	31	●	40	30	23	31		

		Indicator	Type	Quarterly Target	Quarterly Average ¹	Annual Status ²	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
SD 4 Advance public health evidence and knowledge	3.9 Laboratory testing volumes									
		3.9.1 Number of laboratory tests performed	Directional	1.33M	1.61M	●	1.71M	1.65M	1.55M	1.51M ⁹
	4.1 Staff publishing									
		4.1.1 Number of articles published in peer-reviewed journals relevant to public health	Directional	32 – 35	56	●	64	43	61	55
	4.2 Knowledge dissemination									
		4.2.1 Percentage of peer-reviewed articles published in priority journals	Directional	75%	57.5%	⊗ ¹⁰	65.6%	60.5%	63.9%	40%
	4.3 Third party funding									
		4.3.1 Dollar value of funding awarded to PHO researchers from third-party funding agencies	Directional	> \$400K	\$541K	●	\$526K	\$435K	\$538K	\$668K
	4.4 Media mentions									
		4.4.1 Number of media mentions ¹¹	Descriptive	N/Av	N/Av	N/Av	-	-	-	-
SD 5 Engage our great people and exceptional teams in building a stronger PHO	5.1 Recruitment efficiency									
		5.1.1 Average number of days to fill permanent and temporary staff positions	Directional	60	45	●	52	35	51	42
	5.2 Employee absenteeism									
		5.2.1 Average number of paid sick days per employee	Industry Standard	2	2.4	⊖	2.2	2.4	2.6	2.4
	5.3 Staff turnover									
	5.3.1 Voluntary and involuntary permanent employee turnover rate	Descriptive	N/Av	1.89	N/Av	0.80	2.18	2.11	2.47 ¹²	
5.4 Laboratories staff credentials and certification										
	5.4.1 Percentage of medical and clinical microbiologists and medical laboratory technologists with credentials/certification in place ¹³	Industry Standard	100%	100%	●	N/Av	100%	N/Av	100%	
SD 1 Provide scientific and technical expertise to strengthen Ontario's public health sector and support the achievement of its goals.	6.1 Financial performance									
		6.1.1 Percent variance between actual and budgeted expenses ¹⁴	Directional	± 1.5%	N/Av	N/Av	-	-	-	-
	6.2 Complaints									
		6.2.1 Number of complaints about PHO services or products	Directional	≤ 7	5	●	7	5	3	3
	6.3 Availability of enterprise technology systems									
	6.3.1 General IT infrastructure uptime	Service Agreement	99.5%	100%	●	100%	100%	100%	100%	
6.4 Laboratories external quality assessment										
	6.4.1 Overall annual average score on the Institute for Quality Management in Healthcare (IQMH) Clinical Proficiency Testing ¹³	Industry Standard	> 90%	99.7%	●	N/Av	99.9%	N/Av	99.5%	
	6.4.2 Overall annual score on the Canadian Association for Laboratory Accreditation (CALA) Z-score ¹³	Industry Standard	> 70%	90.7%	●	N/Av	91.3%	N/Av	90.1%	

Legend	
Target met or exceeded	●
Target somewhat missed	⊖
Target significantly missed	⊗
Not applicable	N/Av
Not available	N/Av

Notes:

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

²Annual status is based on the quarterly average value for each measure.

³Our Laboratory Information System (LIS) experienced a backlog of reporting late in March 2020 due to system capacity challenges as a result of an exponential increase in COVID-19 testing. This was resolved with internal and external IT partners by significantly increasing capacity to meet unprecedented system demand.

⁴These measures saw record highs in Q4 due to an increase in client requests related to COVID-19. 47% (27) of knowledge products and 73.7% (864) of scientific and technical support activities were directly related to COVID-19.

⁵The number of urgent client requests completed in Q4 saw a dramatic increase due to an increase in requests related to COVID-19 requiring a response with 24 hours.

⁶All three website usage measures saw unprecedented numbers in Q4 driven by demand for COVID-19 resources. COVID-19 related pages accounted for 65% of all website page views (2.14 million). Of particular note our new Public Resources pages saw over 235,000 views and our IPAC hand hygiene and routine practices also had

higher than usual traffic. There were over 206,000 product download by external users. The top documents included new COVID-19 public factsheets, COVID-19 test requisition and existing IPAC best practice guidance documents. The number of unique visits by external users was over 1.5 million of which 84% were new visitors.⁷The target was not met as a result of a one-time decision to hold fewer Rounds sessions throughout Q2 and cancellation of all events from February onward due to COVID-19.

⁸This target is based on the average number of student placements in the previous year.

⁹Due to COVID-19, PHO's Molecular Diagnostics department saw an 86.1% (70,233 specimens) increase in testing compared to Q4 of last fiscal year and an overall increase of 69.9% compared to last fiscal year. Other departments (virology, bacteriology, parasitology etc.) saw a decrease in specimens received for testing, likely due to many medical clinics being closed (particularly fertility clinics who send the majority of high volume testing), decreased utilization of emergency departments, and decreased demand for travel related testing such as Malaria due to restrictions on international travel.

¹⁰The target for this measure continues to be aspirational. A number of factors such as target audience, urgency of publication, and type of article may result in PHO authors selecting a journal that PHO has not classified as a priority journal. PHO consistently exceeds the quarterly target for articles published in peer-reviewed journals relevant to public health, and PHO's Library Services and Research & Ethics Services continue to increase efforts to build staff awareness about priority journals and journals' rankings, as well as assisting authors in selecting candidate journals for research submission with focus on high impact journals.

¹¹PHO's media monitoring service was cancelled due to government-directed expenditure constraints, as a result, the numbers for this measure are not available.

¹²The rate was higher in Q4 than earlier quarters due to a greater than usual number of retirements and contracts that ended in Q4.

¹³Indicators 5.4 and 6.4 are not dynamic on a quarterly basis as other indicators and therefore are only reported twice a year.

¹⁴Unable to calculate without a Board-approved 2019-20 budget.

Description of current measures

2.1.1 Number of unique visits to the Infectious Diseases Query tool and **2.1.2 Number of unique visits to the STI 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 Snapshot; 2.2.2 Percent of indicators current within 6 months of release of information are measures of the amount of content and currentness 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 unique visits to the Snapshot tool by external users** counts the number of unique users accessing this material in a 3 month time period.

2.3.1 Laboratory information system (LIS) 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 client requests** 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 PHO needs to respond to within 24 hours. This is a subset of 3.1.1 and 3.1.2.

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

3.4.1 Percentage of laboratory test completed within target turnaround indicates the percentage of laboratory test 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. **3.5.3 Number of unique visits by external users** is the number of unique visitors to the website within a three-month period.

3.6.1 Number of education sessions offered to external clients tracks the number of PHO Rounds, educational series, operational or procedural training and workshops offered to external clients or groups of five or more.

3.7.1 Percentage of client education sessions achieving a client rating of at least 3.5 out of 5 reflects the number of education sessions where the average evaluation score by participants met or exceeded 3.5 out of 5 divided by the total number of sessions offered.

3.8.1 Number of new student placements at PHO 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 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 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 Proportion 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 funders shows the amount of third-party funding that has been awarded to PHO, distributed over the length of the grants.

4.4.1 Number of media mentions of PHO counts the number of times PHO, its staff, products, services or research are cited in popular media, excluding social media.

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 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 microbiologist and medical laboratory technologist credentials/certifications 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 Technology infrastructure uptime is the percentage of time the general IT infrastructure including key systems such as Finance, SharePoint, Email and Microsoft Lync are up and running.

6.4.1 Overall annual score on Quality Management Program – Laboratory Services (QMP-LS) 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 QMP-LS (for clinical tests) and CALA (for environmental tests), that meet acceptance criteria.

Risk events and other significant factors impacting results achieved

In 2019-20, PHO continued to be subject to a series of expenditure and hiring restrictions implemented by the Ontario Government in 2018. As a result, PHO temporarily curtailed or deferred some of its activities to ensure compliance.

Also in the reporting period for this annual report was the first three months of the COVID-19 pandemic, beginning in January 2020. Given the unprecedented nature of COVID-19 and the exponential escalation of PHO's activities to support Ontario's COVID-19 response, some activities, products and services have been delayed or deferred in Q4 in order to dedicate appropriate expertise and attention to supporting the Ministry of Health, Chief Medical Officer of Health, public health units and other health system partners.

The footnotes included in the previous section identify the instances where these factors and events impacted PHO's ability to deliver on specific annual business plan targets and performance measures.

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 balanced operating position and has fully utilized all operating funding received from the ministry in respect of the 2019-20 fiscal year. With respect to the \$158.838 million of operating funding received from the ministry, \$156.151 million was used to cover annual operating expenses with the balance of \$2.687 million used to cover expenditures on minor equipment and other assets in support of PHO's base operations.

Funds provided by the Ministry of Health have allowed PHO to 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 (PSAB) of the Chartered Professional Accountants of Canada (CPA).

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.

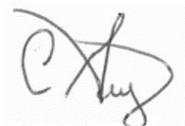
PHO maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with PHO policies for doing business.

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 Standing Committee. The 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 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



Colleen Geiger
President and Chief Executive Officer (Acting); Chief,
Strategy, Stakeholder Relations, Research, Information
and Knowledge (SSR & RIK)

2019-20 Financial Statements

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

March 31, 2020

Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

Financial statements
March 31, 2020



Independent auditor's report

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

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, 2020, and the statement of operations and changes in net assets 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, 2020, 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.

Toronto, Canada
June 23, 2020

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants



Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

Statement of financial position

[in thousands of dollars]

As at March 31

	2020	2019
	\$	\$
Assets		
Current		
Cash	22,132	25,541
Accounts receivable [note 3]	6,482	9,108
Prepaid expenses [note 12[e]]	11,127	1,142
Total current assets	39,741	35,791
Restricted cash [note 4]	8,130	8,845
Capital assets, net [note 5]	88,904	79,056
	136,775	123,692
Liabilities and net assets		
Current		
Accounts payable and accrued liabilities	31,482	28,121
Total current liabilities	31,482	28,121
Deferred capital asset contributions [note 6]	93,190	83,841
Deferred contributions [note 7]	2,363	2,443
Accrued benefit liability [note 8]	2,842	3,027
Deferred rent liability	5,749	5,187
Other liabilities	1,149	1,073
Total liabilities	136,775	123,692
Commitments and contingencies [note 12]		
Net assets	—	—

See accompanying notes

On behalf of the Board:



Director

Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

Statement of operations and changes in net assets

[in thousands of dollars]

Year ended March 31

	2020	2019
	\$	\$
Revenue		
Ministry of Health	156,151	152,703
Amortization of deferred capital asset contributions <i>[note 6]</i>	5,464	6,547
Other grants	2,207	1,781
Miscellaneous recoveries	946	1,214
	<u>164,768</u>	<u>162,245</u>
Expenses <i>[notes 8 and 10]</i>		
Public health laboratory program	108,399	102,889
Science and public health programs	37,757	38,802
General and administration <i>[note 9]</i>	13,148	14,007
Amortization of capital assets	5,464	6,547
	<u>164,768</u>	<u>162,245</u>
Excess of revenue over expenses for the year	—	—
Net assets, beginning of year	—	—
Net assets, end of year	<u>—</u>	<u>—</u>

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

	2020	2019
	\$	\$
Operating activities		
Excess of revenue over expenses for the year	—	—
Add (deduct) items not involving cash		
Employee benefit expense	98	104
Amortization of deferred capital asset contributions	(5,464)	(6,547)
Amortization of capital assets	5,464	6,547
	<u>98</u>	<u>104</u>
Changes in non-cash operating items		
Decrease in accounts receivable <i>[note 11]</i>	2,626	2,867
Decrease (increase) in prepaid expenses	(9,985)	276
Increase (decrease) in deferred contributions	(80)	8
Increase in deferred rent liability	562	647
Increase in other liabilities	76	449
Increase in accounts payable and accrued liabilities <i>[note 11]</i>	2,131	3,676
Net change in accrued benefit liability	(283)	(250)
Cash provided by (used in) operating activities	<u>(4,855)</u>	<u>7,777</u>
Capital activities		
Net acquisition of capital assets <i>[note 11]</i>	(14,082)	(2,202)
Cash used in capital activities	<u>(14,082)</u>	<u>(2,202)</u>
Financing activities		
Contributions for capital asset purchases <i>[note 11]</i>	14,813	5,657
Decrease (increase) in restricted cash	715	(2,391)
Cash provided by financing activities	<u>15,528</u>	<u>3,266</u>
Net increase (decrease) in cash during the year	<u>(3,409)</u>	<u>8,841</u>
Cash, beginning of year	25,541	16,700
Cash, end of year	<u>22,132</u>	<u>25,541</u>

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, 2020

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 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, 2020

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. General support and other costs are not allocated.

Contributed materials and services

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

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 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] and the estimated useful lives of capital assets. Actual results could differ from these estimates.

Notes to financial statements
 [in thousands of dollars]

March 31, 2020

3. Accounts receivable

Accounts receivable consist of the following:

	2020	2019
	\$	\$
Ministry of Health	4,855	7,765
Harmonized Sales Tax	1,104	703
Other	523	640
	6,482	9,108

4. Restricted cash

[a] Restricted cash consists of the following:

	2020	2019
	\$	\$
Ministry of Health	8,095	8,810
Other	35	35
	8,130	8,845

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:

	2020			
	Severance credits	Other credits	Capital projects	Total
	\$	\$	\$	\$
Restricted cash, beginning of year	2,602	1,423	4,785	8,810
Amount received during the year	—	—	12,025	12,025
Interest earned [note 6]	56	30	100	186
Restricted cash drawdown [note 8[b]]	(283)	(19)	(12,624)	(12,926)
Restricted cash, end of year	2,375	1,434	4,286	8,095

Notes to financial statements

[in thousands of dollars]

March 31, 2020

	2019			
	Severance credits	Other credits	Capital projects	Total
	\$	\$	\$	\$
Restricted cash, beginning of year	2,800	1,411	2,196	6,407
Amount received during the year	—	—	4,022	4,022
Interest earned [note 6]	52	26	34	112
Restricted cash drawdown [note 8[b]]	(250)	(14)	(1,467)	(1,731)
Restricted cash, end of year	2,602	1,423	4,785	8,810

5. Capital assets

	2020		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Building service equipment	369	362	7
Other equipment	37,288	32,199	5,089
Furniture	3,852	3,834	18
Leasehold improvements	96,654	28,889	67,765
Construction in progress	16,025	—	16,025
	154,188	65,284	88,904

	2019		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Building service equipment	369	359	10
Other equipment	34,601	30,708	3,893
Furniture	3,852	3,635	217
Leasehold improvements	96,654	25,118	71,536
Construction in progress	3,400	—	3,400
	138,876	59,820	79,056

Notes to financial statements
 [in thousands of dollars]

March 31, 2020

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 assets. The continuity of the deferred capital asset contributions balance is as follows:

	2020 \$	2019 \$
Deferred capital asset contributions, beginning of year	83,841	84,818
Contributions for capital purposes	14,713	6,173
Adjustment to deferred capital asset contributions	—	(637)
Interest earned on unspent contributions [note 4[b]]	100	34
Amortization of deferred capital asset contributions	(5,464)	(6,547)
Deferred capital asset contributions, end of year	93,190	83,841
Unspent deferred capital asset contributions [note 4[b]]	(4,286)	(4,785)
Deferred capital asset contributions spent on capital assets	88,904	79,056

Restricted cash includes \$4,286 [2019 – \$4,785] [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:

	2020 \$	2019 \$
Severance credits	339	450
Sheela Basrur Centre [note 4[a]]	30	35
Third-party funds	1,994	1,958
	2,363	2,443

Notes to financial statements
 [in thousands of dollars]

March 31, 2020

The continuity of deferred contributions is as follows:

	2020	2019
	\$	\$
Deferred contributions, beginning of year	2,443	2,436
Amounts received during the year	1,967	1,899
Amounts recognized as revenue during the year	(2,047)	(1,892)
Deferred contributions, end of year	2,363	2,443

[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 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, \$281 [2019 – \$299] 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 Public Service Pension Plan [“PSPP”], 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 PSPP during the year amounted to \$1,709 [2019 – \$1,710], \$4,254 [2019 – \$4,334] and \$553 [2019 – \$528], respectively, and are included in expenses in the statement of operations and changes in net assets.

The most recent valuation for financial reporting purposes completed by OPSEU as at December 31, 2019 disclosed net assets available for benefits of \$21.7 billion with pension obligations of \$20.2 billion, resulting in a surplus of \$1.5 billion.

The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2019 disclosed net assets available for benefits of \$94.1 billion with pension obligations of \$73.5 billion, resulting in a surplus of \$20.6 billion.

The most recent valuation for financial reporting purposes completed by PSPP as at December 31, 2018 disclosed net assets available for benefits of \$13.7 billion with pension obligations of \$13.2 billion, resulting in a surplus of \$0.5 billion.

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

Notes to financial statements
 [in thousands of dollars]

March 31, 2020

[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, 2018. 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:

	2020	2019
	\$	\$
Accrued benefit obligation	3,118	3,273
Unamortized actuarial losses	(276)	(246)
Accrued benefit liability, end of year	2,842	3,027

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

	2020	2019
	\$	\$
Accrued benefit liability, beginning of year	3,027	3,173
Expense for the year	98	104
Contributions to cover benefits paid [note 4[b]]	(283)	(250)
Accrued benefit liability, end of year	2,842	3,027

Notes to financial statements
 [in thousands of dollars]

March 31, 2020

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

	2020	2019
	%	%
Accrued benefit obligation		
Discount rate	1.90	2.30
Rate of compensation increase	2.25	2.25
Rate of inflation	2.00	2.00
Expense		
Discount rate	2.30	2.50
Rate of compensation increase	2.25	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, 2020, directors were paid \$2 [2019 – \$8].

10. 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 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 \$525 [2019 – \$772], which are recorded in science and public health programs in the statement of operations and changes in net assets.
- [b] OAHPP incurred costs of \$16,022 [2019 – \$18,731] 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 \$7,762 [2019 – \$7,198] 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 assets.

Notes to financial statements
 [in thousands of dollars]

March 31, 2020

[c] OAHPP incurred costs of \$920 [2019 – \$971] 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 assets.

11. Supplemental cash flow information

The change in accounts payable and accrued liabilities is adjusted for capital assets received but not paid of \$2,200 as at March 31, 2020 [2019 – \$970].

The change in accounts receivable is adjusted for contributions for capital assets receivable but not received of \$735 as at March 31, 2020 [2019 – \$735].

12. 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, 2020, no assessments have been received.

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

	\$
2021	18,450
2022	17,618
2023	17,694
2024	15,565
2025	13,173
Thereafter	205,853
	<u>288,353</u>

[d] As at March 31, 2020, OAHPP has contractual commitments totalling \$21.8 million related to the London Lab project, of which \$14,787 [2019 – \$2,163] has been incurred to date.

[e] OAHPP has contractual commitments totalling \$78.1 million related to the purchase of medical supplies. As at March 31, 2020, OAHPP has made deposits with suppliers totalling \$10 million [2019 – nil] for these supplies.

Notes to financial statements
[in thousands of dollars]

March 31, 2020

13. 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 emphasised public reliance on the continued and proper functioning of healthcare systems of which PHO is an integral and essential element. As a result of PHO's COVID-19 response efforts, implemented as early as January 2020, PHO is experiencing an increasing demand for its services.

To the extent that PHO operations were affected during the period from January 1st, 2020 to March 31, 2020, the Province of Ontario committed to reimburse costs incurred by PHO to monitor, detect, and contain COVID-19 within the province. Accounts receivable balances as at March 31, 2020 include \$4.1M [note 3] due from the Province of Ontario, Ministry of Health, specifically related to COVID-19 related expenditures.

Subsequent to year end, PHO has continued to incur COVID-19 related expenditures and is operating on the understanding that these incremental costs will be funded by the Province of Ontario.

Board of Directors

As a board-governed provincial agency and in accordance with our legislation, PHO’s Board of Directors is appointed by the Lieutenant Governor in Council, on the basis of the following competencies:

- skills and expertise in the areas covered by the corporation’s objects, or in corporate governance
- expertise in public accounting or with related financial experience
- demonstrated interest or experience in health issues.

Name	Location	First Appointed	Current Term
Frank Davis	Toronto	February 27, 2020	February 26, 2023
Martina Dwyer	Ancaster	January 31, 2020	January 30, 2023
Margaret Flynn	Brighton	November 13, 2019	November 17, 2022
John Garcia	Waterloo	October 22, 2014	October 21, 2020
Ronald St. John	Manotick	November 3, 2010	November 2, 2019 (expired)
Sandra Laclé	Sudbury	October 20, 2010	October 19, 2019 (expired)
S. Ford Ralph	Newmarket	December 2, 2015	November 28, 2022
Linda Rothstein <i>Chair (A) Vice Chair</i>	Toronto	November 19, 2014	November 18, 2020
Catherine Whiting	North Bay	November 14, 2012	November 13, 2019 (expired)

The total combined amount of remuneration for all appointees during the reporting period ending March 31, 2020 was \$2,300.

- \$1,100 - John Garcia
- \$600 – Ronald St. John
- \$300 - Ford Ralph
- \$300 – Margaret Flynn

The Board is focused on effective oversight of PHO’s operations and achievement of its mandate and strategic directions. Its ongoing commitment to governance excellence begins with comprehensive orientation of new Board members, and includes ongoing governance education and training to assist all Directors in fulfilling their duties and obligations. All new Board members participate in the Treasury Board Secretariat’s Governance Training for Public Appointees.

Public Health Ontario
480 University Avenue, Suite 300
Toronto, Ontario
M5G 1V2
647.260.7100
communications@oahpp.ca
publichealthontario.ca

