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Public Health Ontario

Annual Business Plan 2025-26 to 2027-28

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Section 1: Introduction

About Public Health Ontario

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

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

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

Mandate

PHO was created in 2007 as part of the government's efforts to address serious and long-standing deficiencies in both the capacity and functioning of the public health sector in Ontario in the early 2000s, including managing and responding to a series of major public health events in Ontario, such as the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS).

The agency was established by its founding legislation, the *Ontario Agency for Health Protection and Promotion Act, 2007*, as a board-governed provincial agency for health protection and promotion.

The **Ontario Agency for Health Protection and Promotion Act**, 2007 defines PHO as:

"An agency to 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."

Vision, Mission and Values

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.

Values

- **Credible**: Trusted in what we do
- **Innovative:** Creative solutions
- **Responsive:** Taking action
- **Collaborative:** Stronger together
- **Integrity:** Acting honestly and ethically
- **Respect:** Valuing others

Strategic Directions

PHO's Strategic Plan 2024-29 outlines four mutually reinforcing strategic directions that will drive positive change for public health in Ontario as PHO works together with public health and health system partners to advance population health, prevent disease and address health inequities. These four directions are:

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

Accountability Mechanisms

In accordance with the Agencies and Appointments Directive, PHO is designated as a board-governed provincial agency. Through its Board Chair, PHO is accountable to the Crown through the Minister of Health for fulfilling its legislative obligations, the management of the resources it uses, and standards for any service it provides.

There are two primary vehicles that define accountabilities for PHO in relation to government: the Memorandum of Understanding and the Funding Agreement. The Memorandum of Understanding is a governance document setting out key accountabilities of the Ministry and agency including the roles and responsibilities of the Minister and Deputy Minister of the Ministry and the chairperson, board members and CEO of the agency. It also confirms accountability mechanisms between the parties and identifies principles and administrative procedures to enable PHO to fulfill its legislated mandate. The Funding Agreement is a requirement for PHO to receive transfer payment funding from the Ministry, its primary funder. An evergreen Funding Agreement was completed between the parties in 2012-13. Schedules to the Funding Agreement define specific reporting requirements and are refreshed annually.

PHO may also be subject to audits by the Office of the Auditor General of Ontario (OAGO). The goal of OAGO audits is to hold provincial public-sector and broader-public-sector organizations accountable for financial responsibility, well-managed programs and transparency in public reporting. In 2023, PHO was selected by OAGO for a value-for-money audit, for which the audit report was published in early December 2023. PHO reviewed and accepted all recommendations for the agency as presented in the audit report. The report includes 10 recommendations, nine of which are directed to PHO. At the time of writing, of the nine recommendations directed at PHO, one has been fully implemented and eight are partially implemented. It is anticipated that the majority of the recommendations will be fully implemented by the end of 2025-26. The timeline to implement a plan to streamline laboratory operations has not been finalized. Activities related OAGO recommendations are described in Sections 3, 4 and 9 of this ABP.

PHO understands the priority the provincial government has placed on ensuring accountability, responsiveness, sustainability, efficiency and transparency. As a provincial agency, PHO is required to comply with all legislation, government directives, policies and guidelines applicable to the agency.

Section 2: Environmental Scan

The following environmental scan provides an overview of current and projected circumstances that are anticipated to influence public health in Ontario and the work of PHO during the implementation of this Annual Business Plan (ABP) over the next three years.

External Factors

Current and Emerging Public Health Threats

Ontario, like other jurisdictions, faces known and potential public health threats from an increasing array of factors, including infectious diseases, chronic diseases, injuries, substance-related harms, environmental exposures and incidents and impacts of climate change. Given PHO's key role in public health incident and emergency response, flexibility is essential. In the event of an emerging public health issue and/or health emergency, PHO can effectively and rapidly scale operations by reallocating and reprioritizing existing resources and mobilizing the expertise needed to support the CMOH, the Ministry, public health units and other clients and partners. The convergence of multiple public health threats could pose capacity challenges and potentially limit PHO's ability to respond quickly and effectively. PHO will continue to work with clients and partners to strengthen Ontario's public health preparedness for future emergencies and ensure readiness and capacity within PHO to respond.

Indigenous Health

The Truth and Reconciliation Commission has identified calls to action for health, including the need to close the gaps in health outcomes between Indigenous and non-Indigenous communities. Building partnerships and collaborative networks through meaningful engagement with Indigenous communities is vital to understanding their priorities and how Ontario can support them. Additionally, enhancing health data collection and use, while respecting data sovereignty, is needed to address the data gaps in public health indicators and social determinants of health. PHO will work collaboratively with partners and communities to support Indigenous public health priorities, including on the development of a dedicated Indigenous Strategy aiming to enable improved health outcomes for Indigenous peoples and communities in Ontario. PHO's Indigenous Strategy will complement PHO's work in supporting public health and health system readiness to respond to public health emergencies and threats, such as pandemics, while improving health outcomes and reducing inequities in health and disease.

Genomics for Public Health Action

PHO plays a critical role in establishing methodologies and tests to detect emerging pathogens that can be rapidly deployed, particularly in the area of genomics. Genomics is a rapidly evolving field that has emerged as the gold standard in public health microbiology for identifying and analyzing a range of pathogens. In Ontario, genomics plays a critical role in disease surveillance and outbreak detection by enabling rapid, accurate Whole Genome Sequencing of pathogens. It can help link cases and monitor antimicrobial resistance with new technologies improving speed, accuracy, and cost-efficiency.

Modernizing Digital Health Platforms

Advancements in digital health solutions are driving the development of more efficient, integrated, and patient-centered health care systems. In Ontario, PHO is actively supporting the development of an interoperable Public Health Digital Platform that will streamline offerings for public health partners and provide a modern digital space for hosting, centrally accessing and analyzing public health data. PHO will work with the Ministry and Ontario Health to develop and implement a comprehensive immunization registry (for analytics) and repository (for patient/provider record access), while the current ecosystem is enhanced and maintained to meet business needs. The registry will improve the efficiency of immunization programs, optimize resources, enable program evaluation and support preparedness and response for future outbreaks and pandemics.

Leveraging Artificial Intelligence

Advancements in artificial intelligence (AI), machine learning (ML) and big data computing are producing novel applications for public health and the health care sector. To support the safe, responsible and equitable use of AI by government, Ontario published its *Trustworthy Artificial Intelligence Framework* in 2023, establishing risk-based rules for transparent, accountable, and responsible AI applications through its policies, products and guidance. A part of this framework, the *Responsible Use of Artificial Intelligence Directive* will inform PHO's establishment of foundational elements for responsible use of AI. Public health AI-use cases led by PHO to improve efficiency and enhance customer service are described in Section 8.

Internal Factors

Workforce Capacity

Employee attrition and shortages in labour availability for specific skill sets continue to impact the health and public health sectors, and may affect PHO's ability to continue providing scientific and technical advice and operational support. PHO is continuously refining its human resources practices to strengthen recruitment and retention of staff. Shortages in labour availability that may affect PHO are skilled Public Health and Infectious Disease Physicians, Medical Microbiologists and Medical Laboratory Technicians. Currently, these shortages have not impacted PHO's ability to continue providing scientific and technical advice and operational support.

Cyber Security and Privacy

In the context of growing cyber security concerns in Canada, PHO remains vigilant by applying its IT policies and promoting staff awareness through mandatory cyber security education. As privacy and cyber security are interconnected, effective measures for securing personal and health information are necessary. PHO continues to prioritize developing effective cyber security practices and education that support privacy protection and reflect the evolving digital landscape.

Section 3: Overview of Current and Future Programs and Activities

This section describes the programs and activities provided by PHO to support its clients and partners through its ongoing operational activities. While no new programs or business lines will be introduced over the term of this ABP, PHO will continue to refine its service offerings.

PHO's programs and activities are aligned with the objects outlined in its enabling legislation, the *Ontario Agency for Health Protection and Promotion Act, 2007.*

Public Health Programs and Areas of Expertise

Infectious Disease: PHO supports its clients and partners to prevent and control diseases of public health significance and other infectious and communicable diseases, including respiratory infections, blood borne infections, enteric, zoonotic and vector borne diseases and vaccine preventable diseases.

Infection Protection and Control: PHO supports the adoption of infection prevention and control best practices in acute care, long-term care, and community settings to reduce health care-associated infections (HAIs) and protect health care providers, patients, and visitors. This includes proactively planning for, monitoring and coordinating activities to address current and emerging issues.

Vaccine Preventable Diseases: PHO provides expertise on immunization and the prevention and control of vaccine preventable diseases, providing critical information for Ontario's vaccine and immunization programs, ensuring safety and effectiveness, building and maintaining public confidence and guiding public health action.

Laboratory System: PHO's Laboratory includes 11 fully accredited laboratory sites, responding to both provincial and local service needs. As the provincial public health laboratory, PHO delivers scientific and technical leadership to support the distributed microbiology capacity across the provincial laboratory system for the diseases of public health significance and other public health concerns. Co-leading the microbiology table of the Ontario Laboratory Medicine Program (OLMP) with Ontario Health, PHO helps provide strategic and operational oversight to coordinate and integrate provincial laboratory services. PHO plays a critical role in establishing methodologies and tests to detect emerging pathogens that can be rapidly deployed across Ontario's laboratory system. This includes the use of advanced technologies, particularly in genomics, which are transforming the approach to infectious disease surveillance and outbreak confirmation and tracking worldwide.

Emergency Preparedness and Response: PHO supports clients and partners in controlling communicable diseases and outbreaks in community and institutional settings, while also leading emergency preparedness planning and activities to prevent, respond to, and recover from emergencies. This includes the development and maintenance of a robust provincial emergency management system as it relates to health. PHO will enhance connections with key system partners across public health emergency categories and identify new partners over time.

Environmental Health: PHO works with clients and partners in responding to evolving public health issues related to exposures in the environment such as indoor air quality; ambient air pollution; water quality; radiofrequency; wind turbines; food safety; climate change and extreme weather events; noise and many others. It supports environmental and occupational health programs, responds to environmental health incidents and emergencies, and advances effective risk interventions and surveillance systems.

Health Promotion, Chronic Disease and Injury Prevention: PHO offers expertise and resources promoting healthy behaviours, creating supportive environments and encouraging healthy public policies, addressing issues including mental health promotion; chronic disease prevention; injury prevention; substance use; oral health; healthy eating; physical activity; health equity and more.

Digital and Data: PHO leads work in data and analytics, biostatistics, data visualization, epidemiology, modelling and geospatial services to enhance Ontario's ability to detect and track emerging pathogens and diseases of public health significance, plan for and respond to major public health events as well as inform targeted public health action. In 2025-26, PHO will establish the foundational elements required for responsible use of AI at PHO, in alignment with the Government of Ontario's *Strengthening Cyber Security and Building Trust in the Public Sector Act, 2024 (Bill 194)*.

PHO Services and Annual Targets

As a centralized resource hub, PHO offers a comprehensive suite of services and expertise that helps its partners and clients play their own part in safeguarding and promoting the health of the people in Ontario. PHO's services are described below, and where possible, annual targets have been quantified.

Scientific and Technical Advice, Consultation, and Interpretation: PHO provides scientific and technical support to its clients and partners across all areas of its expertise. PHO is a convener and integrator of expertise on current and emerging public health issues, bringing together in-house experts and thought leaders from across Ontario to define and address complex health challenges and opportunities.

Annual target: Number of scientific and technical support activities and data requests completed in response to clients and partners – 850

Annual target: Percentage of scientific and technical support activities completed within agreed upon target turnaround time – 95%

Annual target: Number of knowledge products published on PHO's website – 400

Annual target: Percentage of knowledge products completed within agreed upon target turnaround time – 95%

Annual target: Percentage of infection prevention and control lapses in community settings that are assessed by PHO for further investigation within one business day[1] of PHO being notified – 85%

[1] For a subset of diseases requiring urgent public health action, follow up is within 24 hours of PHO being notified

Public Health and Reference Laboratory Testing and Guidance: PHO's laboratory performs millions of tests each year for the detection and diagnosis of infectious diseases and antimicrobial resistance, and for outbreak investigations related to food, water and environmental sources. PHO also provides guidance, interpretation and expert advice for clinical, public health and environmental microbiology laboratory testing and test results. In 2025-26, several initiatives will be implemented to streamline and modernize laboratory operations and services. Initiatives including an online portal for private drinking water testing, working the Ministry in the development of the Public Health Analytics Environment for a genomics, and working with Ontario Health on the Electronic Laboratory Orders initiative, are described in more detail in Section 4 of this ABP.

Annual target: Number of laboratory tests performed – 6.6 million

Annual target: Percentage of laboratory tests completed within target turnaround time[2] – 90%

Annual target: Number of scientific and technical support activities and data requests completed in response to clients and partners – 850

Annual target: Number of Laboratory Customer Service Centre support calls responded to – 75,000

Surveillance and Population Health Assessment: PHO provides resources, tools and specialized services on an array of public health topics including infectious diseases, vaccine safety and environmental risk factors to support access to comprehensive and timely surveillance information to enable population health assessment. PHO also delivers analysis, interpretation and monitoring of population health data about the health status of populations. Findings are published through a variety of timely resources. In 2025-26, PHO will continue to enhance interactive resources to provide centralized services for surveillance and monitoring to key clients, including the Office of the Chief Medical Officer of Health and public health units. PHO is also continuing to operate, maintain, modernize and integrate PHO systems and contribute leadership and subject matter expertise in the development of the Public Health Analytics Environment to enhance surveillance capabilities, pathogen discovery, and rapid response to outbreaks, and continue to provide provincial leadership on genomics for public health action.

Annual target: Percentage of routine surveillance reports and tools published within the established reporting cycle timelines – 95%

Analytics and data visualization: PHO provides specialized supports for the acquisition, synthesis, analysis, interpretation and presentation of data and information and provides public health informatics expertise and leadership for provincial public health applications and infrastructure. PHO also facilitates knowledge exchange and population health monitoring through developing new geospatial analytic methods and models using statistical, mathematical and enhanced data science techniques.

Annual target: Number of visits to PHO's online data and analytics tools – 250,000

[2] This activity includes a subset of laboratory tests to serve as a proxy for turnaround time: serology (Hepatitis A serology), molecular (Hepatitis C Viral Load), and culture based (Neisseria gonorrhoea culture)

Outbreak Investigation and Management: PHO provides consultation and support to clients and partners for outbreak investigation, including coordinating and supporting large provincial outbreaks impacting multiple jurisdictions by ensuring clients and partners have the scientific and technical data, provincial epidemiological analyses, as well as guidance and direction on how to manage and prevent outbreaks. PHO also conducts the testing of food, water and environmental sources related to outbreaks and investigations in Ontario.

Annual target: Percentage of outbreak consultation requests from public health units for public health investigation that are responded to by PHO within one business day[3] of PHO being notified – 85%

Professional Development and Education: PHO supports skills development and training of Ontario's current and future public health workforce through accredited and general educational programs, high quality professional development opportunities and applied and experiential learning offerings across PHO's areas of expertise. PHO also offers online educational courses in a variety of topics that learners can access from anywhere at anytime through the Learning Management System. In 2025-26, PHO will explore opportunities to enhance learning offerings and experiential programming.

Annual target: Number of professional development sessions offered to external clients and partners – 80

Annual target: Percentage of professional development sessions achieving an average client/partner rating of at least 4 out of 5 – 90%

Annual target: Number of self-directed online learning courses completed by external clients and partners – 250,000

Public Health Ethics: PHO provides external ethics review and support services to Ontario's public health units for public health research and related evidence-generating public health projects. This work is supported by PHO's independent Ethics Review Board (ERB), which reviews projects conducted on behalf of PHO and Ontario's public health units and helps develop best practices for addressing emerging ethical issues in public health evidence-generating initiatives across the province.

Annual target: Percentage of ethics reviews completed within the benchmark service standard of 30 business days – 80%

Research and Evaluation: PHO leads applied research across all areas of its expertise and conducts evaluations to inform health policy, transform clinical and public health practice, and advance laboratory science. PHO also offers expertise and tools to the public health system for evidence-based program planning and evaluation.

Annual target: Number of articles published in peer-reviewed journals relevant to public health – 140

Library Services: PHO provides a range of library resources and services that support applied research, program evaluation, professional development and knowledge exchange across Ontario's public health system. PHO also provides access to the MetaQAT Critical Appraisal Tool which contains documents, resources and links to assess quality and detailed bias within public health evidence. PHO hosts the Shared Library Services Partnership (SLSP), a collaborative initiative that aims to improve access to information for Ontario's public health units (described in more detail in Section 5).

[3] For a subset of diseases requiring urgent public health action, follow up is within 24 hours of PHO being notified

Section 4: Implementation Plan and Alignment with Government Priorities

PHO received its annual letter of direction from the Ministry, outlining the Minister's expectations for PHO with respect to service and performance for the 2025-26 fiscal year. This section describes how PHO will fulfill the priorities and commitments established by the government for the agency over the next three years.

Deliverables (new, as well as ongoing) and/or measures have been established for each letter of direction priority, and are complementary to the programs, services and activities described in Section 3 of this ABP. Deliverables that are new are noted throughout, other deliverables are part of PHO's ongoing work. Progress towards these deliverables and measures will be reported to the Ministry of Health quarterly.

PHO-Specific Priorities

Alignment with each letter of direction (LOD) priority number is indicated beside deliverables/measures where applicable.

1. Keystone Priorities

Year 1

1.1.1. Review health protection and health promotion knowledge product development processes and identify additional opportunities to seek early input from target audience (e.g. public health units, Ministry, etc.) to inform development and ensure they meet users' needs. Track the percentage of knowledge products that engaged end users in development, aiming for at least 80%. Establish a baseline percentage of knowledge products for which there is an active knowledge exchange/implementation strategy to enhance awareness, uptake and sustained use. Support the proactive identification of potential new knowledge products by tracking the number of requests for literature searches submitted to PHO Library by SLSP and identifying highly requested topics quarterly. (LOD 1-a, 1-d)

1.1.2. Explore options (and associated resource implications) to establish a centralized inventory of tools, templates, guidelines, best practices and other resources, to support efficient and standardized implementation of public health strategies and approaches across the sector. Identify three topic areas for prioritization of centralized resources (*new*). (LOD 1-b)

1.1.3. Refine PHO's annual process to set priorities to guide research and knowledge development activities to incorporate consultation with the Public Health Leadership Table. Establish an annual process and framework to share and identify priorities for knowledge generation activities *(new*). (LOD 1-c)

1.1.4. Leverage established forums, such as PHO Rounds, to share in-progress knowledge generation activities, ensuring regular sessions highlight emerging evidence or tools, with participation and feedback tracked to inform future knowledge exchange. Offer 80 professional development sessions (*e.g. various types of rounds, learning exchanges, webinars, conferences and workshops)* to external clients and partners in 2025-26, with 90% of sessions achieving an average client/partner rating of at least 4 out of 5. (LOD 1-d)

1.1.5. Enhance research presence on PHO's public website, including descriptions of PHO programs of research and activities, with the goal of increasing awareness of PHO research and knowledge generation activities with clients and partners. Increase visits to research pages by 15%. (LOD 1-d)

1.2.1. At the request of the Ministry, continue to participate in joint planning and coordination processes to strengthen collaboration, communication and effectiveness of key provincial initiatives, and continue to provide scientific and technical advice to inform provincial guidance, strategic planning, coordination and communication processes for the health system. Respond to 90% of client requests for scientific technical advice, support and consultation within agreed upon timeframe. Track requests by public health topic. (LOD 4-a, 4-b)

1.2.2. Develop a framework to guide the convention of expertise to develop advice technical public health advice to inform program guidance and best practice supports (*new*). Work with Ministry partners to prioritize topics within PHO's mandate to convene expertise for technical advice. (LOD 5-a)

1.2.3. Continue to enhance PHO's processes to provide effective support to PHO's external advisory committees by centralizing and standardizing administrative and logistical support for PHO's advisory committees. Continue to convene advisory committee meetings as outlined in each advisory committee's terms of reference: OPHESAC [2-4 times/year]; OIAC [quarterly], PIDAC-IPC [quarterly]. (LOD 5-b)

1.3.1. Conduct a needs assessment with stakeholders to understand gaps and priority areas for learning and development at different stages of the career life-cycle *(new*).

1.3.2. Establish plans for convening platform/forums for engaging key stakeholders (including traditional/non-traditional post-secondary institutions and multi-professional public health end-users) to support implementation of innovative, evidence-informed/higher-impact strategies in adult education/competency development and cultivate consensus on workforce capacity building priorities (*new*).

1.4.1. In collaboration with partners and communities, drive the enhanced collection and reporting of sociodemographic information in provincial public health digital platforms by establishing a health equity data governance framework that incorporates principles and insights of equity deserving communities and racialized groups, and Indigenous data governance principles (*new*). (LOD 2)

1.4.2. Strengthen collaboration and build new relationships to support Indigenous communities in their public health goals. Enhanced relationships will enable the public health system to deliver enhanced public health strategies to Ontario's diverse populations of First Nation, Métis and Inuit peoples. This includes: establishing new relationships with three Indigenous communities/organizations/leaders; engaging 20 Indigenous health organizations at PHO learning events; and undertaking three co-creation projects between PHO and Indigenous communities/organizations. (LOD 3)

1.4.3. Begin to develop a dedicated Indigenous Strategy, enabled by relationships of trust and mutual respect and based on the guidance and approval of Indigenous leaders and communities (*new*). Hold five engagement listening/learning events with Indigenous leaders and communities to inform the creation of the Strategy. (LOD 3)

1.5.1. Lead the adaptation of an existing health care quality improvement curriculum so it is appropriate for public health.

1.5.2. Collaborate with local public health partners and other experts/stakeholders to develop and implement quality improvement programs aligned with prioritized public health domains and identify performance metrics aligned with each of the programs (*new*).

1.5.3. Work towards developing a public-facing quality scorecard, co-designed and co-developed with partners, and informed by public health quality improvement programs and associated metrics (*new*).

1.6.1. Collaborate with the Ministry and Supply Ontario on opportunities to strengthen supply chain management and procurement activities across the agency to ensure goods and services are being procured in an open and transparent manner and the agency is receiving value for money. Engage Supply Ontario in 100% of all Vendor of Record (VOR) arrangements and submit Procurement Report Rationale Forms (PRRF) to Supply Ontario for 100% contracts which are equal to or great than two years in length to support Supply Ontario's mandate to centralize procurement of goods and services. (LOD 6)

Year 2

1.1.1. Continue enhancing knowledge product development processes and engage with clients, partners and end-users to ensure awareness, uptake and use.

1.1.2. Continue to enhance centralized resources.

1.1.3. Continue to work in consultation with the Public Health Leadership Table to share and identify priorities for knowledge generation activities.

1.1.4. Continue to leverage established forums to share in-progress knowledge generation activities.

1.2.1. Continue strong partnerships with the Ministry by participating in joint planning and coordination processes and providing scientific and technical advice.

1.2.2. Continue to update the framework for PHO as a convener and integrator on complex issues, based on lessons learned through experience in the convener role.

1.2.3. Continue to build relationships with experts and peer agencies.

1.3.1. Plan programming at PHO and work with partners to support career-long learning based on findings of Year 1 activities.

1.3.2. Hold the first annual forum on innovations in adult education/ongoing professional development.

1.4.2. Continue strengthening collaboration and building new relationships to support Indigenous communities in their public health goals.

1.4.3. Continue development of an Indigenous Strategy.

1.5.1. Establish an assessment mechanism of the quality improvement curriculum to determine the effectiveness and areas of improvement and enhancement.

1.5.2. Continue developing and implementing quality improvement programs.

1.5.3. Continue work towards a public-facing quality scorecard.

Year 3

1.1.1. Continue enhancing knowledge product development processes and engage with clients, partners and end users to ensure awareness, uptake and use.

1.1.2. Continue to enhance centralized resources.

1.1.3. Continue to work in consultation with the Public Health Leadership Table to share and identify priorities for knowledge generation activities.

1.1.4. Continue to leverage established forums to share in-progress knowledge generation activities.

1.2.1. Continue strong partnerships with the Ministry by participating in joint planning and coordination processes and providing scientific and technical advice.

1.2.2. Continue to update and implement the framework for PHO as a convener and integrator on complex issues, based on lessons learned through experience in the convener role.

1.2.3. Continue to build relationships with experts and peer agencies.

1.2.4. Identify other organizations with complementary/aligned mandates to engage with to expand PHO's network of expertise.

1.3.1. Continue implementing new programming at PHO to support learning through all stages of the career lifecycle and build mechanisms to continue to monitor trends and identify future learning needs of the public health sector.

1.3.2. Hold annual forum on innovations in adult education/ongoing professional development.

1.4.2. Continue strengthening collaboration and building new relationships to support Indigenous communities in their public health goals.

1.4.3. Continue development of an Indigenous Strategy.

1.5.1. Assess quality improvement curriculum coverage across the public health workforce.

1.5.2. Continue developing and implementing quality improvement programs.

1.5.3. Continue work towards a public-facing quality scorecard.

2. Health Protection: Infectious Disease

Year 1

2.1.1. Continue strengthening health protection initiatives by determining the need for ongoing surveillance of Diseases of Public Health Significance (DOPHS). Review current enteric DOPHS and make recommendations to the Ministry on those that are low priority for public health follow-up and could be considered for reduced public health follow-up or potentially removed from the DOPHS list, with a focus on enteric infections (*new*). Develop a prioritization approach that can be used to assess DOPHs and apply the prioritization approach to Enteric diseases by the end of 2025-26 (*new*). Summarize findings and recommendations for the Ministry. In collaboration with the Ministry, prioritize DOPHs where the prioritization approach will be applied in subsequent years. (LOD 8-a)

2.1.2. Review and identify emerging infections and antimicrobial-resistant organisms (AROs) and make recommendations to the Ministry to add these to the DOPHS list (*new*). Apply the prioritization approach (2.1.1) to assess AROs (*new*). Summarize findings and recommendations for the Ministry. (LOD 8-a)

2.1.3. Continue supporting the effectiveness of health protection initiatives by determining the need for the addition of new DOPHS for provincial monitoring. Establish surveillance and reporting methods for new DOPHS (e.g., *Candida auris*) and support health units in implementing data collection and reporting activities as needed (*new*). This includes: completing iPHIS updates to support data collection and entry, updating and distributing iPHIS user guide and completing the Outbreak Investigation tool for *Candida auris*. In collaboration with the Ministry, establish an enhanced surveillance directive for C.auris until current reporting requirements can be updated by the Ministry to include colonization within the reporting criteria (*new*). (LOD 8-a)

2.1.4. Continue providing the Ministry with scientific and technical advice and support for the required and appropriate surveillance of current and emerging DOPHS, including for identifying emerging vector-borne diseases of concern. This includes completing a vector-borne diseases Hazard Identification and Risk Assessment with recommendations (*new*). (LOD 8-a)

2.2.1. Contribute to the development of an implementation plan to support Interferon-Gamma Release Assay (IGRA) testing in Ontario to support the control and management of tuberculosis. Conduct a jurisdictional scan to understand what other jurisdictions are doing with respect to IGRA testing (*new*). Contribute to the development of a guidance document (*new*). (LOD 7)

2.3.1. Provide leadership and expertise in surveillance and reporting, conducting routine monitoring and public reporting of DOPHS with enhanced data analyses for emerging diseases and based on evolving trends. Publish 95% of routine surveillance reports and tools within the established reporting cycle timelines. Meet quarterly with public health units through established forums (e.g. iPHIS user group) to discuss surveillance issues. (LOD 9)

2.3.2. Provide leadership and expertise in case, contact and outbreak management through evidence-informed and practice-based consultation services to advise PHUs on the management of cases, contacts and outbreaks of DOPHS. Track the number and type of requests for scientific and technical support (e.g. literature review, risk assessment, etc.) and data requests. Track the number of urgent and

non-urgent requests. Respond to 90% of urgent requests within one business day; respond to 90% of non-urgent requests within the agreed upon timeframe. (LOD 9)

2.3.3. Support multi-jurisdictional outbreaks by leading the coordination of multi-jurisdictional outbreaks and acting as the convenor of data and information with other stakeholders to ensure timely discussion and action for DOPHS related emerging issues. Respond to 85% of outbreak consultation requests from public health units for public health investigation within one business day of PHO being notified. (LOD 9)

2.3.4. Provide scientific and technical support and recommendations to the Ministry to inform policy and program decisions and to PHUs and other partners to support program delivery for DOPHS. Track the number and type of requests for scientific and technical support (e.g. literature review, risk assessment, etc.) and data requests. Track the number of urgent and non-urgent requests. Respond to 90% of urgent requests within one business day; respond to 90% of non-urgent requests within the agreed upon timeframe. (LOD 9)

2.4.1. Provide leadership and expertise on surveillance and communicable disease control to various tables at the national and provincial levels. Track and provide a summary (quarterly) of tables that PHO supports. (LOD 9)

Year 2

2.1.1. Continue enhancing the effectiveness of health protection initiatives by providing recommendations on the required and appropriate surveillance of DOPHS.

2.2.1. Continue providing scientific and technical support to build capacity for TB prevention and care as well as providing expert surveillance and epidemiologic support for TB programming in Ontario.

2.3.1. Continue providing leadership and expertise in surveillance and reporting of DOPHS.

2.3.2. Continue providing case, contact and outbreak management support to PHUs for DOPHS.

2.3.3. Continue supporting multi-jurisdictional outbreak investigations.

2.3.4. Continue providing scientific and technical inputs to support PHUs for program delivery for DOPHS.

2.4.1. Continue providing leadership and expertise on surveillance and communicable disease control to various tables at the national and provincial levels.

Year 3

2.1.1. Continue enhancing the effectiveness of health protection initiatives by providing recommendations on the required and appropriate surveillance of DOPHS.

2.2.1. Continue providing scientific and technical support to build capacity for TB prevention and care as well as providing expert surveillance and epidemiologic support for TB programming in Ontario.

2.3.1. Continue providing leadership and expertise in surveillance and reporting of DOPHS.

2.3.2. Continue providing case, contact and outbreak management support to PHUs for DOPHS.

2.3.3. Continue supporting multi-jurisdictional outbreak investigations.

2.3.4. Continue providing scientific and technical inputs to support PHUs for program delivery for DOPHS.

2.4.1. Continue providing leadership and expertise on surveillance and communicable disease control to various tables at the national and provincial levels.

3. Health Protection: Infection Protection and Control

Year 1

3.1.1. Continue providing evidence-informed IPAC guidance and knowledge products to address knowledge gaps and support the implementation of best practices. Develop an inventory of published IPAC capacity building tools and prioritize those for updating to strengthen the capability of partners to prevent the spread of infectious diseases (*new*). Develop six new IPAC knowledge products that reflect the latest evidence, best practices and the needs of the sector for implementation in Ontario (*new*). Develop an IPAC inventory of key capacity building tools and resources (*new*). (LOD 11-a)

3.1.2. Release nine updated online learning modules to support IPAC core competencies for a variety of health care workers (*new*). (LOD 11-b)

3.2.1. Contribute to strengthening prevention initiatives related to AROs by providing evidence and data on the current state of antimicrobial resistance surveillance and antimicrobial stewardship in Ontario. Complete a landscape survey (*new*). Summarize and share key findings with the Ministry. (LOD 10-a)

3.3.1. Convene the Antimicrobial Stewardship Advisory Committee (ASAC) as outlined in the committee's terms of reference [approximately quarterly] to advise PHO on ARO stewardship across public health and the health care system. (LOD 10-a)

3.3.2. Identify antimicrobial resistance experts and stakeholders including potential implementation partners to participate in the development of a provincial antimicrobial resistance strategy (*new*). Develop an ARO interest holder map for Ontario (*new*). (LOD 10-b)

3.3.3. Convene a partners table to develop Ontario's antimicrobial resistance strategy that complements the Pan-Canadian Action Plan on ARO (*new*). This includes identifying key members/partners, developing Terms of Reference and holding the first meeting by the end of 2025-26. (LOD 10-b)

Year 2

3.1.1. Continue supporting stakeholders through knowledge dissemination and scientific and technical advice on IPAC.

3.1.2. Continue enhancing IPAC online learning resources.

3.2.1. Continue to strengthen the capabilities of stakeholders to implement best practices in antimicrobial stewardship.

3.3.1. Continue convening ASAC to advance antimicrobial stewardship in Ontario.

3.3.2. Continue supporting the development of a provincial antimicrobial resistance strategy.

Year 3

3.1.1. Continue supporting stakeholders through knowledge dissemination and scientific and technical advice on IPAC.

3.1.2. Continue enhancing IPAC online learning resources.

3.2.1. Continue to strengthen the capabilities of stakeholders to implement best practices in antimicrobial stewardship.

3.3.1. Continue convening ASAC to advance antimicrobial stewardship in Ontario.

3.3.2. Work with partners to begin implementation of a provincial antimicrobial resistance strategy.

4. Health Protection: Vaccine Preventable Diseases

Year 1

4.1.1. Continue supporting the optimization of immunization strategies in Ontario through comprehensive monitoring and reporting of vaccine safety and coverage data. Update the vaccine coverage and safety data within the recently launched Immunization Data Tool that consolidates Adverse Events Following Immunization (AEFI) surveillance and immunization coverage assessment into one product that provides comprehensive provincial vaccine safety and coverage in a timely, efficient and accessible platform (*new*). Summarize and share updates quarterly with the Ministry. (LOD 12-a)

4.1.2. Provide timely responses to scientific and technical requests to support Ministry immunization program decision-making and implementation. Track the number and type of requests for scientific and technical support (e.g. literature review, risk assessment, etc.) and data requests. Track the number of urgent and non-urgent requests. Respond to 90% of urgent requests within one business day; respond to 90% of non-urgent requests within the agreed upon timeframe. (LOD 12-b)

4.1.3. Complete and disseminate the RSV process evaluation from the first year of the high-risk older adult RSV vaccine program and continue monitoring RSV vaccine uptake in long-term care homes (*new*). Summarize and share key findings and recommendations with the Ministry to support monitoring and policy changes for RSV immunization programs. (LOD 12-b)

4.1.4. Continue enhancing the effectiveness of health protection initiatives by supporting updates to surveillance and reporting methods and public health management of DOPHS, including associated updates and changes to the appendices and iPHIS user guides of the Infectious Disease Protocol and other related documents. Track the number of requests related to this work, respond to 90% of client requests within agreed upon timeframe. (LOD 8-a)

4.2.1. Convene the OIAC as outlined in the committee's terms of reference [quarterly], to provide timely, evidence-informed and practice-based advice to PHO and the Ministry in alignment with provincial priorities and work plan. (LOD 12-c)

4.2.2. Develop routine scientific products in alignment with identified provincial priorities and OIAC work plan to support OIAC decision-making. Track the number of requests completed and respond to 90% of requests within the agreed upon timeframe. (LOD 12-c)

4.3.1. Continue to partner with the Ministry to advance the development and implementation of the Ontario immunization registry and broader ecosystem to enable digital access to immunization records. Complete stakeholder engagement with at least two stakeholder groups to develop the foundations of an Immunization Information System for the Public Health Data Utility (*new*). This platform will permit more robust data governance and enable health system partners to harness integrated data for evidence-based decision making. (LOD 13-a)

4.3.2. Lead the development of data standards and best practices and undertake change management and training focused on non-PHU organizations using Panorama in partnership with OCMOH, PHUs and other system partners (*new*).

Year 2

4.1.1. Continue leading provincial surveillance of vaccine safety and immunization coverage.

4.1.2. Continue providing timely responses to scientific and technical requests to support Ministry immunization program decision-making and implementation.

4.2.1. Continue convening the OIAC.

4.2.2. Continue developing routine scientific products in alignment with identified provincial priorities and OIAC work plan to support OIAC decision-making.

4.3.1. Expand the Immunization Registry prototype and continue to integrate data from Panorama and COVaxON.

Year 3

4.1.1. Continue leading provincial surveillance of vaccine safety and immunization coverage.

4.1.2. Continue providing timely responses to scientific and technical requests to support Ministry immunization program decision-making and implementation.

4.2.1. Continue convening the OIAC.

4.2.2. Continue developing routine scientific products in alignment with identified provincial priorities and OIAC work plan to support OIAC decision-making.

4.3.1. Continue to evolve the Immunization Registry prototype and integrate additional data sources.

5. Laboratory System

Year 1

5.1.1. Continue to advance Ontario's public health laboratory program by initiating a test menu review on tests performed at PHO and complete a review of 25% of tests by the end of the year (*new*). Develop a framework and a work plan to enable community and hospital laboratories to perform appropriate high-volume testing (*new*). Obtain OLMP Microbiology Table feedback on the framework. Identify high volume tests that would be ideal for distribution among community and hospital laboratories (*new*). (LOD 14-c)

5.1.2. Plan and prioritize pathogen testing for methodological review, using a refreshed framework to assess testing methods/standards, with the aim to review and update (as applicable) PHO's current microbiology testing methodologies (*new*). Initiate the multi-year review. Perform literature review on 10% of tests performed at PHO to determine optimal method for pathogen testing (*new*).

5.1.3. Continue supporting clinical and public health action through Ontario's public health laboratory by conducting diagnostic and genomics testing for viral diseases to meet provincial testing demand. This includes: COVID-19 genomic testing for 75% of Ontario's eligible samples; COVID-19 PCR on eligible populations; and whole genome-based surveillance of influenza virus and RSV to monitor circulating viruses in Ontario. (LOD 14-d)

5.1.4. Work with the Ministry to enhance prenatal screening in Ontario. (LOD 14-e)

5.1.5. Develop and implement an online portal for private citizens to create and submit requests for private drinking water testing to PHO's laboratory for processing, testing and digital reporting of results (*new*). Perform a pilot project (for one month) by initially onboarding 3 health units to test the online portal for data submission and results reporting (*new*). Based on feedback, implement a province-wide online water portal. Continue to work with PHUs through various tables to solicit feedback and advocate for increased uptake of water portal

5.2.1. Continue contributing to the modernization of the laboratory sector in Ontario by providing leadership in genomics. Based upon Ministry directed volumes, maintain capacity to sequence genomic samples. (LOD 15-a)

5.2.2. Continue supporting a provincially integrated system for laboratory services by leading the Ontario COVID-19 Genomics Network and publishing surveillance reports monthly. (LOD 15-a)

5.2.3. Develop a framework (in conjunction with other key genomic sector partners to define relevant stakeholders) to release genomic sequences publicly for broader use, ensuring privacy standards are met (*new*). Determine the process and cadence to regularly publish genomics sequences (*new*). Begin releasing genomics sequences publicly by the end 2025-26.

5.3.1. Continue developing and implementing strategies to strengthen laboratory operations by working with Ontario Health to standardize microbiology results going into the Ontario Laboratories Information System (OLIS) to optimize quality for public health surveillance. Establish OLIS data standards for respiratory viruses (*new*). Work with Ontario Health and the Ministry to implement standard nomenclature requirements for Ontario microbiology laboratories to submit respiratory virus testing results into OLIS (*new*). (LOD 14-a)

5.3.2. Co-lead the Ontario Laboratory Medicine Program (OLMP) Microbiology Table to provide public health microbiology expertise and perspective related to pathogens of public health significance. Develop a testing guidance document on *Candida auris* (*new*). (LOD 15-b)

5.3.3. Work with other OLMP committees to determine the role of point-of-care testing for microbiology related pathogens of public health significance and develop criteria required for successful implementation of program in long-term care facilities, including the identification of pathogens suitable for testing (*new*). Contribute to the OLMP framework for point-of-care testing in Ontario (*new*). (LOD 15-c)

5.4.1. Continue to find efficiencies across PHO's laboratory sites to optimize quality, impact and innovation in the health system, including working with the Ministry of Health and Supply Ontario to assess if centrally procured courier services would be beneficial (*new*). Complete a review of PHO's courier routes to determine utilization across client groups (*new*). (LOD 14-a, 14-f)

5.4.2. Continue developing Ontario's public health laboratory program by strengthening laboratory operations. Work with Ontario Health and the Ministry to begin a trial of Electronic Orders (e-orders) in and reports out and develop a schedule for future onboarding of hospital and community laboratories to the system (*new*). Onboard one hospital for e-orders as a pilot study in 2025/2026. (LOD 14-a)

5.4.3. Continue developing Ontario's public health laboratory program working with Ontario Health to digitize at least four additional requisitions for Electronic Laboratory Orders in 2025/2026 (*new*). Implementation of e-ordering will enable more expedient test result turn-around-time for patients. (LOD 14-a)

5.4.4. Support the Ministry in developing and implementing an engagement strategy to identify options to further streamline the public health laboratory program (*new*). (LOD 14-b)

Year 2

5.1.1. Complete PHO test menu review.

5.1.3. Continue conducting diagnostic and genomics testing for viral diseases to meet provincial testing demand.

5.1.5. Expand the online water testing portal for beach water testing.

5.2.1. Enhance PHO's processes and capacity to better enable the rapid response to emergencies (e.g., outbreak response, emerging/novel pathogens) through the use of genomics.

5.2.2. Continue to lead the Ontario COVID-19 Genomics Network.

5.3.1. Establish OLIS data standards for enteric pathogens.

5.3.2. Continue to co-lead the OLMP Microbiology Table.

5.4.1. Continue to find efficiencies across PHO's laboratory sites to optimize quality, impact and innovation in the health system.

5.4.2. Onboard additional hospital and community laboratories to e-ordering in PHO's Laboratory Information System.

Year 3

5.1.3. Continue conducting diagnostic and genomics testing for viral diseases to meet provincial testing demand (based on funded test volumes).

5.2.1. Continue enhancing PHO's emergency response with genomics.

5.2.2. Continue to lead the Ontario COVID-19 Genomics Network.

5.3.1. Establish OLIS data standards for other prioritized pathogens.

5.3.2. Continue to co-lead the OLMP Microbiology Table.

5.4.1. Continue to find efficiencies across PHO's laboratory sites to optimize quality, impact and innovation in the health system.

5.4.2. Onboard additional hospital and community laboratories to e-ordering in PHO's Laboratory Information System.

6. Emergency Preparedness and Response

Year 1

6.1.1. Provide scientific secretariat support for 2-4 Ontario Public Health Emergencies Science Advisory Committee (OPHESAC) committee meetings over the course of the year to deliver specialized scientific and technical advice related to emerging public health issues and/or a health emergency. (LOD 16-a)

6.1.2. As requested, provide emergency management scientific and technical support and expertise to Ministry planning and response tables, planning and response documents, and all-hazards public health emergencies. PHO representative(s) will attend at least 90% of all planning table meetings, as requested. (LOD 16-b, 16-c, 16-d)

6.2.1. Participate in health system readiness activities on emergency management priority areas such as nuclear response. PHO representative(s) will attend 90% of exercises or references group meetings, as requested. (LOD 17-a)

6.2.2. Collaborate on the development and support for a surveillance strategy for the FIFA World Cup 2026 (*new*). Respond to 90% of requests for scientific technical advice, support and consultation related to surveillance planning within agreed upon timeframe. (LOD 17-b)

6.2.3. Provide emergency management scientific and technical support and expertise to the Ministry's new Pandemic Preparedness Plan, including content development and review (*new*). Review at least 80% of all Pandemic Plan content within the provided timelines. (LOD 17-c)

6.3.1. Develop plan, including an evaluation component, for emergency exercises with local public health that will be completed on a regular basis, including exercises involving the redeployment of staff from PHO to PHUs and between PHUs, to test expertise/support resources available to PHUs during emergencies (*new*).

6.3.2. Contribute to health system readiness by supporting the implementation of the Emergency Management Standard and Protocol (*new*). Engage with public health units through four consultation sessions to understand their priorities related to the implementation of the Emergency Management Standard and Protocol (*new*). (LOD 17-d)

Year 2

6.1.1. Continue providing scientific secretariat support for OPHESAC.

6.1.2. Continue supporting the Ministry, public health units and relevant health sector stakeholders in emergency management activities.

6.2.1. Continue to participate in health system readiness activities on emergency management priority areas.

6.3.1. Complete emergency exercise with PHUs to test expertise/support resources available to PHUs during emergencies.

Year 3

6.1.1. Continue providing scientific secretariat support for OPHESAC.

6.1.2. Continue supporting the Ministry, public health units and relevant health sector stakeholders in emergency management activities.

6.2.1. Continue to participate in health system readiness activities on emergency management priority areas.

6.3.1. Plan an emergency exercise with PHUs to test expertise/support resources available to PHUs during emergencies.

7. Environmental Health

Year 1

7.1.1. Inform, contribute, and participate in a minimum of two meetings focused on developing Ontario's Toxicovigilance strategy and ToxVC (Toxicovigilance Canda) in collaboration with the Ministry, Ontario Poison Centre (SickKids), and Health Canada (*new*). (LOD 18)

7.2.1. Enhance interactive map-based dashboards, to include climate change indicators related to heat and cold, to help improve public health responses and resilience to environmental threats and issues. A minimum of two indicators will be identified by Q3 to support the collection of data (*new*). (LOD 19-a)

7.2.2. Complete analysis of Ontario heat-mortality relationship in Q4 to support the development of proposed updates for Ontario’s Heat Warning and Information System (HWIS) thresholds (*new*). (LOD 19-b)

7.3.1. Through an annual meeting with ASHRAE, review and monitor ventilation and indoor air quality best practices to support and inform public health professionals of emerging evidence (*new*). Provide an annual summary to the Ministry on any significant changes. (LOD 20-a)

7.3.2. Continue to support PHUs in addressing issues related to indoor air quality. Release an introduction to indoor air quality knowledge product for public health professionals (*new*). (LOD 20-b)

Year 2

7.1.1. Continue supporting Ontario’s toxicovigilance strategy.

7.2.1. Continue improving the public health response to environmental threats and issues.

7.3.1. Continue promoting indoor air best practices and supporting PHUs with indoor air quality issues.

Year 3

7.1.1. Continue supporting Ontario's toxicovigilance strategy.

7.2.1. Continue improving the public health response to environmental threats and issues.

7.3.1. Continue promoting indoor air best practices and supporting PHUs with indoor air quality issues.

8. Health Promotion, Chronic Disease and Injury Prevention

Year 1

8.1.1. Enhance the capacity of PHUs to implement the Ontario Public Health Standards related to health promotion. Lead the development of two or more knowledge products (e.g., reference documents/guidance documents related to implementation, monitoring and evaluation of health promotion programs), as requested (e.g., by MOH) and in partnership with PHUs and relevant stakeholders, following agreed scope and timelines (*new*). (LOD 21)

8.1.2. Complement and expand on previous work related to chronic disease prevention (CDP) indicators and develop a performance measurement framework for the forthcoming Comprehensive Health Promotion standard (new). Framework to be finalized in Q3, with initial indicators identified in Q4. (LOD 21-a)

8.1.3. Continue working with the Ministry and PHUs to finalize indicators related to health promotion. Completion of at least one comprehensive research review to identify upstream indicators of health promotion program outcomes/outputs in consultation with the Ministry and public health units (*new*). (LOD 21-a)

8.2.1. Continue working proactively and supporting public health clients and partners with knowledge and data products related to chronic disease prevention priority areas (e.g., upstream chronic disease prevention), integrating health equity components where available. Respond to 90% of requests for scientific and technical advice, support and consultation within agreed upon time frames. Release updates to food insecurity and Early Development Index Snapshots by end of 2025-26 (*new*). (LOD 22-a)

8.3.1. Enhance ways to make upstream health promotion surveillance and analysis available on digital platforms to inform PHU planning, delivery, management and evaluation of local public health programs and services. By the end of 2025-26, develop a project plan and charter for a new interactive product for implementation in 2026-27 (*new*). (LOD 23)

8.3.2. Enhance the capacity of PHUs to develop comprehensive health promotion planning and prioritization. Administer a pilot to assess the feasibility of implementing a province-wide survey focused on health promotion and chronic disease prevention topics and continue to refine methods and approach to partnering with PHUs to collect province-wide data on an annual basis for local action, with survey topics to be agreed upon by the Ministry and public health units (*new*). Launch pilot survey and report on preliminary data collection in Q4. (LOD 23)

8.4.1. Continue to inform policy addressing substance-related harms in the population by providing scientific and technical advice to clients and partners, responding to 90% of requests for scientific and technical advice, support and consultation related to opioid and other substance use priorities within agreed upon timeframe. Represent PHO at various stakeholder tables, including quarterly CCENDU (Ontario node) meetings and bi-annual CCENDU (Canada-wide) meetings. (LOD 24-a)

8.4.2. Continue ongoing monitoring of population health trends to inform policy, practice and develop action-oriented recommendations. Lead and collaborate on population health research (e.g., Principal Investigator on two third-party funded projects examining harms related to alcohol) and surveillance related to opioid and other substance use in Ontario, and continue to expand monitoring of substance use and harms tool beyond opioids and other stimulants to include other indicators of use/harms and extend to other substances. Prioritized tobacco, nicotine and vaping indicators to be integrated into the tool for public release in Q4 (*new*). (LOD 24-a, 24-b)

8.4.3. Continue ongoing review and analysis of issues related to addiction and substance use to inform public policy. Conduct research examining the differential impacts of alcohol policies on alcohol use and inequities in harms attributable to alcohol, including the submission of 1-2 peer-review manuscripts for publication (*new*). (LOD 24-a)

Year 2

8.1.1. Continue to lead knowledge exchange and evaluation activities to ensure and assess the effective use of PHO research and knowledge products by end users.

8.2.1. Continue providing scientific and technical advice related to public health clients in areas of content expertise, including work related to the Comprehensive Health Promotion standard and OCMOH Upstream Chronic Disease Prevention strategy.

8.3.1. Continue supporting upstream health promotion and population health assessment surveillance and analysis to inform PHU planning, delivery, management and evaluation of local public health programs and services for public health clients.

8.4.1. Continue providing scientific and technical advice to clients on substance use priorities.

8.4.2. Continue to lead and collaborate on population health research and surveillance related to substance use in Ontario.

Year 3

8.1.1. Continue to lead knowledge exchange and evaluation activities to ensure and assess the effective use of PHO research and knowledge products by end users.

8.2.1. Continue providing scientific and technical advice related to public health clients in areas of content expertise, including work related to the Comprehensive Health Promotion standard and OCMOH Upstream Chronic Disease Prevention strategy.

8.3.1. Continue supporting upstream health promotion and population health assessment surveillance and analysis to inform PHU planning, delivery, management and evaluation of local public health programs and services for public health clients.

8.4.1. Continue providing scientific and technical advice to clients on substance use priorities.

8.4.2. Continue to lead and collaborate on population health research and surveillance related to substance use in Ontario.

9. Digital and Data

Year 1

9.1.1. Respond to Ministry support requests in efforts to advance the modernization of public health systems and development of the Public Health Digital Platform to enable future integrations and interoperability to unlock the full potential of public health applications (*new*). (LOD 25-b)

9.1.2. Support the implementation of new policies and technology to improve system connectivity and adoption across health system partners. Work with Ontario Health on the Electronic Laboratory Orders initiative to support e-orders, and digitization of result distribution to permit electronic ordering of tests by submitters/clients, and the publishing of results to OLIS and/or the submitter/client (*new*). Digitize at least four PHO requisition forms and onboard at least one hospital client. (LOD 25-b)

9.1.3. Continue undertaking planning and implementation activities to improve data integration and efficiency within the health system. Establish a Digital and Data table with representation from 80% of PHUs to facilitate collaboration and advance partnerships by providing updates and receiving feedback on provincial initiatives (*new*). (LOD 25-b)

9.2.1. Continue to work with the Ministry on advancing the development of the Public Health Digital Platform. Develop a data governance framework with at least three key stewardship roles defined, and data models necessary for the Public Health Data Utility MVP (a federated, cloud-based data infrastructure that provides centralized access to integrated public health data for accelerated evidence-based decision making, advanced analytics, AI enhanced modelling, and innovation) (*new*). (LOD 25-a)

9.2.2. Continue to work with Ministry partners to expand the Public Health Data Utility beyond prototype and make it available for use by public health units and the Ministry (*new*).

9.2.3. Continue to provide leadership on data collection, analysis and reporting on key public health issues and populations. Lead the exploration and adoption of standards for public health data and systems, including alignment with health care reference terminology and interoperability standards (such as SNOMED CT and Fast Healthcare Interoperability Resources) (*new*). Map 80% of priority iPHIS data elements by end of fiscal. (LOD 26)

9.3.1. Continue improving data integration and efficiency to support the establishment of the Public Health Data Utility. Complete a comprehensive data acquisition plan that enables new data integration in the Public Health Data Utility for the benefit of the public health sector (*new*). (LOD 25-a)

9.3.2. Complete a stakeholder needs assessment with PHUs and the Ministry to understand advanced analytics and public health intelligence needs across the public health sector. Plan an approach to prioritize the development and roll-out of advanced analytics/modelling and integrated data products (9.4.2) and create a mechanism to identify opportunities to address new/evolving needs (*new*).

9.4.1. Lead population health monitoring through the development of analyses of public health issues that includes forecasting and modelling and the use of enhanced data science techniques, documenting potential use cases, and establishing a Community of Practice with participation from a minimum of three PHUs and members of the Office of the CMOH (*new*). (LOD 26)

9.4.2. Lead planning, design, development, dissemination, promotion, evaluation and enhancements of PHO's interactive reporting products (including maps), providing centralized resources for population health assessment and surveillance, and integrating health equity indicators where feasible. Release two new and update/enhance 100% of existing interactive reporting products (*new*). (LOD 26)

Year 2

9.1.1. Continue to support design and development efforts for the Public Health Digital Platform including a new case, contact, and outbreak solution.

9.1.2. Continue to support the Electronic Laboratory Orders initiative.

9.1.3. Continue partnerships with PHUs through a Digital and Data table.

9.2.1. Refine the standards and governance approach for the Public Health Data Utility.

9.2.2. Pilot the Public Health Data Utility for some early adopters among the PHUs and Ministry, including chronic disease prevention.

9.3.1. Prioritize and execute data acquisition plan for the Public Health Data Utility.

9.3.2. Continue developing interactive reporting products and centralized resources. Release a set of prioritized analytics products and tools (9.4.2).

9.4.1. Continue providing a leadership role in population health monitoring.

Year 3

9.1.2. Continue to support the Electronic Laboratory Orders initiative.

9.1.3. Continue partnerships with PHUs through a Digital and Data table.

9.2.1. Assess the maturity level of the standards and governance approach for the Public Health Data Utility.

9.2.2. Continue enhancing the Public Health Data Utility with data integrations and tools, including chronic disease prevention.

9.3.2. Continue developing interactive reporting products and centralized resources, including chronic disease prevention and release additional prioritized analytics products and tools (9.4.2).

9.4.1. Continue providing a leadership role in population health monitoring.

Government-Wide Priorities

The letter of direction also sets out expectations that apply to all board-governed provincial agencies. PHO's commitment to delivering on the priority areas for 2025-26 are described below, and will continue for the three years of this ABP.

Innovation

PHO continues to leverage its digital and data functions to simplify client interactions, expand and optimize digital service offerings and improve client satisfaction. These activities are described in more detail in the Electronic Service Delivery Plan of this ABP (Section 7). When requested, PHO will share data with Supply Ontario, regarding procurement spending and planning, contract arrangements and vendor relations to support data-driven decision-making**.**

1. Simplify client/customer interactions.

In alignment with the letter of direction PHO-specific priorities relating to the Laboratory System, PHO will work with partners, including Ontario Health to implement additional requisitions for Electronic Laboratory Orders.

Measure: Number of additional requisitions implemented for Electronic Laboratory Orders (*new*)

2. Expand and optimize digital service offerings.

In alignment with the letter of direction PHO-specific priorities relating to Vaccine-Preventable Diseases and Digital and Data, PHO will work with the Ministry, Ontario Health and public health units to advance the development and implementation of the Ontario immunization registry.

Measure: The foundations of an Immunization Registry as a prototype of the Public Health Data Utility are developed (*new*)

3. Improve client/customer satisfaction.

Measure: Number of complaints about PHO services or products

4. Share data with Supply Ontario, when requested, regarding procurement spending and planning, contract arrangements and vendor relations to support data-driven decision-making.

Measure: Number of data requests from Supply Ontario responded to by PHO

Sustainability

5. Strengthen public service delivery by optimizing organizational capacity and directing existing resources to priority areas.

Given PHO's key role in public health incident and emergency response, flexibility is essential. In the event of a major emergency or exigent circumstance, if required, PHO will redirect appropriate organizational capacity, attention and expertise to support the CMOH, the Ministry of Health, public health units and other clients and partners.

Measure: FTEs redirected to priority areas (as required)

6. Use public resources efficiently, and

a. Operate within agency's financial allocations.

PHO has prepared a balanced operating budget, which includes opportunities for revenue generation, efficiencies, and savings through innovative practices and/or improved program sustainability.

Measure: Budget Variance: agency's actual spending against its allocated budget

b. Prudently and responsibly manage workforce size. Where an agency requires a material increase in workforce size, the agency must provide the Minister with an HR plan for approval that provides the rationale based on government priorities and/or agency mandate.

PHO's 2025-26 operating budget supports a staff complement of 939 full time equivalents (FTE) in order for the organization to deliver on its mandate.

Measure: Annual percentage change (increase or decrease) in workforce size

PHO has prepared a balanced operating budget, which includes opportunities for revenue generation, efficiencies, and savings through innovative practices and/or improved program sustainability. As required, PHO will optimize organizational capacity and direct existing resources to priority areas.

Accountability

PHO understands the priority the provincial government has placed on ensuring accountability and trust, and its focus on agency relevance, governance, value-for-money, sustainability, efficiency and effectiveness. PHO will continue to develop and report on outcome-focused performance measures to effectively monitor and measure performance; report on AI use cases; actively manage data and cyber security; and report on all high risks through established processes and align hybrid work policies with the OPS. PHO continues to meet the expectations for provincial agencies as set out in the Realty Directive, including working in consultation with the Ministry to seek approvals with respect to agency office space under the Directive through Treasury Board/Management Board of Cabinet submissions. There is continued focus to develop and encourage diversity and inclusion initiatives by promoting an equitable, inclusive, accessible, anti-racist and diverse workplace. This includes the development of PHO's Equity, Diversity and Inclusion Strategy and greater cultural competency through Indigenous cultural safety training. PHO will look at opportunities to increase non-government, non-fare, non-fee revenue.

7. Develop and report on outcome-focused performance measures to effectively monitor and measure performance.

A foundational review and update to PHO's organizational performance measurement is underway. In alignment with the recommendations from the 2023 value-for-money audit report on PHO from the Office of the Auditor General (OAGO), this will include establishing and collecting data on key performance indicators that are focused on client satisfaction and outcomes.

Measure: Number of new outcome-focused performance measures implemented (*new*)

PHO will also collaborate with the Ministry to determine a quarterly reporting structure for laboratory related services and outputs that will be used to further enhance performance and capacity monitoring of the regional labs.

8. Protect individual, business or organization data by actively managing data and cybersecurity and reporting Artificial Intelligence uses.

PHO continues to make significant progress to improve its cyber resilience via a three-pronged approach of: targeted enhancement of critical controls; measuring current state; and designing a roadmap to target maturity, building capacity both internally and via managed service providers to be effective in operations. PHO continues to remain vigilant by implementing mandatory cyber training for staff, introducing customized phishing campaigns and increasing penetration testing.

Measure: Establish a cybersecurity plan with measurable outcomes (*new*)

9. Report all high risks including effective mitigation plans.

PHO's ERM policy serves as the foundation of the organization's ERM framework. PHO has recently developed and operationalized an ERM program focused on the identification, assessment, management, monitoring and reporting of organizational risk.

Measure: Number of high risks reported to the Ministry

10. Align hybrid work policies with the OPS and identify and assess office optimization opportunities to reduce office realty footprint and find cost reductions.

PHO continues to meet the expectations for provincial agencies as set out in the Realty Directive, including working in consultation with the Ministry of Health to seek approvals with respect to agency office space under the Directive through Treasury Board/Management Board of Cabinet submissions.

a. Collaborate with MOI to identify office space opportunities.

b. Align with the MBC Realty Directive and the OPS Modern Office Space (OMOS) Standards.

Measure: Ratio of head count to office space to densify and optimize office real estate

11. Develop and encourage diversity and inclusion initiatives by promoting an equitable, inclusive, accessible, anti-racist and diverse workplace.

There is continued focus to develop and encourage diversity and inclusion initiatives at PHO by promoting an equitable, inclusive, accessible, anti-racist and diverse workplace. This includes the development of PHO's Equity, Diversity and Inclusion Strategy and greater cultural competency through Indigenous cultural safety training.

Measure: Develop PHO's Equity, Diversity and Inclusion Strategy (*new*)

12. Increase non-government, non-fare, non-fee revenue.

Measure: Continue to seek opportunities for third-party revenue through research grant submissions to granting agencies. Increase grant funding awarded to PHO by 5%.

Section 5: Initiatives Involving Third Parties

This section provides an overview of key initiatives involving third parties, all of which are mandate-driven and integrally linked with PHO's programs and services outlined in Section 3.

In support of its mandate and government direction, PHO has transfer payment agreements with several recipients. When funds are provided by PHO to third party organizations, it is carried out in accordance with the *Transfer Payment Accountability Directive*. The agreements set out the terms and conditions of funding to support good governance, value-for-money and transparency; document respective rights and responsibilities of PHO and those of the transfer payment recipients; and include reporting requirements and provisions for independent verification of financial and program information by parties, such as the Auditor General of Ontario.

PHO initiated the **Shared Library Services Partnership (SLSP)** in 2012 to improve Ontario public health unit access to scientific resources and evidence, and to strengthen relationships and knowledge exchange among public health units. The SLSP is an innovative and cost-effective partnership that provides Ontario public health units without an in-house library with access to up-to-date information and scientific resources. Building on the existing public health library infrastructure across Ontario, four health unit libraries act as "hubs," providing library services and supports to 22 client health units without an in-house library. PHO provides funding, coordination and oversight of the partnership. The transfer payments for the SLSP anticipated annually over the term of this ABP are detailed in the table below, with annual total of $480K.

Recipient	Description	Amount Distributed
Simcoe Muskoka District Health Unit	Shared Library Services Partnership	$136K
South East Health Unit	Shared Library Services Partnership	$129K
Middlesex-London Health Unit	Shared Library Services Partnership	$106K
Thunder Bay District Health Unit	Shared Library Services Partnership	$109K

PHO partners with universities, hospitals, and public health entities to advance public health knowledge and evidence on priority public health issues. PHO's collaboration with the **Institute for Clinical Evaluative Sciences (ICES)** provides access to an expansive and secure array of Ontario health-related data, including clinical and administrative databases, population-based health surveys and anonymized patient information. The partnership enables data linkages relevant to public health research, including diverse data from outside the health system, such as those pertaining to education, communities and the environment.

Third Party Funding

Research grants and contracts from third parties are awarded to specific research initiatives and are not applied to PHO's general operations. Research funds from third parties are administered directly by PHO in adherence with funder requirements, PHO policies and Government of Ontario Directives. PHO also receives funding to support collaboration with research grant recipients from other organizations through sub-grant agreements.

Canadian Institutes of Health Research (CIHR)

A number of PHO's research initiatives are funded by the Canadian Institutes of Health Research, Canada's federal funding agency for health research. In fiscal year 2023-24 and the first half of 2024-25, PHO received funding for four new research grants and two trainee awards and is awaiting decision on five submitted grant applications and three trainee awards. This funding supports research on strategies to reduce antimicrobial resistance, vaccination program effectiveness, and alcohol harms on priority populations.

Health Canada and Public Health Agency of Canada

PHO partners with Health Canada and Public Health Agency of Canada, receiving funding on seven new projects in 2023-24 and in the first half of 2024-25 on evidence generation regarding infectious pathogen genomics and epidemiology and vaccine development, transmission dynamics of viral respiratory pathogens, substance overdose outcomes, health impact of extreme temperature, and radon awareness.

Canadian Association for Immunization Research and Education

Research on the evaluation of RSV vaccination strategies was funded by the Canadian Association for Immunization Research and Education, a professional organization dedicated to building the scientific foundation of optimal immunization programs.

Section 6: Financial Budget and HR Impacts

Financial Budget

Development of the ABP precedes the construction of PHO's annual operating budget. The ABP provides the overall framework within which the annual operating budget is developed. The 2025-26 annual operating budget will be brought forward for approval by PHO's Board in March 2025. It will incorporate the key resources required to support the accomplishment of the objectives identified in the preceding sections of this ABP.

PHO's operating budget has a fixed allocation and is impacted by rising demand for services, inflationary cost pressures, and infrastructure repairs and maintenance costs. PHO has assumed funding relief will continue into fiscal 2025-26 to achieve a balanced year end position. PHO will continue to explore opportunities to improve the operational and financial performance of its Laboratory services.

The Ministry of Health has been providing one-time funding to address these growing deficits and continues to work with PHO to address future operating and capital pressures.

Consistent with prior years, the Ministry of Health has committed to consider providing PHO with one-time funding to support extraordinary costs associated with COVID-19 laboratory testing and one-time funding to support ongoing operations and maintenance costs associated with the public health laboratories; this amount is yet to be confirmed.

Operating Resource Requirements

For 2025-26, an operating budget of $205.6 million supporting a staff complement of 939 full time equivalents (FTE) is required in order for the organization to deliver on its mandate. Included in this figure is capital funding of $7.0 million that is required to support priority capital and facilities (a composite of $2.5 million funded from base operations, and $4.5 million[4] one-time laboratory support funding relief for critical laboratory repairs).

Assumptions have been made in respect of operating resource requirements for fiscal year 2024-25 – as summarized in the following section.

Consolidated Operations:

Based on its operating model, legislative mandate, collective agreements, occupancy costs and other operational requirements, the operating budget for 2025-26 is $205.6 million, supporting a staff complement of 939 full time equivalents (FTE). Achievement of this budget is based on the following key budget assumptions:

[4] $4.5M is a placeholder. PHO is consulting with Infrastructure Ontario on the prioritization of repairs required and the associated timeline to complete.

- PHO's 2024-25 funding assumption of a base allocation of $164.4 million is assumed to carry forward into 2025-26. This $9.0M permanent base funding increase from 2023-24 is inclusive of:
    - $5.0 million - restoration of one-time laboratory modernization costs funding to base funding to maintain services.
    - $2.0 million base funding increase to help address increased public health laboratory demands.
    - $2.0 million in base funding increase to support enhanced analytics and surveillance. Note that PHO received half a million of this funding in 2024-25.
- In 2025-26, PHO is making the following key budget assumptions:
    - Additional $2.0 million base funding increase to help address increased public health laboratory demands.
    - Additional $4.4 million in base funding related to the ongoing impact of AMAPCEO/OPSEU Bill 124 on PHO's compensation structure.
    - One-time Laboratory Support funding of $9.0 million to support costs associated with maintaining the current operations of the Public Health Laboratories. The associated major infrastructure repairs have increased to $4.5 million to align with updated third party condition assessments and emerging facility needs.
    - One-Time Ontario Immunization Registry Funding of $2.75M is expected to be provided in fiscal 2025-26 (to be confirmed through additional planning).
    - One-Time COVID-19 PCR and Genomics Funding planned for fiscal 2024-25 is expected to carry forward in 2025-26. The associated annual volumes will be determined based upon Ministry directed volumes to maintain capacity to sequence genomic samples and are estimated to be $13.0M.
    - Planned financial mitigation strategies include annual efficiency savings target across all PHO departments including laboratory operations, public health science, research, informatics and knowledge exchange and corporate services. In addition specific laboratory operational process changes such as automation within front end processing, are expected to yield significant savings have been planned for 2025-26. This accounts for the variance in Laboratory Operations 2025-26 budgeted costs compared to prior year budget and forecast.
- $11.5 million in respect of the amortization of deferred capital asset contributions. (There is a corresponding amortization of capital expense).
- Third party grants revenue of $2.9 million in support of various research projects.
- Miscellaneous recoveries - examples include secondment revenue, events revenue, and union billings.

- Compensation assumptions:
  - Salaries remain frozen for executives and the wage adjustments for OPSEU, AMAPCEO, Management and Non-union are assumed at approximately 3% (blended rate).
  - Outlook Years – 4% blended rate
- Non-Compensation assumptions:
  - 0% - assumes inflation will be absorbed
  - Outlook Years – Remains flat, except for occupancy costs and medical supply costs – 2% increase assumed for both expense categories
- Infrastructure Repairs and Maintenance Assumptions:
  - Includes $4.5M placeholder related to regional laboratories ageing infrastructure.
  - Outlook Years: A further cycle of repairs and additional costs would be incurred in the outlook years. As at time of writing, cost estimates for the outlook years are not yet finalized.

Summary of Expenditures & Revenue

Table 1A summarizes PHO's planned and projected operating position over the three years of this ABP, reflecting both expenditures and revenues inclusive of COVID-19 related activity based on the information available at time of writing.

Table 1A: Public Health Ontario Consolidated Statements of Operations

	2024-25 Budget $	2024-25 Forecast $	2025-26 Plan $	2026-27 Outlook $	2027-28 Outlook $
Revenue					
Ministry of Health					
Base Funding Allocation	164,350,000	162,350,000	166,350,000	166,350,000	166,350,000
One Time Funding - PHO Laboratory Support (Operating)	3,000,000	3,900,000	4,500,000	TBC	TBC
One Time Funding- PHO Laboratory Support (Capital)	-	TBD	4,500,000	TBC	TBC
One time Funding - Ontario Immunization Registry	550,000	2,600,000	2,750,000	TBC	TBC
One time Funding - COVID-19 PCR Testing and Genomics	12,900,000	12,900,000	13,000,000	TBC	TBC
Total Ministry of Health Funding	180,800,000	181,750,000	191,100,000	166,350,000	166,350,000

	2024-25 Budget $	2024-25 Forecast $	2025-26 Plan $	2026-27 Outlook $	2027-28 Outlook $
Amortization of deferred capital asset contributions	11,530,000	11,530,000	11,530,000	11,530,000	11,530,000
Third Party Revenue	2,900,000	2,900,000	2,900,000	2,900,000	2,900,000
Miscellaneous recoveries	2,050,000	2,050,000	2,050,000	2,050,000	2,050,000
Total Revenue	**195,280,000**	**198,230,000**	**205,580,000**	**193,830,000**	**193,830,000**
Operating Expenses					
Laboratory Operations	114,000,000	115,880,000	114,610,000	115,276,000	117,076,000
Public Health Science	30,760,000	28,390,000	32,959,000	34,129,000	35,359,000
Research, Technology Services, Informatics, Knowledge Exchange	18,740,000	19,520,000	21,470,000	19,250,000	19,820,000
Corporate Services & Support	15,990,000	15,680,000	16,251,000	16,995,000	17,535,000
Third Party Grant Expenses	2,900,000	2,900,000	2,900,000	2,900,000	2,900,000
Infrastructure Repairs and Maintenance	860,000	980,000	5,360,000	860,000	860,000
Capital Expenditures	2,500,000	3,350,000	2,500,000	2,500,000	2,500,000
Amortization of capital assets	11,530,000	11,530,000	11,530,000	11,530,000	11,530,000
Total Operating Expenses	**195,280,000**	**198,230,000**	**205,580,000**	**201,440,000**	**205,580,000**
Total Operating Surplus / (Total Operating Deficit) *	**-**	**-**	**-**	**(7,610,000)**	**(11,750,000)**

* Deficits in the outlook years will be addressed through a financial mitigation plan developed in collaboration with the MOH.

Notes:

- 2024-25 Forecast was calculated as of December 2024 (Q3) and information known at that point in time.
- Laboratory Operations budgeted expenses in outlook years do not include any COVID-19 related expenditures as funding remains TBC.
- Public Health Science budgeted expenses have increased due to new enhanced analytics and surveillance funding and associated increased expenditures.
- Research, Technology Services, Informatics, Knowledge Exchange budgeted expenses have increased due to Ontario Immunization Registry funding and associated increased expenditures.

Capital Funding Requirements

Major capital funding to support the replacement of PHO's laboratories is funded separately from its MOH annual base funding allocation. PHO is actively engaged with the Ministry of Health, Health Capital Investment Branch, and Infrastructure Ontario (IO) to support its major capital planning processes.

PHO continues to review its laboratory regional presence to ensure efficient operations are appropriately aligned with patient and client demands.

PHO will continue collaborating with the government to advance a long-standing plan focused on laboratory requirements and future planning to support system readiness and sustainability.

PHO has an active asset management program for its facilities, based on third party condition assessments and emerging facility needs. PHO focuses on the PHO controlled aspects of the facilities and also relies on landlords to ensure that the landlords' elements are adequately maintained. PHO anticipates investing approximately $4.5 million per year for the fiscal years 2025-26 to 2030-2031 to maintain existing facilities in a reasonable state of repair for the fiscal years.

Capital Project Summaries

Decommissioning of the 81 Resources Road Complex:

The decommissioning of the 81 Resources Road complex follows PHO's move of its laboratory operations to 661 University Ave, Toronto from Resources Road. Formal capital funding approval of $2.0 million has been received from the Ministry of Health. PHO assumes the project will start in 2025-26, anticipating that all occupants of the complex will vacate in the next few years. PHO estimates the total share of decommissioning costs attributable to PHO, to be funded by Ministry of Health, is $8.0 million.

Relocation of the Operational Support Facility/Bio Repository Centre (OSF/BRC):

The current core OSF-BRC occupies 21,495 rentable square footage (RSF) at 81 Resources Road. As noted above, this project is to relocate the operations from that site, releasing it for redevelopment.

PHO submitted a Stage 2 Functional Program to the MOH in July 2020 showing a need for 13,633 RSF, but without any space for any pandemic response. PHO anticipates that the need for additional storage will continue indefinitely and increasing the total space requirement to approximately 16,000 RSF in a new facility. This increase in area and inflation results in an updated cost estimate of $9.4 million to be funded by the Ministry of Health.

Thunder Bay Hub:

The Ministry of Health has approved a planning grant of $1.3 million. The planning stage is now complete and in October 2024 PHO submitted an updated Functional Plan and Stage 1.3 Submission for a new government owned laboratory site.

Summary of HR Impacts

Staffing Numbers and Bargaining Agents

Excluding the temporary resources hired to support the COVID-19 response and as noted in Table 1B, PHO has a workforce of 939 staff (FTE), including: physicians, nurses, health specialists, scientists, epidemiologists, laboratory technologists and corporate and support staff. While the majority of staff is based in Toronto, we have a regional presence. This includes approximately 75 part time/temporary employees. In addition, there are approximately 40 COVID-19 contract staff funded by one-time funding and therefore not included within the 939 staff (FTE) count.

We have a unionized environment (approximately 80% of our staff), bound by the *Hospital Labour Disputes Arbitration Act*. As a result of the program transfers, we inherited Ontario Public Service collective agreements due to successor rights. With consolidation, we now have two collective agreements covering our bargaining agents, the Ontario Public Service Employees Union (OPSEU) and the Association of Management, Administrative and Professional Crown Employees of Ontario (AMAPCEO). Year-over-year cost increases reflect the impact of arbitrated awards and collective agreements. PHO is compliant with compensation legislation and the government's labour-related budget directions to the extent possible given that we are bound by the *Hospital Labour Disputes Arbitration Act*.

Table 1B: Public Health Ontario Staffing by Employee Classification

	2025-26 Plan (#)	2026-27 Outlook (Note 1) (#)	2027-28 Outlook (Note 1) (#)
Bargaining Unit			
OPSEU	538	538	538
AMAPCEO	202	202	202
Total Bargaining Unit	**740**	**740**	**740**
Non-Union	54	54	54
Management (note 2)	96	96	96
Third Party Funded Research Positions	19	19	19
Students (Various Programs)	30	30	30
Total FTEs	**939**	**939**	**939**

Note 1: Final FTEs figures in fiscals 2025-26 through to 2027-28 are yet to be determined. Implementation of the operating efficiencies and/or new program proposals will impact FTE figures.
Note 2: Management FTEs include 9 FTEs of executive positions.

Compensation Strategy

For non-union and management staff, PHO has a compensation policy and salary administration guidelines based on the following principles:

- Fiscal responsibility, governance and compliance with all applicable legislation and accountability
- Alignment with organizational mandate, strategic directions and values
- External competitiveness and internal equity
- Balance consistency and flexibility in compensation program design and application
- Reward based on performance
- Transparency and open communication, with due respect for privacy.

Key Human Resource Priorities

In 2024, PHO launched its 2024-2029 People Strategy, in alignment with the organization's Strategic Plan. The People Strategy is underpinned by three priorities: retaining critical skills and talent; developing skills and talents of PHO's workforce; and enhancing productivity by reorganizing work and structures. Key activities to advance these priorities for 2025-26 include:

- Employee Engagement Survey
- Review of compensation program for non-union/management staff
- Development of PHO's Equity, Diversity and Inclusion Strategy
- Development of programs to build leadership competence in developing their staff
- Support career path development for individual contributors
- Support staff to build and maintain skills and competencies, for example, upskilling to leverage the new capabilities that will be realized in the Decision Intelligence Platform
- Continue to build cultural competency, including Indigenous cultural safety training
- Enhance the formality of succession planning

PHO will continually assess and adjust its structure to ensure it is organized internally in a way that best positions the agency for success in delivering its mandate.

Section 7: Information Technology (IT)/Electronic Service Delivery (ESD) Plan

Technology infrastructure, as well as digital and data functions are fundamental enablers of PHO's work and its ability to deliver on its mandate. They are also critical components of PHO's efforts to build capacity to enhance its contributions in advanced laboratory and public health analytics. PHO's planned IT and Electronic Service Delivery (ESD) initiatives are described in sections 3 and 4 of this ABP. Initiatives are focused on improving efficiency and enhancing services for people in Ontario; providing digital supports for PHO's clients and partners; and enhancing system connectivity and capacity.

PHO will continue to partner with government and agencies to build and operate robust digital capabilities in support of PHO's mandate. This includes ensuring the privacy, security, and safety of information and systems aligned to government directives, regulations, and industry effective practices.

IT Transition Plan

PHO is transitioning its IT services to a third-party vendor to better align with the organization's unique scientific and laboratory business requirements. This shift will enable PHO to continue to mature its IT services delivery to improve service quality, promote and advance innovation, and provide more streamlined IT experience that enables more efficient and effective workflows.

The goal of this project is to create and implement a seamless migration plan. The IT transition will continue through 2025-26, with full move away from ITS provided services planned for March 2026. Anticipated procurements include: Microsoft M365 Licensing and Azure Hosting for 2025-26 onward; Managed Service Provider costs; Network Services leveraging OPS vendor of record arrangements; and Desktop Services leveraging OPS vendor of record arrangements. Transition activities will not negatively impact the delivery of PHO's public health services. No significant increases in costs or PHO's permanent Technology Services FTE complement are anticipated. The one-time capital cost related to this transition is reflected in Section 6 of this ABP. PHO will continue to engage and update the Ministry in procurement processes associated with this transition to support appropriate alignment with the IT Directive and other relevant directives. Until the transition is complete and signed-off, all parties will continue to adhere to any existing service agreements.

Section 8: Inventory of Artificial Intelligence (AI) Use Cases

Advancements in AI, machine learning, and big data computing continue to drive innovative public health applications. The following table lists PHO-led AI use cases, all of which are overseen by PHO's Vice President, Digital and Data; Chief Information Officer.

Initiative	Brief Description	Type of AI	Data Source(s)
Machine Learning Augmented Time Series Model	Using COVID-19 data to develop a time series model for forecasting based on laboratory data.	Machine Learning	COVID-19 data from PHO website
Bioinformatics	Using open source research-backed pipeline tools that are enhanced with Machine Learning to support the laboratory, to analyze, characterize, and find anomalies in genomic sequences to support outbreak response, routine testing, surveillance, and research.	Machine Learning	Genomic data (PHO and OCGN)
SARS-CoV-2 Nowcasting	Using real-time or near-real-time data from various sources, including the Ontario COVID-19 Genomics Network (OCGN), and Machine Learning to process and capture patterns to provide short-term forecasts and predictions on SARS-CoV-2 variant activity.	Machine Learning	Laboratory testing data (PHO and provincial) Genomic data (PHO and OCGN)
AI-Enhanced Influenza Virus Genomics Classification	Using global flu genomic sequences deposited in the Global Initiative on Sharing All Influenza Data (GISAID) repository, and AI algorithms to accurately classify flu strains to help with surveillance, public health interventions and vaccine development.	Machine Learning	Laboratory testing data (PHO) Genomic data (global) GISAID repository
OLIS Tokenization	Using Natural Language Processing on the flow of data from OLIS to clean, understand and assign correct results to support downstream products, such as the Ontario Respiratory Virus Tool, with clean laboratory data. This work is in collaboration with ICES and Ontario Health.	Deep Learning / Natural Language Processing	OLIS data

Section 9: Performance Measures

PHO has engaged a third party to conduct a foundational review and update to its organizational performance measurement framework. The foundational review and update process will include consultation with the Ministry of Health on alignment with government expectations for Agencies (under Agencies and Appointments Directive and Operational Policy) and the recommendations from the 2023 value-for-money audit report on PHO from the Office of the Auditor General (OAGO). The outcome of the review will include establishing and collecting data on outcome-based key performance indicators that align with government priorities set out in the annual letter of direction, agency mandate and key operational areas, including: annual targets for key programs, services and areas of significant spending; measures that demonstrate the agency's effectiveness, efficiency and level of client/customer satisfaction through the measures developed; measures for any new programs and for significant operational changes. These measures will be included in PHO's 2026-29 Annual Business Plan and will reflect activity and resource allocation.

Until this review is completed, PHO will continue to rely on historical measures that are reflected in Section 3 of the ABP.

Section 10: Risk Identification, Assessment, and Mitigation Strategies

This section summarizes the key organizational risks facing PHO and the associated risk mitigation strategies.

Enterprise Risk Management (ERM) is an integrated risk management process designed to identify, evaluate and manage current and future risks across the enterprise. It informs strategies, processes, people and technology, ensuring they are managed with approved risk tolerances. PHO's ERM policy serves as the foundation of the organization's ERM framework. The policy outlines key responsibilities of the Board and Management and the framework describes PHO's enterprise risk management processes. PHO has recently developed and operationalized an ERM program focused on the identification, assessment, management, monitoring and reporting of organizational risk. In 2025-26 PHO will continue to build and sustain PHO's ERM program to integrate risk processes with strategic decision making and planning to support the 2024-29 Strategic Plan and to foster a risk-aware culture across the organization.

The following table identifies the known operational risks that in PHO's assessment are the highest priority risks in relation to the work described in this ABP. Overall risk is determined using a likelihood-impact matrix which combines estimates of likelihood of occurrence and the impact of risk using a high (**H**), medium (**M**), low (**L**) rating system.

Risk	Likelihood	Impact	Overall	Mitigation Strategy
Current base funding allocation is insufficient to resource and respond to current and emerging public health threats.	**Almost Certain**	**Critical**	**H**	The Ministry and PHO will continue to work together to monitor the agency's capacity and funding requirements, including as it relates to the genomics program.
Ageing Infrastructure Laboratories are in poor physical condition and housed in buildings that are in highly critical need of intervention and require significant capital investments to maintain operations. PHO is not able to fund repairs within its approved base funding allocation.	**Almost Certain**	**Critical**	**H**	Work with the Ministry to obtain additional funding to repair, replace, or consolidate aging laboratory infrastructure as there is no flexibility for PHO to fund from within its approved base funding allocation.

Risk	Likelihood	Impact	Overall	Mitigation Strategy
Talent Attraction and Retention. Market compensation competitiveness, employee attrition and shortages in labour availability for specific skill sets may impact PHO's ability to continue to provide scientific and technical advice and operational support.	**Possible**	**Minor**	**M**	PHO continues to refine its human resources practices to improve recruitment and retention of staff. PHO is implementing a new people strategy, which will include succession planning for the organization as a key area of focus.
Cyber Security Breach. Given the persistent and evolving external threat landscape that can now leverage AI, and the perceived value of laboratory data, PHO will be inherently subject to increasing cyber security risks. An internal or external cyber attack may result in operational disruption, the unauthorized disclosure of personal health data, reputational damage and/or financial impact.	**Likely**	**Critical**	**H**	To ensure a robust approach to cyber security, PHO continues to work in partnership with the Provincial Cyber Security Centre of Excellence within the Ministry of Public and Business Service Delivery and Procurement and the Ontario Health Cyber Security Centre within Ontario Health. PHO continues to make significant progress to improve its cyber resilience via a three-pronged approach of: targeted enhancement of critical controls (e.g. authentication, end-point security, and modern systems management), measuring current state and designing a roadmap to target maturity, building capacity both internally and via managed service providers to be effective in operations. PHO continues to remain vigilant by implementing mandatory cyber training for staff, introducing customized phishing campaigns and increasing penetration testing.

Section 11: Communication Plan

This communication plan describes PHO's approach to the dissemination of products, tools, research, expertise and resources to increase client access, usage and uptake, understanding and impact. It aligns with AAD and Operational Policy requirements and the updated Memorandum of Understanding and Public Communications Protocol and includes the identification of communication products (scientific and technical products, newsletters, media messaging, educational events) and associated timelines.

PHO's primary external audiences are categorized into two groups (as described in Section 1): clients and partners.

Communications Objectives

- **Inform public health policy and practice** by ensuring PHO's scientific and technical evidence, advice, research, expertise, support and tools are widely available, known and utilized.
- **Position PHO as a trusted resource** for timely and high-quality evidence, research publications, knowledge products, tools, resources and expertise.
- **Engage audiences** to ensure that the evidence and information that PHO provides meets their needs – the right information, in the right format, to the right person, at the right time.

Communications Approach

PHO utilizes a range of channels to reach our audiences and meet our communication objectives, including:

- Scientific and technical products are materials intended for clinical, public health or other technical audiences including health system professionals and includes articles, such as in trade publications, published research and other materials developed to inform health system stakeholders (e.g., findings and recommendations, technical fact sheets, referral guidance, or quality standards and includes reports created by external committees.
    - These products are shared with the Ministry of Health a minimum of 4 weeks in advance of a planned publication date.
        - Where there are exigent circumstances, the Ministry and Agency may agree to expedite review periods.
        - For published research, including pre-prints and accepted manuscripts, a notice period shall be given upon acceptance and as far in advance of publication as possible.

- The PHO website www.publichealthontario.ca is the foundational platform PHO uses to communicate about its services, resources, tools and information. PHO continues to enhance website usability and effectiveness with responsive, accessible and user-centered design that allows for greater personalization, interaction, optimized search and intuitive access to evidence, data and information.
- E-newsletters including PHO Connections (corporate newsletter), PHO Event Announcements, and email announcements of new products, as well as changes to services, help to keep our clients and partners up to date with latest PHO information.
- Social media (i.e., X and LinkedIn) is used to reinforce announcements of new products and changes to services. Social media posts are shared with the Ministry of Health, per timelines established in the Public Communications Protocol.
- Media releases, backgrounders, key messages, op-eds and media responses aim to increase awareness of the science related to emerging and important public health topics. These products are shared with the Ministry of Health, as needed, per timelines established in the Public Communications Protocol.
- Virtual (teleconference, videoconference or webinar) meetings to engage, consult and collaborate directly with our clients and partners.
- In-person and virtual educational events as well as a wide range of online learning products to support capacity building across the health sector.
- Email and telephone support for clients, including the Laboratory Customer Service Centre.

- PHO does not have any planned paid public marketing campaigns. If any arise, PHO will provide the Ministry of Health with its marketing plan, campaign briefs and advertising materials, as per timelines established in the Public Communications Protocol.
- PHO does not have any planned public consultations. If any arise, PHO will provide the Ministry of Health with its consultation plan and share related materials.
- Over the term of the ABP, in alignment with the communications priorities in PHO's 2025-26 letter of direction, PHO's external communications approach will continue to ensure:
  - Communications to the public health sector are coordinated with the Ministry of Health. (LOD 27)
  - Alignment of public communications products with the Ministry of Health and Ontario government messaging, where applicable. (LOD 28)
  - Timely information sharing between the PHO and the Ministry of Health. (LOD 29)
  - The Ministry of Health is advised of planned events and emerging issues that may be of concern. (LOD 30)

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