Public Health Ontario | Santé publique Ontario

Public Health Ontario

2024-25 Annual Report

Contents

Message from the Board of Directors

On behalf of Public Health Ontario's (PHO) Board of Directors, I am pleased to present PHO's 2024-25 Annual Report. The Report provides an overview of our achievements in fulfilling expectations set out in the 2024-25 Agency Mandate Letter. We also share a high-level description of our key services and activities over the course of the year, covering the first year of implementation of our 2024-29 Strategic Plan, a status report on key deliverables, and a year-end view of our financial performance.

PHO provides scientific and technical advice and evidence, expert guidance and centralized resources to our clients and partners to enable informed decisions and actions and to anticipate and respond to both persistent and emerging public health issues and concerns. Our partners and clients include the Office of the Chief Medical Officer of Health, the Ministry of Health and other ministries, local public health units, hospitals and other health care facilities, community laboratories, frontline health workers and researchers.

PHO is at the forefront of monitoring, detecting and responding to public health threats. This year was no exception as we continue to support the response to the largest measles outbreak in the province since the disease was declared eliminated in Canada in 1998. In addition to crucial response work like this, PHO generates evidence and provides expert advice and guidance to better understand and address public health issues such as environmental hazards, the risk and spread of infections, chronic diseases, food safety, substance use and health inequities. PHO provides leadership and conducts activities such as population health assessment and surveillance, analytics and data visualization, research and evaluation, and professional development and education, to better understand and address public health issues. As the public health laboratory for the province, we perform millions of high-quality tests each year, ensuring accurate and timely diagnoses and supporting clinical and public health action.

We are proud of the significant work done this year to support the implementation of our 2024-29 Strategic Plan. The Strategic Plan outlines four strategic directions that will drive positive change for public health in Ontario and includes the development of an Indigenous Strategy that aims to enable improved health outcomes for Indigenous peoples and communities in Ontario. The progress made towards fulfilling the ambitious goals of our Strategic Plan will ensure public health and health system readiness to respond to public health emergencies and threats, such as pandemics, while improving health outcomes and reducing health inequities for people in Ontario.

PHO is committed to strong accountability, transparency, fiscal prudence and operational excellence, all made possible by our great people. On behalf of the Board of Directors, I want to thank the leadership team and staff for their dedication to the continued delivery of high quality, timely and relevant programs, products, services and resources to our clients. I would also like to thank our partners in the Government of Ontario for their ongoing support.

Helen Angus
Chair, PHO Board

Organizational Overview

Public Health Ontario (PHO) provides expert scientific and technical advice and support to government, public health units and health care providers to protect and improve the health of the people in Ontario. Our work sheds light on what affects health, while also quantifying the burden of disease and health inequities, to inform public health planning, programs and policy. We also operate the provincial public health laboratory, conducting critical clinical and reference testing for health care providers in primary care and hospitals as well as for public health units across Ontario. Through our work, we help prevent illness, promote health and support effective and responsive public health action, while continuing to maintain our readiness to respond to and manage public health threats in Ontario, such as outbreaks and pandemics. PHO's areas of expertise and services correspond with the objects outlined in our enabling legislation, the *Ontario Agency for Health Protection and Promotion Act, 2007*.

Our areas of expertise are:

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

Our services include:

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

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

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

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

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

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

Strategic Plan 2024-29

This year marks the first-year implementation of PHO's Strategic Plan for 2024-29. The plan outlines four mutually reinforcing strategic directions that will drive positive change for public health in Ontario as we work together collectively with our 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.

In 2024-25 we developed a dedicated People Strategy, which reflects a strengthened focus on equity, diversity and inclusion and enhancing the employee experience at PHO, and will be implemented over the term of the Strategic Plan. As committed to in our new Strategic Plan, we are collaborating and co-creating with Indigenous people to inform an Indigenous Strategy that will guide enhanced public health for First Nations, Métis and Inuit people across Ontario.

Progress towards each of the four strategic directions is described throughout this report.

Delivering On Our Mandate

In all that we do, we are guided by our legislated mandate to protect and promote the health of people in Ontario and to contribute to efforts to reduce health inequities. This means supporting our clients and partners across government, public health, and the broader health system. Our work spans across laboratory science, infection prevention and control, communicable disease control, immunization, environmental and occupational health, emergency preparedness, health promotion, and chronic disease and injury prevention. We apply a health equity lens to all the work that we do and offer expertise and resources for integrating health equity considerations in programs and policies, recognizing that historically, persistently and/or systemically marginalized groups experience disproportionate health risks.

With our partners in government, public health and health care, PHO works across sectors and geographies to monitor, detect, and respond to current or potential infectious disease outbreaks and environmental incidents and prepare to mitigate their potential impacts to Ontario. Guided by the best scientific intelligence and knowledge from around the world, we respond to ongoing and emerging public health issues as well as the needs of the province's health system.

PHO's laboratory performs millions of high-quality tests each year for clients throughout Ontario's health care system, ensuring accurate and timely diagnoses and support for clinical and public health action. As Ontario's leader for applied public health genomics and advanced testing methods, we continue to enhance our surveillance capabilities, pathogen discovery, and rapid response to outbreaks. We improve the health of people in Ontario by providing evidence to inform effective interventions that help people make changes to prevent and reduce chronic disease and injury – thereby helping alleviate pressures on our health care system.

Throughout 2024-25, Ontario continued to encounter significant public health challenges, underscoring the ongoing need for preparedness, responsiveness, and health system-wide collaboration, and PHO continued to play a role in safeguarding the health of people in Ontario. We did this by managing the resurgence of measles cases, closely monitoring the spread of highly pathogenic avian influenza (HPAI) with potential implications for both animal and human health, continuing to monitor COVID-19 activity, responding to environmental and climate-related threats and supporting healthy public policies around substance use and chronic disease, in addition to other initiatives described in this report. While responding to these and other emerging threats, we remained focused on delivering the high-quality scientific and technical services aligned with our mandate. Our efforts to deliver on PHO's Strategic Plan 2024-29 and advance our four strategic directions are driving positive change for public health in Ontario as we work together with our public health and health system partners to advance population health, prevent disease and address health inequities.

This Annual Report highlights selected activities and accomplishments over the last year. The content that follows provides an overview of PHO's core work providing centralized resources, services and expertise, as well as progress on key commitments in our 2024-27 Annual Business Plan, and our accomplishments in fulfilling expectations set out in PHO's 2024-25 Agency Mandate Letter.

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

PHO serves as a centralized resource hub, offering a comprehensive suite of services and expertise that helps our partners and clients play their own part in safeguarding and promoting the health of the people in Ontario. These offerings encompass scientific guidance, educational resources, data analytics, and operational support, all aimed at enhancing public health practice and advancing learning and development for public health professionals across the province. Serving as a central resource reduces the duplication of work for our public health and health system partners and is more cost effective and efficient overall. Our website, the primary digital channel through which we deliver centralized resources, services and expertise to our clients and partners across Ontario and beyond, had more than three million visits by external users in 2024-25.

Laboratory Services

PHO's laboratory services are a vital part of Ontario's public health and health care systems. As the reference laboratory for Ontario, PHO operates a network of 11 laboratory sites across the province. In 2024-25, PHO's laboratory performed more than 7.5 million tests for clients throughout Ontario's health care system, including hospital and community laboratories, public health units, long-term care facilities, clinicians in private practice and private citizens. We continue to effectively manage a high demand for laboratory tests and look for opportunities to streamline PHO's laboratory and advance digital modernization. PHO's genomics program produces valuable data that is integrated with public health and health data sources, advancing our ability to generate public health intelligence for the province as well as support patient management and outbreak response. In addition to playing a crucial role in monitoring and responding to infectious disease outbreaks, PHO's laboratory conducts highly complex and specialized tests for high-risk and rare pathogens, the majority of which are not available elsewhere in Ontario. This includes zoonotic pathogens (such as rabies), viral hemorrhagic fevers (such as Ebola virus) and avian and swine-origin influenza viruses such as HPAI, discussed in more detail later in this report. PHO also conducts advanced molecular and genotyping tests for diseases such as HIV, Hepatitis and COVID-19, testing for vector-borne diseases such as those spread by mosquitos and ticks, and bacterial contamination testing of well water and other private drinking water sources.

Scientific and Technical Expertise

PHO provides evidence-based guidance on a variety of public health topics to support informed decision-making and effective public health interventions. We regularly receive requests from the Chief Medical Officer of Health, the Ministry, public health units, and other health system partners for scientific and technical advice and support. Over the past year, PHO responded to more than 1,000 requests from clients and partners. Details on requests received by topic area are described in the "Quantified Annual Targets and Outcome-Focused Measures" section later in this report.

PHO also contributes new evidence and knowledge to the field of public health and beyond through publishing documents such as fact sheets, literature reviews and reports on our website, as well as authoring publications that appear in peer-reviewed journals.

In 2024-25 we published over 450 knowledge products on the PHO website, supporting clients and partners in decision-making and helping to guide practice. PHO continues to be heavily engaged and highly productive in contributing to the field of public health research. Over the past year we collaborated on nearly 70 grant applications, leading 27 in the role of Principal Investigator or Co-Principal Investigator. $1.4 million in funding was awarded to PHO researchers from third-party funding agencies. PHO staff authored 183 publications in peer-reviewed journals relevant to public health in 2024-25. These publications are frequently cited by academic or policy sources and garner significant media attention.

Centralized Analytics for Population Health Assessment and Surveillance

Advanced population health analytics and data visualization are essential enablers for surveillance and population health assessment. Our interactive data tools and reports amalgamate and summarize data from diverse sources and are continually updated, providing the most readily available data and information. Through centralized analytics, PHO enhances Ontario's capacity to monitor public health trends, identify disparities, and implement evidence-based interventions, thereby strengthening the health system overall.

We strive to continuously improve the accessibility and relevance of these tools for our clients and partners as they are widely used across the sector. This year, we continued efforts to integrate and consolidate data tools to provide more efficient access to information. The following tools and reports were newly released or expanded over the past year:

- Substance Use and Harms Tool: substance-related harms have increased in Ontario, and understanding and addressing this problem is an urgent priority. This interactive surveillance report provides epidemiological data to describe the magnitude and distribution of substance-related morbidity and mortality in Ontario and can be used to inform interventions accordingly. Data is updated quarterly, and the tool is expanding to include other substances (e.g., alcohol, tobacco and cannabis), and harm reduction and substance use indicators.
- Ontario Respiratory Virus Tool: integrates epidemiological information, providing a centralized view of respiratory virus activity in the province, including COVID-19, influenza, respiratory syncytial virus (RSV), and other respiratory viruses. The tool is a one-stop solution providing access to up-to-date information that supports public health and health system partners in identifying trends and guide decision-making for managing respiratory viruses.

Additional tools or reports that we maintain include:

- Immunization Data Tool: an interactive report that allows users to explore and download immunization surveillance data for Ontario. This tool contains information on immunization coverage and vaccine safety surveillance data.
- Infectious Disease Trends in Ontario: a tool containing 10 years of analyzed data on diseases of public health significance in Ontario to help inform surveillance as well as program planning and policy.
- Ontario Marginalization Index (ON-Marg): a data tool used in research and population health assessment to understand how marginalization drives health inequities at the neighbourhood-level. ON-Marg measures multiple axes of marginalization in Ontario, including economic, ethno-racial, age-based and social marginalization.

PHO also publishes a range of surveillance reports to monitor and assess infectious disease activity across the province. These reports are essential for guiding public health interventions, informing health care providers, and supporting policy development. We published 98 surveillance reports and tools over the past year, including the monthly Diseases of Public Health Significance Cases report and a weekly Measles in Ontario enhanced epidemiological summary, supporting the response to increased measles activity in Ontario at the time of writing (discussed in more detail later in this report).

Public Health Workforce Education and Development

PHO is committed to building the skills, competencies and capacity of Ontario's public health workforce through the educational programs and opportunities that we facilitate. These include:

- Professional development opportunities such as Rounds, learning exchanges, webinars/workshops offered online to clients and partners. These events cover the full range of PHO's scientific and technical expertise. In 2024-25, we saw over 22,000 registrations across 61 online sessions.
- Online educational courses through our Learning Management System. We currently offer courses in Health Promotion and Infection Prevention and Control (IPAC). External learners completed over 300,000 online modules in 2024-25.
- The Ontario Public Health Convention (TOPHC), an annual event organized by PHO which brings together public health professionals from across the province to share knowledge, discuss best practices and foster collaboration. TOPHC 2025: Insight to Impact: Leveraging evidence & collective expertise to advance public health practice, hosted more than 850 attendees across two days, one in-person and one virtual, and included brand new elements such as extended workshops tailored to experience levels, thematic panel discussions, and a student case competition event to engage the next generation of public health professionals.

PHO also provides student placement opportunities to support the development of Ontario's public health workforce. Students hosted by PHO encompass a wide range of fields, including undergraduate and graduate medical and public health learners, medical laboratory technologist trainees and lab assistants, medical and clinical microbiologist fellows, infectious disease fellows and pathologist residents. Over the course of 2024-25, we hosted 134 student placements including professional master's students, medical residents, medical laboratory assistants and technicians, and postdoctoral fellows.

We are actively working to enhance our learning and professional development offerings, including conducting a comprehensive review of public health education offerings by academic and non-academic institutions in Ontario, in relation to PHO's learning offerings. These offerings are being assessed in relation to Public Health Agency of Canada (PHAC) core competencies.

Achievements Fulfilling Expectations Set Out in the 2024-25 Agency Mandate Letter

This section highlights activities and notable accomplishments over the past year that demonstrate PHO's achievements in fulfilling the expectations outlined in PHO's 2024-25 Agency Mandate Letter. The 2024-25 Agency Mandate Letter set out the government's expectations for the agency with PHO-specific priorities as well as government-wide priorities for board-governed provincial agencies. While we continue to refine and enhance our service offerings and address the changing demands of the public health system through our work, PHO did not implement any new programs or services or significant changes to its laboratory test menu over the course of the 2024-25 fiscal year. The PHO-specific priorities are organized across seven domains. The priorities are laid out in the text box under each heading.

PHO-Specific Priorities

1. Public Health Emergency Preparedness and Response

- Ensuring effective plans to rapidly ramp-up response capacity and operations in the event of emerging health issues and/or health emergency, and report annually on its roles and responsibilities for pandemic preparedness in alignment with the provincial strategy.
- Working in partnership with the Ministry on emergency management priorities, including seasonal respiratory pathogens readiness, chemical, biological, radiological, and nuclear readiness, and ongoing response and recovery to health system emergencies and disruptions.
- Strengthening expertise in risk communication and behavioural science.
- Strengthening capacity for public health ethics advice to contribute to pandemic preparedness.

With emerging infectious disease threats and outbreaks requiring global public health action, health sector and system readiness remains a priority for Ontario. In addition to routine monitoring of circulating infectious diseases and other ongoing health issues, PHO focuses on preparedness to ensure operational readiness and capacity in the event of an emerging public health threat or emergency.

At the time of writing, Ontario is experiencing a multi-jurisdictional measles outbreak that began in October 2024; the largest measles outbreak since measles was declared eliminated from Canada in 1998 as a result of highly successful routine vaccination programs. Measles is a vaccine-preventable, highly contagious respiratory virus. In 2024, a global rise in measles activity was seen along with reduced vaccine coverage partially due to postponed or missed doses due to health system disruptions during the COVID-19 pandemic. The current outbreak in Ontario is concentrated in Southwestern Ontario and is disproportionately impacting communities with low vaccine coverage. PHO's response activities directly support the public health and healthcare system, and can be categorized under four main pillars:1) Data collection and use to inform the response; 2) Prevention initiatives; 3) Case, contact and outbreak management; 4) Communications. PHO has greatly supported the public health system in managing the outbreak through increasing our laboratory testing capacity. The PHO laboratory conducted over 200,000 measles tests in 2024-25, 25% more tests than 2023-24; a significant increase considering the outbreak was only declared in the latter half of the fiscal year. To support our health system partners with timely diagnosis, 96% of measles test result reports are released within one day of sample receipt by the PHO laboratory. We have also provided scientific and technical advice and resources on measles to support clients and partners. This support includes: a weekly surveillance report on the epidemiology of measles in the province, including historical trends; outbreak consultation support to public health units; and knowledge products to support case and outbreak management, including immunization recommendations. PHO responded to 84 requests for scientific and technical support about measles over the course of 2024-25, the majority of which (64) were received after the outbreak was declared in October 2024. We have acted as a convenor to inform the broader public health and healthcare sector's response to this outbreak, liaising in real-time with federal partners (i.e., Public Health Agency of Canada) to support the national response, as well as local PHU and healthcare

provider partners, consulting on questions related to case contact management, testing recommendations and specimen collection, and complex outbreak management. We have seen increased interest in our resources related to measles; for example, Measles Exposures in Ontario ranked among the top 10 most visited pages on our website between January and March 2025 and our Measles: Information for Health Care Providers 'At A Glance' document was downloaded nearly 5,000 times over the course of the year.

With the first domestically acquired human case of H5N1 confirmed by the Public Health Agency of Canada (PHAC) in fall of this year, Highly Pathogen Avian Influenza (HPAI) remains a global threat. In preparation for a potential outbreak of HPAI, PHO's laboratory is conducting enhanced surveillance, and we have developed additional resources to help clarify outbreak reporting and management. Working closely with public health units, we convened a community of practice to strengthen readiness across the province in the event of an outbreak. To ensure effective plans to rapidly ramp-up response capacity and operations internally, PHO designed and implemented a tabletop exercise to test PHO's Response Framework and internal response to a hypothetical scenario involving the first human case of HPAI A (H5N1) in Ontario. The exercise was an opportunity to practice internal coordination, response planning and procedures, and decision-making and guidance in the areas of infection prevention and disease control.

PHO works closely with the Chief Medical Officer of Health and public health units to prepare annually for respiratory virus season. In 2024-25, we developed a suite of resources to support public health units for the respiratory season, which included surveillance reports, the refresh and expansion of the Ontario Respiratory Virus Tool (described earlier in this report), scientific and technical guidance, laboratory testing guidance and infection prevention and control (IPAC) documents. We also hosted two PHO Rounds sessions in Fall 2024 aimed at educating attendees on the epidemiological trends of common respiratory viruses, surveillance and monitoring of viruses throughout the season in Ontario, immunization recommendations, and testing and resources available. Both sessions were fully subscribed and received highly positive evaluations (>4/5 session rating). Respiratory viruses also remain a key focus for PHO research activities. For example, a PHO-led project funded in the most recent CIHR Project Grant funding cycle endeavours to conduct a cost-effectiveness evaluation of RSV immunization and comprises a number of partners from across the health system including universities, hospitals, primary care, and government. This work promises to offer locally relevant program planning insights and inform the selection of optimal RSV immunization strategies.

In the fall of 2024, the Ministry requested scientific and technical support from PHO in the development of high priority chapters for the Ontario Pandemic Plan. This plan will update the 2013 Ontario Health Plan for an Influenza Pandemic (OHPIP). PHO contributed content on surveillance and monitoring, scientific evidence and advice, testing and non-pharmaceutical interventions.

In addition to infectious diseases, our emergency preparedness work also includes preparing for and, when necessary, responding to environmental and climate-related emergencies. We participated in a large-scale, Ontario-wide extreme heat exercise held to reinforce provincial procedures and response to heat-related emergencies and further understand and prevent heat related morbidity and mortality in Ontario. More than 400 participants from hospitals, public health units and all levels of government enrolled in the exercise. Outcomes and improvements identified included the need for clear and

effective communication amongst partners, clear public messaging, and responsive decision-making that leaves room for real-time adjustments. PHO also participated in Exercise Cobalt Magnet 2025 (CM25), an international emergency response exercise led by the U.S. Department of Energy's National Nuclear Security Administration. CM25 brought together more than 70 local, state, provincial, and federal agencies from across Canada and the United States to practice and discuss response procedures to a simulated radiological incident.

PHO worked with our partners to respond efficiently and effectively to several environmental emergencies in 2024-25. We provided scientific and technical advice to public health unit partners in response to a diesel spill contaminating a water source. In collaboration with the OCMOH, Ministry of the Environment, Conservation and Parks and federal partners, we aided in responding to elevated benzene air concentration levels near Sarnia. Our support to the local public health unit included providing subject matter expertise on benzene's chemical nature, associated exposures, testing protocols and assisting with risk communications on this issue. We regularly support public health units with risk communications guidance related to environmental issues and emergencies, such as in response to a public health unit request for scientific and technical advice regarding nitrates detected in drinking water. Supported by funding from Health Canada, we also continued consultations with public health units and other public health partners to explore and review approaches to developing a Radon repository for Ontario.

We continued to work with the Ministry to enhance surveillance of heat-related health outcomes through new data sources. We also addressed practical questions from public health units related to heat and mental health and wellness; accessibility to cooling; and provided recommendations on indoor temperatures that may affect tenants. We published a dedicated webpage on wildfires this year, with resources covering topics such as surveillance of climate change health impacts, wildfires and health effects, a jurisdictional scan of wildfire smoke risk messaging and an evidence synthesis of non-fit tested respirators for wildfire smoke protection. A PHO webinar on "2023 Wildfire Smoke Exposure and Public Health in Ontario" was delivered to health care and public health professionals earlier this year which discussed the impact of wildfire smoke on the health of people in Ontario, as well described data sources and new findings in wildfire-related health research.

To strengthen our capacity to provide public health ethics advice to contribute to pandemic preparedness, we continue to leverage our internal expertise as well as the expertise of The Ontario Public Health Emergencies Science Advisory Committee (OPHESAC). This year, OPHESAC members were engaged to review and provide feedback on a draft chapter of the Ontario Pandemic Plan focused on public health ethics. Planning also is underway and initial terms of reference have been drafted to establish a Public Health Ethics Advisory Committee. The Committee will comprise of experts from across Ontario and will be responsive to provincial requests for support on public health ethics issues.

2. Ontario's Public Health Laboratory System

- Continuing to work with the Ministry to develop and implement strategies for modernizing Ontario's public health laboratory system.
- Continuing to represent and contribute to the voice of public health laboratory sciences through the implementation of the Ontario Laboratory Medicine Program (OLMP) and other forums, so that public health knowledge and practice perspectives are included in decision-making.
- Working in partnership with the Ministry, Ontario Health, and Local Public Health Agencies to build on opportunities for collaboration and coordination across the laboratory sector with a focus on quality, efficiency, appropriateness, innovation, and a sustainable infrastructure for broader laboratory services.

Advancements in digital health solutions are driving the evolution of more efficient, integrated, and sustainable health systems, including laboratory systems. PHO is collaborating with the Ministry, Ontario Health, and public health units to implement strategies for modernizing laboratory technology infrastructure across the province. We are making it easier to order lab results and share results electronically, replacing what has previously been done by fax. Notably, this year, PHO started using a new digital system that manages the entire lab test process, from ordering to delivering results. This system helps connect labs across Ontario and makes the process more efficient. Moving towards digital tools helps build a faster, more coordinated lab network that can meet day-to-day public health needs and respond quickly to new health threats.

We continue to lead in the field of genomics, particularly by using whole genome sequencing (WGS) to track and study pathogens, support patient care, and help investigate outbreaks. WGS is a laboratory method that reads the full DNA of an organism. This helps detect illnesses early and link cases that might seem unrelated, lending stronger evidence to public health investigations. PHO has expanded its genomics work beyond respiratory viruses. We now use WGS to predict drug resistance in tuberculosis (TB), which helps guide faster and more effective treatment and control outbreaks. WGS also played a key role in responding to an outbreak of invasive Group A Streptococcus (iGAS) in a correctional facility, working closely with the local public health unit. With higher-than-usual rates of iGAS in 2024–25, our use of WGS is essential for managing and containing outbreaks. We also published a report using WGS to study influenza viruses across the population. This helped identify which strains were spreading early in the season and whether they matched the current vaccine. It also gave insight into how well antiviral medications might work against those strains.

PHO is providing laboratory leadership in the province through co-leading, alongside Ontario Health, the Microbiology Table of the Ontario Laboratory Medicine Program (OLMP). In partnership with the Ministry of Health and Ontario Health, the OLMP will help build on opportunities for collaboration and coordination across the laboratory sector enable an integrated testing program across the health system, with laboratory medicine services that are innovative and patient-centred, enabling clinical and public health value. The Microbiology Table held its first meeting in September 2024 and has since met monthly. The Table provided expertise on enhancing respiratory virus testing programs in long-term care facilities, as well as feedback on frameworks for point-of-care testing.

3. Public Health Strengthening

- Providing scientific and technical advice and support to the Ministry in its work to strengthen Ontario's public health system, including the review of emergency management under the Ontario Public Health Standards and key performance indicator development.

PHO works to strengthen Ontario's public health system by providing scientific and technical advice and support to partners and clients. We supported the Ministry and public health units in advancing the review and update of the Ontario Public Health Standards (OPHS) to strengthen Ontario's public health system. PHO leaders across all areas of expertise participated in OPHS committees and review tables, providing scientific and technical advice and guidance, contributing to and reviewing draft protocols in development and providing expertise through consultations. To advance work related to the new emergency management standard and protocol, we identified new associated Annual Service Plan indicators that can be used to improve public health preparedness and resiliency in the first half of this year. PHO provided an overview of the research supporting indicator identification and how it aligns with the newly developed emergency management standard and protocol to the Ministry and public health unit partners. Work with respect to key performance indicator development in other key public health areas is described in other sections of this report.

4. Health Protection

- Working in partnership with the Ministry and other sectors to develop and provide scientific and technical advice, and supporting knowledge products. This includes the provision of infection prevention and control (IPAC) scientific and technical advice and evidence-informed guidance and supporting knowledge products that are tailored to meet the IPAC needs of specific sectors and settings.
- Supporting the vaccination programs, including provincial monitoring for Adverse Events Following Immunization and vaccine coverage.
- Aligning program plans with Ministry direction, including working with the Ministry to develop annual priorities for IPAC-related activities.
- Convene expertise to support updated Indoor Air Quality (IAQ) best practices, scientific evidence and recommendations to the provincial government, Local Public Health Agencies, and other partners for biological and non-biological agents as it relates to public health, workplace settings, and classrooms.

PHO provides scientific and technical advice to clients and partners and develops knowledge products to support the public health sector proactively and in response to emerging threats. We provided scientific and technical advice on a wide variety of priority issues over the year, including responding to over 600 requests related to infectious diseases/disease of public health significance (DoPHS), nearly 200 related to IPAC, and an additional 8 related to outbreak management.

The resurgence of measles cases, as well as other vaccine-preventable diseases, in Ontario and beyond underscores the importance of vaccination programs. Amidst pandemic-related decreases in childhood immunization coverage and access to care, addressing vaccine hesitancy through countering misinformation and maintaining public confidence in vaccines and immunization programs remains a priority. Comprehensive tracking of vaccinations, along with vaccine safety and surveillance, including the monitoring and reporting of Adverse Events Following Immunization (AEFIs), is essential to inform Ontario's vaccination programs. PHO's Immunization Data Tool, launched in December 2024, supports these efforts by providing integrated data on immunization coverage and vaccine safety. The launch of the online tool has allowed us to streamline our reporting on immunization data and move from static documents to a more dynamic format, enabling clients to explore the data for their specific region, as well as visualize and download the relevant data right in the tool.

Other public health issues that PHO provided significant support for in 2024-25 are:

- ***Rabies:*** Rabies is a deadly viral infection that causes inflammation of the brain and spinal cord. In 2024, Ontario saw the first locally acquired case of human rabies since 1967. PHO was instrumental in the response to this case, providing scientific and technical advice and support to the Ministry, as well as the hospital and public health unit that were directly impacted.
- ***Candida auris (C. auris):*** C. auris is a highly transmissible fungal pathogen that is often multi-drug resistant and has high mortality rates, making it a persistent and pressing issue in hospital settings. C. auris was newly designated as a DoPHS and thus reportable in Ontario as of January 1, 2025. PHO worked closely with the Ministry to prepare for this change. We supported process changes, as well as developed externally facing resources and education sessions to support public health units with case management. Although incidence of C. auris cases are currently low, antimicrobial resistance organisms are a major public health threat. Our work to prepare for potential C. auris cases is aligned with the Pan-Canadian Action Plan on Antimicrobial Resistance released in 2023 by the Public Health Agency of Canada.

PHO's IPAC work strives to provide effective solutions to persistent gaps across health care settings through developing resources and initiatives, as well as supporting stakeholders in the implementation of IPAC initiatives. PHO also supports public health units in responding to IPAC-related outbreaks. To help standardize IPAC assessment practice across the province, we convened a working group with representatives from the Ministry of Health and public health units to design a resource that supports local public health IPAC assessments of licensed childcare centres. We also worked with health care practitioners in the primary care sector to produce organizational risk assessment guidance to support practice and action. PHO supported multiple local public health and IPAC hub events by providing education and training to clients and partners on a variety of topics, including antimicrobial resistant organisms, acute respiratory infection preparedness, urinary tract infection prevention and IPAC in construction, maintenance, renovation and design. In the fall, we hosted drop-in education and capacity building sessions focused on antimicrobial resistant organisms designed to facilitate discussion and give front-line practitioners a dedicated space to ask questions. These sessions were attended primarily by those working in hospitals and long-term care facilities where antimicrobial resistant organisms present major challenges. All were positively evaluated, with many attendees commenting on how informative and helpful the sessions were to their practice.

5. Surveillance

- Continuing to provide a sector wide leadership role in data collection, analysis, reporting, surveillance, and health equity analysis of diseases of public health significance and emerging public health issues, particularly the opioid epidemic.
- Take the provincial lead in monitoring, surveillance, and reporting on women's health in order to improve the evidence based on which to inform health policy and health system priorities through a convening role with Ontario Health, public health, health system, clinical, and academic partners
- Increasing the agency's temporal and spatial analytic capacity and increasing data sharing with the Ministry, where applicable, to support data-driven and evidence informed decision-making within the province.
- As requested by the Ministry, working with health system partners to identify efficiencies and support integrated surveillance and data systems to promote and protect the health of Ontarians.

We continue to leverage our analytics and data visualization expertise to provide sector-wide leadership for data collection, analysis, reporting and surveillance of diseases of public health significance and emerging public health issues. This year we updated several of our interactive reporting products to adapt to the evolving needs of the public health sector. We replaced the Interactive Opioid Tool with the new Substance Use and Harms Tool, improving data visualization and interactivity while moving to a more modern solution that will enable data automation into the future. The tool has provided key data to inform Ontario's transition to a new model of supporting individuals experiencing addiction and homelessness centred around the creation of Homelessness and Addiction Recovery Treatment Hubs (HART Hubs) across the province. We continue to work with partners to enhance the Substance Use and Harms Tool to include other substances beyond opioids, serving as a centralized interactive dashboard and surveillance tool that enables enhanced surveillance of other substance use such as tobacco, alcohol and cannabis. This work is also a part of the development of the Public Health Digital Platform that is described in greater detail under the "Partnerships" section. We have recently started working with the Canadian Community Epidemiology Network on Drug Use, a national network of community partners that informs Canadians about emerging drug use trends and associated issues, to explore how PHO can provide insight into Ontario data. Updates and advancements to other interactive reporting products are described in other sections of this report.

To increase our temporal and spatial analytic capacity and data sharing with the Ministry and other stakeholders, we advanced work in developing an interactive dashboard to include all vector-borne diseases along with other key indicators that will help identify trends with improved data visualization and accessibility. As part of the Public Health Digital Platform development work, we continue to work with our public health partners to develop approaches to building new integrated surveillance systems with more integrated data and create efficiencies for this work going forward. Other examples of our analytics work and data sharing activities are described throughout this report.

As part of PHO's expanded genomics program, we published an updated surveillance report on Influenza Genomic Surveillance in Ontario: 2023-24 Season, describing the genetic characteristics and diversity of influenza strains that circulated in the province during the 2023-24 respiratory season, based on WGS completed by PHO. A new report on Respiratory Syncytial Virus Genomic Surveillance in Ontario was also published to help monitor potential changes in viral genetics at the population level, based on RSV WGS completed by PHO.

6. Health Promotion, Chronic Disease and Injury Prevention

- Continue to review and provide expertise and evidence-informed recommendations to the Ministry to inform the development and implementation of healthy public policy, specifically ongoing analysis on issues related to tobacco, alcohol, cannabis and opioids.
- Undertake and strengthen systematic and comprehensive tracking of all alcohol, cannabis, tobacco, and opiate-related indicators with annual reporting to the Office of Chief Medical Officer of Health, Public Health through a centralized reporting system to inform the development of health public policy.
- Continuing to work in partnership with Ontario Health and the Ministry to advance the development and implementation of a chronic disease strategy to address prevention, management, and treatment, from a public and population health perspective. This work will initially focus on diabetes, in alignment with and supportive of the existing Indigenous diabetes and chronic disease programs, and be in accordance with Ministry direction and approvals.
- Working in partnership with the Ministry to develop and provide scientific and technical advice and surveillance that supports advancing a chronic disease prevention strategy. This work will include supporting the government's implementation of Ontario Auditor General audit recommendations and will have important linkages to health equity and mental health promotion.

PHO's work continues to inform the development of healthy public policy and decision-making by providing the Ministry and public health units with expertise and evidence-informed recommendations related to substance use, including tobacco, alcohol, cannabis and opioids. In response to opioid-related issues, PHO responded to a scientific and technical request from the Ministry of Health to update guidance for first responders on rescue breathing after opioid overdose. This included providing expertise and evidence-informed recommendations for the storage and stability of naloxone in outdoor settings and in extreme temperatures. To strengthen systematic and comprehensive monitoring of all alcohol, cannabis, tobacco and opiate-related indicators, including vaping and emerging nicotine products we analyzed data from the Ontario Student Drug Use and Health Surveys, the Centre for Addiction and Mental Health (CAMH) Monitor and Canadian Community Health Surveys to help select indicators to add to PHO's Substance Use and Harms tool as part of the tool expansion work. This work continues though the 2025-26 fiscal year.

PHO is collaborating with Ontario Health to support Tobacco Endgame, a goal to decrease the prevalence of tobacco use to less than 5% of the population by 2035. With tobacco use being the leading cause of preventable death in Canada, and recent trends such as increase in vaping rates amongst youth, concerted and collaborative efforts to tackle this issue are an important priority for improving the health of people in Ontario. We hosted seven PHO Rounds and Webinar sessions focused on substance use, reaching an audience of more than 1,300 attendees in 2024-25. All sessions hosted between 100 and 300 attendees and were positively evaluated.

We continued to work in partnership with the Ministry and Ontario Health on the development and implementation of a chronic disease strategy to address prevention, management and treatment from a public and population health perspective, with an initial focus on diabetes prevention. PHO experts also sit on the Advisory Committee of the Novo Nordisk Network for Healthy Populations, an initiative that aims to support community-based research and initiatives to address the burden of illness from diabetes in Peel Region. We are engaged in several initiatives to develop, implement and evaluate indicators for chronic diseases, including: synthesis work looking at indicators related to risk factors, prevention and sense of belonging within community settings to support the development of a new surveillance-based tool that will utilize these indicators to help identify trends from a public and population health perspective; work led by a CIHR Health System Impact Fellow at PHO looking at standardized approaches for measuring the performance of public health chronic disease programs, applying a health equity lens; and providing scientific and technical expertise to the CMOH to inform the development of the chronic disease prevention component of the next annual report, including participating in discussions on population health indicator selection.

Alongside the OCMOH and other public health system partners, PHO experts participate in the provincial public health leadership table for chronic disease prevention which focuses on providing recommendations on roles and responsibilities for chronic disease prevention across public health and health system partners. PHO also participates in the federal health promotion chronic disease prevention steering committee under the Public Health Network Council, aimed at developing a more integrated national approach to health promotion and chronic disease prevention.

In September 2024, we published The Cost of Injury in Ontario report, summarizing both the direct and indirect cost of injury to people in Ontario in 2019 and serving as a starting point for further investigation into the human and economic burden of injuries. The findings from this report can inform public health planning and practice in this area, especially given the often-preventable nature of injury, to address the significant impact that it has on the economy and health system. PHO has also, at the request of the Ministry, begun work on a pilot project looking at Adverse Childhood Experiences (ACEs) in the form of a community wellbeing survey. We continue to work with the Ministry of Health to support the implementation of Rowan's Law, a concussion safety law that establishes requirements for sport organizations around concussion management and prevention. PHO is currently analysing administrative health data to support the development of a public report on concussion incidence in Ontario.

In support of the government's implementation of Office of the Auditor General of Ontario's *Public Health: Chronic Disease Prevention* audit recommendations, and with respect to health equity and mental health promotion, PHO leaders participated in the Ontario Public Health Standards review table and focused on mental health by providing expert advice and reviewing content for protocol development. We recognize that historically, persistently and/or systemically marginalized groups experience disproportionate health risks. PHO offers expertise and resources for integrating health equity into health promotion programs and policies, and we apply a health equity lens to all the work that we do.

7. Partnerships

- Continuing strong partnerships with the Office of Chief Medical Officer of Health, Public Health and the Ministry.
- Developing systems and capacities to convene expert and technical public health advice on topics within the mandate of PHO, including emerging public health issues with a specific focus on developing actionable and achievable program guidance and best practice supports for Local Public Health Agencies.
- Working in partnership with the Ministry, Ontario Health and Local Public Health Agencies, to design, plan, and implement approved initiatives aimed at digital and data management to achieve a modern Public Health Digital Platform.

PHO works closely with the OCMOH, the Ministry and public health partners to address public health issues across the breadth of our mandate and build capacity in the field. As a convener and integrator of expertise on public health issues, PHO brings together in-house experts with multi-disciplinary experts from across Ontario to provide leadership, scientific and technical advice, best practices and recommendations on a range of public health topics. PHO convenes several committees including Antimicrobial Stewardship Advisory Committee (ASAC), Ontario Immunization Advisory Committee (OIAC), The Ontario Public Health Emergencies Science Advisory Committee (OPHESAC) and Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC). In the first half of this year, the Ontario Immunization Advisory Committee provided recommendations for the routine pediatric pneumococcal immunization program and released a position statement on a provincial immunization registry for Ontario, which provides recommendations on developing and implementing a comprehensive immunization registry in Ontario.

In partnership with the Ministry, Ontario Health and public health units, we continue to provide leadership and expertise to plan, design and implement approved initiatives aimed at modernizing the public health digital and data ecosystem. This includes continuing to lead and provide support to the Ministry in the development of a modern, interoperable Public Health Digital Platform that will streamline digital solutions for public health partners. In addition, PHO is working closely with the Ministry on foundational work to inform a digital provincial immunization registry prototype. Creating a provincial immunization registry in Ontario will maximize the efficiency of Ontario's immunization programs, help reduce the burden of vaccine-preventable diseases on individuals and the health

system and optimize the use of health care resources. The COVID-19 pandemic, and more recently, the resurgence of measles, critically underscore the importance of a centralized, electronic vaccination record for everyone in Ontario. This is a complex undertaking involving considerable work in data integration, governance and stewardship and analysis. To enable this work, over the last year PHO has worked with the Ministry on developing the Public Health Data Utility prototype. The prototype will pilot a data integration and analytics environment necessary to underpin a provincial immunization registry. PHO has also been providing support for initiatives aimed at consolidating immunization data from COVaxON and Panorama.

We also continue to support the development of the Decision Intelligence Platform, a modern data infrastructure that will enable access to integrated public health data for analyses by PHO, public health units and the Ministry.

Developing actionable and achievable program guidance and best practice supports for public health units is central to all the work that we do. This year, we have begun building out a dedicated quality improvement (QI) program, which will drive QI for public health across the province by engaging with public health units and other partners to identify specific areas of focus for QI development and providing support via professional development and learning offerings to strengthen capacity in those areas.

As mentioned earlier in this report, a key commitment in our Strategic Plan 2024-29 is the development of an Indigenous Strategy for PHO. Ontario is home to the largest population of Indigenous people in Canada, representing a wide diversity of cultural and linguistic groups. Indigenous people experience higher rates of health inequities. Work is underway to collaborate and co-create with Indigenous people to inform an Indigenous Strategy that will guide enhanced public health for First Nations, Métis and Inuit people across Ontario. Building trust and relationships with Indigenous partners is a critical first step for effective engagement. We have developed relationships with provincial Indigenous leadership including the Métis Nation of Ontario and Chiefs of Ontario, and we will continue to build these relationships and others to enable this work. We have held learning events for public health unit partners to support enhanced public health for Indigenous people, including webinar sessions and targeted learning events at TOPHC 2025. We have also just welcomed the first intern under our Indigenous internship program, created to help support the leadership pipeline for Indigenous people within the public health sector. Broadly, we are applying an Indigenous lens to all the work we do, both internally (including training for PHO staff, of which 350 have completed the San'yas Indigenous Cultural Safety course to date) and externally (e.g., with regards to the knowledge products we produce).

Government-wide Priorities

1. **Competitiveness, Sustainability and Expenditure Management:** PHO operated within the agency's financial allocations as per the funding we received from the Ministry for 2024-25. This funding enabled us to deliver our core services while monitoring, detecting and responding to major public health threats. As per section 7(2) the Ontario Agency for Health Protection and Promotion Act, 2007, PHO must use revenue generated funds, including all money or assets received by grant, contribution or otherwise, for the purpose of promoting its objects. Revenue sources over the year (excluding funding from the Ministry) included amortization of deferred capital asset contributions, third party grants and miscellaneous recoveries – all of which is applied against our operating

expenses, including the administration of third-party grants awarded to specific research initiatives. We have identified opportunities for efficiencies, savings and program sustainability. In support of supply chain centralization, we continue to submit Procurement Report Rationale Forms to Ministry of Public and Business Service Delivery for all proposed procurements with a contract length greater than two years. PHO also supports increased data sharing with Supply Ontario regarding procurements, contract arrangements and vendor relations when applicable. We contribute to data-driven decision-making with respect to procurements through submission of the Annual Procurement Reporting to the OCMOH, which is in turn shared with Supply Ontario. With regards to compensation strategy, PHO is compliant with compensation legislation and the government's labour-related budget directions to the extent possible given that PHO is bound by the Hospital Labour Disputes Arbitration Act due to most (80%) of PHO staff being unionized. For non-union and management staff, PHO has a salary administration policy and guidelines based on principles such as fiscal responsibility, governance and compliance with applicable legislation, alignment with organizational mandate, strategic directions and values, external competitiveness, equity and transparency.

2. **Transparency and Accountability:** PHO abides by applicable government directives and policies and ensures transparency and accountability in reporting by following the guidance outlined in the Agencies and Appointments Directive, including publicly posting corporate and governance documents (such as approved annual business plans and annual reports, as well as travel, meal and hospitality expenses of its executives and board members). We adhere to accounting standards and practices in preparing annual budgets, in conformity with Canadian public sector accounting standards for government not-for-profit organizations as established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada. In 2023, PHO was selected by OAGO for a value-for-money audit, for which the audit report was published in early December 2023. We accepted the ten recommendations in the audit, and the majority of them have been implemented. PHO's ongoing commitment to effectively support the Board's role in agency governance and accountability begins with orientation of new Board members, and follows with ongoing governance education and training to assist all Directors in fulfilling their duties and obligations. All new Board members participate in the Treasury Board Secretariat's governance training for public appointees. PHO conducts a regular review of necessary competencies for board membership and competency requirements for its standing committees. We continue to review and update our key performance indicators to ensure efficiency, effectiveness and sustainability. PHO has engaged a third party to conduct a foundational review and update to its organizational performance measurement framework, with new measures to be included in PHO's 2026-29 Annual Business Plan. More information can be found in the "Performance Measures" section below.

3. **Risk Management:** PHO's Enterprise Risk Management (ERM) policy serves as the foundation of our agency's ERM framework. The policy outlines key responsibilities of the Board and Management and the framework describes PHO's enterprise risk management process including the identification, assessment, management, monitoring and reporting of organizational risks. Our ERM policy and framework enable us to effectively identify, assess and mitigate agency risks. Recognizing the growing cyber security concerns in Canada, especially with recent cyber-attacks on health care information systems, PHO continues to remain vigilant through its application of its information

technology policy and practices, including cyber security by design, while promoting staff awareness and introducing mandatory education on cyber security best practices. PHO continues to evaluate cyber security as a risk for the organization on a consistent basis, in addition to other risks that may be identified through PHO's revised ERM framework. More information on our agency's risk management can be found in the "Significant Events" section of this report.

4. **Workforce/Labour Management:** As described in the sections above, and taking into account lessons learned from the pandemic, PHO continues to optimize its organizational capacity to support service delivery to clients, including redeployment of resources as needed. The PHO laboratory has met the increased need for measles testing, while supporting and facilitating local and provincial public health action for other infectious diseases and issues of public health importance. With respect to realty measures, we continue to meet the expectations for provincial agencies as set out in the Realty Directive and the Community Jobs Initiative, 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. PHO operates in alignment with all applicable Human Resource and Accommodations strategies with Ontario Public Sector directives and policy. We have developed a dedicated People Strategy to guide our workforce management and development to support the implementation of our Strategic Plan 2024-29 and successfully deliver on our mandate. More information regarding our workforce growth and our commitment to prudently and efficiently managing operational funding and workforce size can be found in the section "Summary of Human Resource (HR) Impacts" below.

5. **Diversity and Inclusion:** PHO is committed to promoting and enhancing diversity and inclusion in the workplace. In conjunction with our Strategic Plan 2024-29 and our People Strategy, PHO is developing an Equity, Diversity and Inclusion (EDI) strategy to ensure that everyone is supported equitably at PHO and can succeed to their fullest potential. During the 2024-25 fiscal year, PHO engaged a third party to assist in the development of an EDI Roadmap, including conducting surveys, focus group consultations, and interviews with staff and key partners to better understand the current landscape and future direction of EDI initiatives at PHO. A key commitment in our new Strategic Plan is the development of a dedicated Indigenous Strategy with and for Indigenous peoples and communities in Ontario, described earlier in this report. The Strategy comprises both external engagement and internal initiatives, including the completion of the San'yas Indigenous Cultural Safety course by 350 PHO staff to date.

6. **Data Collection, Sharing and Use:** A key facet of PHO's mission is to enable informed decisions and actions that protect and promote health. As a data-driven organization, we do this primarily through information sharing using interactive digital tools, reports and knowledge products, many of which are described throughout this report. We continue to work with our partners as well as clients to gather feedback on our data tools and make enhancements to better respond to the needs of the sector. We continue to explore new approaches to performance measurement that will bring additional impact, value and outcome considerations into performance measurement and reporting to improve service delivery. Our approach to performance measurement is described throughout this report and in the "Performance Measures" section below.

7. **Digital Delivery and Customer Service:** We have been working closely with the Ministry, Ontario Health, and other partners over the last year to explore and advance initiatives to modernize our delivery of services, including advancing initiatives that enable electronic ordering and communication of laboratory test results to replace what has previously been done by fax, and the development of the Public Health Digital Platform and Public Health Data Utility prototype (described earlier this report). PHO's website continues to be our primary digital channel for sharing data, information and reports with our clients and partners and we continue to see high utilization of our website and the resources it hosts. We continue to explore digitization for online delivery of services including webinars, online learning and a hybrid model for The Ontario Public Health Convention (TOPHC) to provide accessible professional development and learning opportunities for partners and clients across the province and beyond.

Looking to the Future

As Ontario continues to navigate an evolving public health landscape shaped by emerging challenges and new opportunities, PHO remains focused on strengthening the systems and knowledge that support population health. As we continue to build on our progress in genomics, surveillance, and evidence generation, we are enhancing our capacity to detect and respond to public health threats while addressing broader determinants of health.

As we enter the second year of implementation of our 2024–29 Strategic Plan, PHO will continue to drive forward key public health initiatives that are grounded in innovation, equity, and collaboration. We will continue to develop our organizational Indigenous Strategy, fostering relationships with Indigenous groups and building internal capacity to deliver on our aim of enabling improved public health outcomes for Indigenous people. Financial sustainability will continue to be critical to our success in delivering on our ambitious goals and will ensure that we are able to deliver on our mandate into the future. Additionally, we recognize the importance of continuing to support the growth and development of PHO's workforce and fostering strong relationships with our partners as enablers for success. With continued investment and strong partnerships, PHO is well-positioned to support a resilient and responsive public health system for Ontario.

Performance Measures

On the pages that follow, we have analyzed our performance with a focus on operational results, including our performance against the quantified annual targets and outcome-focused measures established in our 2024-27 Annual Business Plan.

As discussed above, 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 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 be reported on in subsequent Annual Reports.

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

Status of 2024-27 Annual Business Plan Priority Initiatives for Principal Program Areas (as of March 31, 2025)

Our priority initiatives for fiscal year 2024-25 were established through the development of our 2024-27 Annual Business Plan in fall 2023. The commitments made in our 2024-27 Annual Business Plan reflected and aligned with known government priorities and the expectations set forth in PHO's 2024-25 Agency Mandate letter.

Complete: Initiative has been completed as of March 31, 2025

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

Not completed within target timeframe: Initiative has not been completed as of March 31, 2025

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

PHO Laboratory

2024-27 Annual Business Plan priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Continue to work with the Ministry of Health to streamline PHO's laboratory operations and optimize quality, impact and innovation for public health laboratory services and the public health system, including providing public health microbiology leadership, particularly for the pathogens of public health significance and other public health concerns.		✓	
Continue to lead the Ontario COVID-19 Genomics Network (OCGN) and genetic sequencing of positive SARS-CoV-2 test samples for known variants and tracking emerging variants of interest and variants of concern.		✓	
As part of the COVID-19 Diagnostic Network, continue to conduct PCR diagnostic testing for SARS-CoV-2 and provide scientific and technical leadership.		✓	
Explore advanced laboratory technologies and methods, including molecular testing, genomics, dried blood spot testing and point-of-care testing for the identification, characterization and response to pathogens of public health priority to improve clinical and public health response. Maintain critical technical, clinical and scientific expertise to respond to emerging threats.		✓	
Collaborate with other government, scientific and public health organizations such as the Ministry of Health, local public health agencies and clinical and laboratory partners, the Ontario HIV Epidemiology and Surveillance Initiative (OHESI) and ICES to develop integrated data and capacity to respond to public health priorities, including SARS-CoV-2, HIV, hepatitis C, Lyme, syphilis, tuberculosis, influenza and emerging threats.		✓	
Expand and augment capacity for public health microbial genomics and bioinformatics to ensure timely public health laboratory testing that supports rapid outbreak detection and response; enhance capacity for the clinical testing and surveillance of public health threats, including tuberculosis monitoring and testing, in Ontario.		✓	
Continue to develop and contribute to improved models for service delivery optimization, value, utilization and reporting using data and informatics tools (includes, but is not limited to AI and ML tools).		✓	

2024-27 Annual Business Plan priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Improve laboratory operations through optimization, automation and digitization of test orders by advancing the PHO Laboratory Information System to enable acceptance of electronic orders from clients and providers across Ontario; enhance connectivity with Ontario Laboratories Information System (OLIS) and direct electronic reporting of test results.		✓	
Lead the finalization of PHO's laboratory test menu, in collaboration with the Ministry of Health and other partners, informed by a jurisdictional scan of other public health laboratory test menus in Canada and the findings of test cost/benefit analyses.		✓	
Collaborate with the Ministry of Health, local public health agencies and other partners, including Ontario Health and the Ontario Laboratory Medicine Program, to determine the feasibility of making a centrally coordinated courier services available to all local public health agencies.		✓	
Represent and contribute to the voice of public health laboratory sciences as the co-lead, with Ontario Health, of the microbiology table of the Ontario Laboratory Medicine Program as well as other forums for public health microbiology.		✓	

Health Protection

2024-27 Annual Business Plan priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Develop a vaccine coverage and safety online data tool that will provide timely and accessible data to support the evolving needs of public health and health sector stakeholders to inform the ongoing monitoring and evaluation of immunization programs in Ontario.		✓	
Explore analytical approaches to improve understanding of the factors that put the people in Ontario at risk for multiple communicable diseases, referred to as syndemics, to help strengthen situational awareness and planning.		✓	

2024-27 Annual Business Plan priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Clarify PHO's role in enabling the work of local public health agencies and other provincially-coordinated IPAC supports by working with the Ministry of Health and other IPAC partners.	✓		
Produce IPAC resources, such as renewed and revised IPAC Core Competency online learning resources, to support practitioners in settings disproportionately impacted by outbreaks and emerging pathogens; and continue to help strengthen the knowledge and application of IPAC in other priority sectors.	✓		
Continue to mitigate the impact of antimicrobial resistance, including health care-associated infections in Ontario by strengthening surveillance capabilities/infrastructure while promoting, monitoring and evaluating antimicrobial stewardship program interventions, and monitoring evidence related to new and emerging antimicrobial resistant organisms in Ontario that will help inform provincial policy and reportability.		✓	
Support provincial and multi-jurisdictional outbreak investigations by strengthening local public health capacity through guidance and support for outbreaks, adapting case management in consideration of evolving laboratory methods and considering additional training and resource development. Some specific areas of focus include developing outbreak investigation tools and questionnaires to support outbreak investigations.	✓		
Support emergency management activities in collaboration with the Ministry of Health and other public health sector partners to facilitate an annual Hazard Identification and Risk Assessment. This will help identify new risks or emerging pathogens as well as planning for mass gatherings and response to emergency events in Ontario.	✓		
Support the Ministry of Health on a variety of key initiatives to help strengthen public health in Ontario by providing scientific and technical input and advice, including support for the review of the roles and responsibilities through the Ontario Public Health Standards and related protocols, as applicable to Health Protection.	✓		

Environmental and Occupational Health

2024-27 Annual Business Plan priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Advance climate change work in Ontario through projects focused on extreme weather events with a focus on analyses to inform Ontario's heat warning and response system.	✓		
Enhance environmental health tracking and monitoring by building a radon repository framework to support public health initiatives.		✓	
Develop a food safety risk-based investigation course to support public health professional development.		✓	
Conduct research activities in relevant EOH areas and disseminate findings on wildfire smoke and related population-level health outcomes in Ontario.	✓		
Support the Ministry of Health on a variety of key initiatives to help strengthen public health in Ontario by providing scientific and technical input and advice, including support for the review of the roles and responsibilities through the Ontario Public Health Standards and related protocols, as applicable to EOH.	✓		
Convene expertise to support updated Indoor Air Quality (IAQ) best practices, scientific evidence and recommendations to the provincial government, local public health agencies, and other partners for biological and non-biological agents as it relates to public health, workplace settings and classrooms.[1]			✓[1]

[1] Funding confirmation to complete this work was not received.

Health Promotion, Chronic Disease and Injury Prevention (HPCDIP)

2024-27 Annual Business Plan priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Explore opportunities for centralized supports, products and services for public health clients by leveraging innovative technologies and advanced analytics and reducing duplication in the public health sector, beginning with the development of a substance use surveillance system for opioid use and harms, with a plan to extend to other substances (e.g., alcohol, cannabis, and tobacco and vapour products).		✓	
Continue to work with Ontario Health, Ministry of Health and other partners on initiatives to advance the development of a chronic disease strategy, with an initial focus on diabetes.		✓	
Continue research activities around alcohol policy, including socioeconomic impacts, lower risk intake guidelines, alcohol labeling, and stratified risk assessments by demographic group, as well as providing scientific expertise regarding alcohol to partner institutions and stakeholders.		✓	
Support the Ministry of Health on a variety of key initiatives to help strengthen public health in Ontario by providing scientific and technical input and advice, including support for the review of the roles and responsibilities through the Ontario Public Health Standards and related protocols, as applicable HPCDIP.	✓		
Lead the provincial monitoring, surveillance and reporting on women's health to generate the evidence needed to inform health policy and health system priorities through convened expertise with Ontario Health, public health, health system, clinical and academic partners.[2]			✓[2]

[2] Funding confirmation to complete this work was not received.

Knowledge Exchange

2024-27 Annual Business Plan priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Explore the potential for developing a searchable research repository that is accessible to local public health agencies and consists of all public health journal articles and research products prepared by PHO and local public health agencies.	✓		
Support the Ministry of Health on a variety of key initiatives to help strengthen public health in Ontario by providing scientific and technical input and advice, including support for the review of the roles and responsibilities through the Ontario Public Health Standards and related protocols, as applicable to Knowledge Exchange.		✓	

Informatics

2024-27 Annual Business Plan priority initiatives	Complete	Multi-year on-track	Not completed within target timeframe
Collaborate and provide leadership to the Ministry of Health in the development and configuration of the new case, contact and outbreak management solution to replace iPHIS, and continue to support the Ministry of Health in the maintenance and operations of iPHIS and related systems.		✓	
Provide public health expertise and leadership for the Ministry of Health's public health data and platform initiatives to enable the transformation of provincial public health data. This includes the Public Health Digital Platform, the Decision Intelligence Digital Platform and other related initiatives.		✓	
Advance analytics, modelling and data visualization through development/integration of new methodologies, tools and partnerships, integrating artificial intelligence where appropriate.		✓	
Support the Ministry of Health on a variety of key initiatives to help strengthen public health in Ontario by providing scientific and technical input and advice, including support for the review of the roles and responsibilities through the Ontario Public Health Standards and related protocols, as applicable to Informatics.	✓		

Quantified Annual Targets and Outcome-Focused Measures

The following table shows the core activities for which PHO established quantified annual targets and outcome focused measures for 2024-25. Where applicable, specific topics of focus were guided over the course of the year by priorities established based on requests from the Chief Medical Officer of Health, ministries and other clients, and based on our analysis of emerging issues and work plans.

The annual targets in the table below were established through the development of our 2024-27 Annual Business Plan in fall 2023. As PHO's work is responsive to the needs of our public health and health system partners, it is challenging to determine appropriate targets for our core activities and services in advance of the fiscal year. Due to the rapidly changing context in which we operate, many factors that could influence public health in Ontario and the work of PHO in 2024-25 were considered when we set targets for the year ahead. These factors included: potential public health threats and emergencies; health and social needs and health equity; political and economic considerations; and scientific advancements and digital innovations. PHO's financial position, as well as the capacity of our workforce, were also important considerations. Using data from prior years to inform our projections, we endeavoured to set targets that are ambitious and reflective of our current environment.

Quantified Annual Targets and Outcome-Focused Measures

Core Activities and Services	Annual Target	2024-2025 Actual
Generating evidence and knowledge:		
Number of laboratory tests performed PHO provides laboratory testing services and expertise to Ontario's *local* public health *agencies* and to clinicians in primary care, hospitals and long-term care facilities. Public health action, such as the identification of outbreaks and tracking of disease trends; and clinical decision-making, such as the diagnosis of health conditions, depend on accurate and laboratory test results.	6.6 million	7.6 million
Percentage of laboratory tests completed within target turnaround time[3] Timely laboratory testing enables faster public health action that can prevent localized health events from becoming regional or global threats, and enables faster clinical decision-making that can result in earlier treatment of health conditions and better health outcomes.	90%	99.6%

[3] 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)

Core Activities and Services	Annual Target	2024-2025 Actual
Percentage of routine surveillance reports and tools published within the established reporting cycle timelines Public health surveillance is the continuous, systematic collection, analysis, and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Timely publication of surveillance reports enables evidence-based decision making and informs public health action for PHO clients and stakeholders.	90%	100% 98 surveillance reports and tools published
Number of knowledge products published on PHO's website PHO's knowledge products contain information and evidence that help clients and stakeholders in their decision making and guide practice. Types of products include literature reviews; fact sheets; and reports, such as population health assessments, risk assessments, environmental scans, and evaluation reports, as well as routine and ad-hoc surveillance reports.	400	460
Number of articles published in peer-reviewed journals relevant to public health Publications in peer-reviewed journals relevant to public health contribute new evidence and knowledge to the field of public health and beyond. Articles published in these journals indicate high quality, reflecting standards of rigour, originality, and other quality assessment criteria.	140	183
Disseminating evidence and knowledge:		
Number of visits to PHO's online centralized data and analytics tools Access to reliable, meaningful and relevant public health data and information is the basis of public health action and decision-making. PHO's centralized data tools make public health data more accessible to clients and stakeholders. *PHO's* tools allow users to customize data to understand local and provincial needs, as well as to inform evaluation for program improvement and policy decisions.	500,000	314,585[4]

[4] PHO continues to enhance the integration and consolidation of data and analytics tools, providing more efficient access for clients and partners. This integration likely contributes to a reduced number of unique website visits.

Core Activities and Services	Annual Target	2024-2025 Actual
Number of self-directed online learning courses completed by external clients and stakeholders Leveraging digital technology, self-directed online learning efficiently delivers educational programs province-wide to support the development of a critical mass of competent public health practitioners in Ontario. Courses can be accessed from anywhere at any time.	200,000	319,202
Number of professional development sessions offered to external clients and stakeholders Continuing professional development, including various types of rounds, learning exchanges, webinars, conferences, and workshops, enables public health practitioners to continue to effectively contribute to the field of public health. These sessions, delivered in-person and/or virtually online, are a central component of the continuing professional development activities in Ontario's *local* public health *agencies* and professional groups, bringing partners together to share knowledge on public health issues of importance. This measure does not include self-directed learning products, such as online learning modules.	80	77[5]
Percentage of professional development sessions achieving a client/stakeholder rating of at least 4 out of 5 PHO aims to provide high quality professional development sessions for clients and stakeholders to build skills, capacity, and competencies in Ontario's health workforce to face tomorrow's public health issues. Participant evaluations provide feedback on how effectively these sessions achieved their educational objectives, their quality, relevance, and ability to meet the needs of the target audience.	90%	94.3%

[5] Overall attendance for the fiscal year reached 23,801 registrations. Due to the caretaker period in effect throughout February and early March, eight pre-planned events were rescheduled to the 2025–26 fiscal year.

Core Activities and Services	Annual Target	2024-2025 Actual
Responding to the needs of clients and stakeholders:		
Percentage of outbreak consultation requests from local public health agencies for public health investigation that are responded to by PHO within one business day (see note 2) of PHO being notified PHO plays a central, coordinating, and consulting role to ensure collaboration and communication with stakeholders for public health investigations. This may include consultations about local or multi-jurisdictional outbreaks relating to diseases of public health significance, noting that local outbreaks are managed by *local* public health *agencies*. Ensuring timely response to *local* public health *agencies* is critically important to support them in effectively controlling outbreaks so that more people do not get sick, risks are mitigated, and similar outbreaks are prevented from happening in the future.	80%	95.5%
Percentage of infection prevention and control lapses in community settings that are assessed by PHO for further investigation within one business day of PHO being notified PHO supports *local* public health *agencies* investigating infection prevention and control lapses in community settings such as clinics, clinical office practices, family health teams, community health and personal services settings. Ensuring timely response to lapses is critically important to effectively mitigate possible infectious disease transmission to patients, clients or health care workers and prevent similar lapses from happening in the future.	80%	100%

Core Activities and Services	Annual Target	2024-2025 Actual
Number of scientific and technical support activities and data requests completed in response to clients and stakeholders These activities support our clients and stakeholders, such as the *CMOH,* Ministry of Health, *PHAC*, local public health *agencies* and health care providers, in their work to safeguard the health of people in Ontario, plan and deliver public health programs and services, and provide advice on public health matters. These activities also include scientific and technical support relating to laboratory testing services and results interpretation. The situational context influences the number of requests made by clients and stakeholders, and is impacted by factors such as seasonal increases in disease activities, emerging issues, outbreaks, health emergencies and heightened interest by the public or other stakeholders.	**Client and stakeholder requests:** 850 **Laboratory Customer Service Centre support:** 75,000	**Client and stakeholder requests:** 1,119 Infectious Diseases/DOPHS: 607 IPAC: 276 Environmental and Occupational Health: 157 Health/Risk Behaviours: 40 Outbreak Management: 8 Emergency Preparedness and Response: 6 Health Promotion: 6 Injuries: 5 Health Equity: 4 Chronic Diseases and Conditions: 3 Reproductive and Child Health: 2 Other[6]: 5 **Laboratory Customer Service Centre support:** 111,259

Significant Events

During 2024-25, no risk events and/or significant events experienced by the agency that affected PHO's achievement of the commitments outlined in the 2024-27 Annual Business Plan. PHO continues to monitor external factors and maintain readiness to respond to emerging risks.

[6] Over the past year, PHO supported public health partners through consultations, strategic planning and training, policy reviews, and data analytics.

Financial Performance

PHO acknowledges the funding received from the Ministry of Health and has managed its resources in a prudent and careful manner. PHO ended the year in a deficit position directly attributable to the asset retirement obligation standard. PHO updated its assessment of its annual reporting obligations and because of changes in the cost escalation and discount rates, the asset retirement obligation was increased by $2.43 million. Excluding this adjustment, PHO utilized all operating funding received from the Ministry of Health in respect of the 2024-25 fiscal year. With respect to the $182.5 million of operating funding received from the Ministry of Health, $11.9 million was for COVID-19 related expenditures, $165.8 million was used to cover annual operating expenses, $4.8 million used to cover expenditures on equipment and other capital assets in support of PHO's base and COVID-19 operations.

In comparison to PHO's 2024-25 Annual Business Plan and excluding COVID-19 one -time funding, total revenues were higher than plan by approximately $6.0 driven by $2.3 million higher amortization expense (with a corresponding increase in amortization expense) and $3.7 million in unplanned, one-time Ministry of Health funding for Laboratory Modernization and the Ontario Immunization Registry. One-time COVID-19 funding and related expenditures were $1.1 million below budget reflecting lower-than-planned testing volumes.

Operating expenditures (excluding COVID-19 and amortization) were unfavourable to plan by $7.0 million. Of this variance, $2.4 million relates to annual accretion cost that was not budgeted in the Annual Business Plan. The remaining unfavourable variance primarily reflects higher laboratory costs (from increased testing volumes) and infrastructure repairs and maintenance, partly offset by lower compensation costs due to vacancies in Public Health Science and Digital and Data.

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

Management Responsibility Report

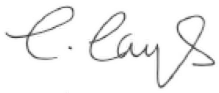
PHO management is responsible for preparing the accompanying financial statements in conformity with Canadian public sector accounting standards for government not-for-profit organizations as established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada.

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

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

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

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



Cathy Campos, CPA, CA

Vice President, Finance and Planning;
Chief Financial Officer

Michael Sherar, PhD

President and Chief Executive Officer

Ontario Agency for Health Protection and Promotion

[operating as Public Health Ontario]

Financial statements

March 31, 2025

Shape the future with confidence

Independent auditor's report

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

Report on the audit of the financial statements

Opinion

We have audited the financial statements of **Ontario Agency for Health Protection and Promotion** [operating as Public Health Ontario] ["OAHPP"], which comprise the statement of financial position as at March 31, 2025, and the statement of operations and changes in net deficit and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of OAHPP as at March 31, 2025, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for opinion

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

Other information

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

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

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

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

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

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

Report on other legal and regulatory requirements

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

Ernst & Young LLP

Toronto, Canada
June 26, 2025

Chartered Professional Accountants
Licensed Public Accountants

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

Statement of financial position
[in thousands of dollars]

As at March 31

	2025	2024
	$	$
Assets		
Current		
Cash	**50,541**	82,216
Accounts receivable *[note 3]*	**3,216**	7,940
Prepaid expenses	**2,185**	1,832
Total current assets	**55,942**	91,988
Restricted cash *[notes 4 and 6]*	**4,256**	4,274
Capital assets, net *[note 5]*	**78,118**	90,049
	138,316	186,311
Liabilities and net deficit		
Current		
Accounts payable and accrued liabilities *[note 14]*	**43,495**	79,920
Total current liabilities	**43,495**	79,920
Deferred capital asset contributions *[note 6]*	**80,427**	92,264
Deferred contributions *[note 7]*	**3,309**	3,348
Accrued benefit liability *[note 8[b]]*	**1,470**	1,575
Deferred rent liability	**8,009**	7,959
Other liabilities	**1,606**	1,245
Asset retirement obligation *[note 10]*	**22,557**	20,123
Total liabilities	**160,873**	206,434
Commitments and contingencies *[note 13]*		
Net deficit	**(22,557)**	(20,123)
	138,316	186,311

See accompanying notes

On behalf of the Board:

Director

Director

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

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

Year ended March 31

	2025	2024
	$	$
Revenue		
Ministry of Health *[note 14]*	**180,668**	185,697
Amortization of deferred capital asset contributions *[note 6]*	**13,842**	12,999
Other grants	**2,649**	2,882
Miscellaneous recoveries	**3,650**	3,171
	200,809	204,749
Expenses *[note 8]*		
Public health laboratory program *[notes 11 and 14]*	**125,676**	130,946
Science and public health programs *[note 11]*	**38,145**	39,541
General and administration *[notes 9 and 11]*	**23,146**	21,263
Amortization of capital assets	**13,842**	12,999
Accretion cost (recovery) – asset retirement obligation *[note 10]*	**2,434**	(1,104)
	203,243	203,645
Excess (deficiency) of revenue over expenses for the year	**(2,434)**	1,104
Net deficit, beginning of year	**(20,123)**	(21,227)
Net deficit, end of year	**(22,557)**	(20,123)

See accompanying notes

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

Statement of cash flows
[in thousands of dollars]

Year ended March 31

	2025	2024
	$	$
Operating activities		
Excess (deficiency) of revenue over expenses for the year	**(2,434)**	1,104
Add (deduct) items not affecting cash		
Employee benefit expense	**86**	71
Amortization of deferred capital asset contributions	**(13,842)**	(12,999)
Amortization of capital assets	**13,842**	12,999
Accretion expense (recovery) on asset retirement obligation	**2,434**	(1,104)
	86	71
Changes in non-cash operating working capital balances related to operations		
Decrease (increase) in accounts receivable *[note 12]*	**4,801**	(4,654)
Increase in prepaid expenses	**(353)**	(408)
Decrease in accounts payable and accrued liabilities *[note 12]*	**(37,075)**	(6,671)
Decrease in deferred contributions	**(39)**	(12)
Increase in deferred rent liability	**50**	521
Increase in other liabilities	**361**	119
Decrease in accrued benefit liability	**(191)**	(335)
Cash used in operating activities	**(32,360)**	(11,369)
Capital activities		
Net acquisition of capital assets *[note 12]*	**(1,261)**	(7,042)
Cash used in capital activities	**(1,261)**	(7,042)
Financing activities		
Contributions for capital asset purchases *[note 12]*	**1,928**	7,146
Decrease in restricted cash	**18**	370
Cash provided by financing activities	**1,946**	7,516
Net decrease in cash during the year	**(31,675)**	(10,895)
Cash, beginning of year	**82,216**	93,111
Cash, end of year	**50,541**	82,216

See accompanying notes

Notes to financial statements

[in thousands of dollars]

March 31, 2025

1. Description of the organization

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

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

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

2. Summary of significant accounting policies

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

Revenue recognition

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

Capital assets

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

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

Inventory and other supplies held for consumption

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

Asset retirement obligations

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

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

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

Employee future benefits

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

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

Allocation of expenses

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

Contributed materials and services

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

[in thousands of dollars]

Financial instruments

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

Use of estimates

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

3. Accounts receivable

Accounts receivable consist of the following:

	2025	**2024**
	$	$
Ministry of Health	**877**	4,958
Harmonized Sales Tax	**923**	1,724
Other	**1,416**	1,258
	3,216	7,940

4. Restricted cash

[a] Restricted cash consists of the following:

	2025	**2024**
	$	$
Ministry of Health	**4,221**	4,241
Sheela Basrur Centre	**35**	33
	4,256	4,274

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

Notes to financial statements

[in thousands of dollars]

March 31, 2025

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

	2025			
	Severance credits	**Other credits**	**Capital projects**	**Total**
	$	$	$	$
Restricted cash, beginning of year	**910**	**1,116**	**2,215**	**4,241**
Interest earned *[note 6]*	**41**	**51**	**94**	**186**
Restricted cash drawdown *[note 8[b]]*	**(191)**	**(15)**	—	**(206)**
Restricted cash, end of year	**760**	**1,152**	**2,309**	**4,221**

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

[in thousands of dollars]

5. Capital assets

Capital assets consist of the following:

	2025		
	Cost $	**Accumulated amortization** $	**Net book value** $
Building service equipment	**368**	**368**	—
Other equipment	**71,784**	**60,964**	**10,820**
Furniture	**4,328**	**4,044**	**284**
Leasehold improvements	**122,871**	**57,570**	**65,301**
Construction in progress	**1,713**	—	**1,713**
	201,064	**122,946**	**78,118**

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

6. Deferred capital asset contributions

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

	2025 $	**2024** $
Deferred capital asset contributions, beginning of year	**92,264**	98,116
Contributions for capital purposes	**1,911**	7,027
Interest earned on unspent contributions *[note 4[b]]*	**94**	119
Amortization of deferred capital asset contributions	**(13,842)**	(12,999)
Deferred capital asset contributions, end of year	**80,427**	92,264
Unspent deferred capital asset contributions *[note 4[b]]*	**(2,309)**	(2,215)
Deferred capital asset contributions spent on capital assets	**78,118**	90,049

[in thousands of dollars]

Restricted cash includes $2,309 [2024 – $2,215] *[note 4[b]]* related to unspent deferred capital asset contributions.

7. Deferred contributions

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

	2025 $	2024 $
Severance credits	—	2
Sheela Basrur Centre *[note 4[a]]*	**35**	33
Third-party funds	**3,274**	3,313
	3,309	3,348

The continuity of deferred contributions is as follows:

	2025 $	2024 $
Deferred contributions, beginning of year	**3,348**	3,360
Amounts received during the year	**2,612**	2,874
Amounts recognized as revenue during the year	**(2,651)**	(2,886)
Deferred contributions, end of year	**3,309**	3,348

[b] Deferred contributions for the Sheela Basrur Centre [the "Centre"] represent unspent funds held by OAHPP restricted for the Centre's outreach programs. In addition to these funds, $376 [2024 – $351] is held by the Toronto Foundation for the benefit of the Centre and its programs.

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

8. Employee future benefit plans

[a] Multi-employer pension plans

Certain employees of OAHPP are members of the Ontario Public Service Employees Union ["OPSEU"] Pension Plan, the Healthcare of Ontario Pension Plan ["HOOPP"] or the Ontario Pension Board ["OPB"], which are multi-employer, defined benefit pension plans. These pension plans are accounted for as defined contribution plans. OAHPP contributions to the OPSEU Pension Plan, HOOPP and OPB during the year amounted to $1,159 [2024 – $1,182], $6,503 [2024 – $5,894] and $319 [2024 – $317], respectively, and are included in expenses in the statement of operations and changes in net deficit.

The most recent valuation for financial reporting purposes completed by OPSEU as at December 31, 2024 disclosed net assets available for benefits of $26.9 billion with pension obligations of $22.5 billion, resulting in a surplus of $4.4 billion.

[in thousands of dollars]

The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2024 disclosed net assets available for benefits of $123.0 billion with pension obligations of $112.6 billion, resulting in a surplus of $10.4 billion.

The most recent valuation for financial reporting purposes completed by OPB as at December 31, 2023 disclosed net assets available for benefits of $31.7 billion with pension obligations of $37.3 billion, resulting in a deficit of $5.6 billion.

[b] Severance credits

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

Additional information on the benefit plans is as follows:

	2025	**2024**
	$	$
Accrued benefit obligation	**1,542**	1,618
Unamortized actuarial losses	**(72)**	(43)
Total accrued benefit liability	**1,470**	1,575

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

	2025	**2024**
	$	$
Accrued benefit liability, beginning of year	**1,575**	1,839
Expense for the year	**86**	71
Contributions to cover benefits paid *[note 4[b]]*	**(191)**	(335)
Accrued benefit liability, end of year	**1,470**	1,575

[in thousands of dollars]

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

	2025 %	2024 %
Accrued benefit obligation		
Discount rate	**3.80**	4.20
Rate of compensation increase	**2.25**	3.50
Rate of inflation	**2.00**	2.00
Expense		
Discount rate	**4.20**	3.80
Rate of compensation increase	**3.50**	3.50
Rate of inflation	**2.00**	2.00

9. Directors' remuneration

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2025, directors were paid $29 [2024 – $18].

10. Asset retirement obligation

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

OAHPP has estimated total undiscounted expenditures of $33,710 [2024 – $33,275] to retire these assets. No set retirement dates have been determined; however, they are estimated to be incurred and settled in approximately 13 years [2024 – 14 years] from the current fiscal year-end. OAHPP calculated the asset retirement obligation by applying an inflation rate of 2.6% [2024 – 2.5%] to the estimated costs, which were then discounted using a discount rate of 3.75% [2024 – 4.3%]. No retirement costs were incurred during the years ended March 31, 2025 and 2024.

The continuity of the asset retirement obligation is as follows:

	2025 $	2024 $
Asset retirement obligation, beginning of year	**20,123**	21,227
Accretion expense (recovery)	**2,434**	(1,104)
Asset retirement obligation, end of year	**22,557**	20,123

11. Related party transactions

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

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

[a] OAHPP has entered into transfer payment agreements with various related parties. Under these agreements, OAHPP makes payments to these parties once defined eligibility requirements have been met. Expenses for the year include transfer payments of $911 [2024 – $879], which are recorded in science and public health programs in the statement of operations and changes in net deficit.

[b] OAHPP incurred costs of $20,033 [2024 – $19,995] for the rental of office space and other facility-related expenses from Ontario Infrastructure and Lands Corporation, and information technology services and support costs of $7,395 [2024 – $7,141] from the Minister of Finance. These transactions are recorded in public health laboratory program, science and public health programs or general and administration expenses in the statement of operations and changes in net deficit.

[c] OAHPP incurred costs of $402 [2024 – $674] with various related parties for other contracted services, including legal and laboratory testing. These transactions are recorded in public health laboratory program, science and public health programs or general and administration expenses in the statement of operations and changes in net deficit.

12. Supplemental cash flow information

The change in accounts payable and accrued liabilities is adjusted for capital assets received but not paid of $2,102 as at March 31, 2025 [2024 – $1,452].

The change in accounts receivable is adjusted for contributions for capital assets receivable but not received of $877 as at March 31, 2025 [2024 – $800].

13. Commitments and contingencies

[a] Under the Laboratories Transfer Agreement, MOH is responsible for all obligations and liabilities in respect of the public health laboratories that existed as at the transfer date, or that may arise thereafter and have a cause of action that existed prior to the transfer date of December 15, 2008.

[b] OAHPP is a member of the Healthcare Insurance Reciprocal of Canada [“HIROC”]. HIROC is a pooling of the liability insurance risks of its members. Members of the pool pay annual deposit premiums that are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for experience gains and losses, by the pool, for prior years in which OAHPP participated. As at March 31, 2025, no assessments have been received.

[in thousands of dollars]

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

	$
2026	17,160
2027	17,400
2028	17,380
2029	16,550
2030	15,430
Thereafter	136,350
	220,270

[d] OAHPP has contractual commitments totalling $91,065 related to the purchase of medical supplies.

14. COVID-19

On March 11, 2020, the World Health Organization characterized the outbreak of a strain of the novel coronavirus [“COVID-19”] as a pandemic, which has resulted in a series of public health and emergency measures that have been put into place to combat the spread of the virus.

To the extent that OAHPP has continued to incur COVID-19 related expenditures, the Province of Ontario has committed to reimbursing incremental costs incurred by OAHPP to monitor, detect and contain COVID-19 within the province. OAHPP has incurred $11,875 [2024 – $27,432] in operating expenses during the year. No amounts were received for equipment purchases [2024 – $3,467]. OAHPP has recognized a corresponding amount of revenue in the statement of operations and changes in net deficit for expenses incurred. As at March 31, 2025, accounts payable and accrued liabilities include $6,533 [2024 – $36,176] due to the Province of Ontario for surplus funding received for COVID-19 related expenditures and associated interest income.

Summary of Human Resource (HR) Impacts

The past three years have been a transition period for PHO as we exited the emergency response phase of the COVID-19 pandemic and transitioned to normal operations. Fiscal year 2022-23 staffing levels are a result of COVID-specific staffing, which was slowly reduced starting May 2023. Fiscal years 2023-24 and 2024-25 reflect a return to normative staffing levels and a transition of staff from their temporary COVID assignments to their regular role activities.

In 2024-25 the new Digital and Data portfolio was created and a Vice President, Digital and Data, CIO was hired. The new portfolio was created to provide leadership for information technology and data management functions from across PHO. As a data-driven organization, PHO is actively pursuing digital modernization across all PHO portfolios and within the sector. During this period PHO also negotiated Bill 124 reopener agreements and contracts with its unionized staff, developed and delivered enhanced professional development opportunities, began formal succession planning, initiated organizational restructuring efforts to better deliver on our mandate, and launched a new People Strategy to enable the 2024-29 Strategic Plan.

Below is a summary of the number of PHO employees and executives over the last three years:

Fiscal Year	Total Full-Time Equivalent (FTE)	Number of Executives	Number of Consultants	Number of contract staff	Annual Business Plan FTEs (Base Budget)
2022-23	1201	8	1	365	909
2023-24	969	8	1	138	918
2024-25	961	9	2	107	914

Actual FTEs are higher than Annual Business Plan FTEs as actuals include COVID-19 funded FTEs.

Appointees

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

PHO's Board is appointed by the Lieutenant Governor in Council and may have up to 13 members. As of March 31, 2025, PHO's Board is made up of the 9 Board members with a wide breadth of expertise and relevant experience to carry out their fiduciary duties and uphold the best interests of PHO.

Board Member[1]	Location[2]	Term	Annual Remuneration[3]	Board Meeting Attendance[4]
S. Ford Ralph	Stouffville	December 2, 2015 – November 27, 2025	$4,150	6/6
Isra Levy (Vice-Chair to May 12, 2024)	Ottawa	May 13, 2020 – May 12, 2024	$376	1/1
Terri McKinnon	Shanty Bay	June 24, 2021 – June 23, 2024	$450	1/1
Mark (Cat) Criger	Brampton	August 26, 2021 – August 25, 2024[1]	$150	1/2
Helen Angus (Chair)	Toronto	October 7, 2021 – April 6, 2028	$8,229	5/6
William Mackinnon	Toronto	February 17, 2022 – March 27, 2025	–	5/6
Harpreet Bassi	Toronto	February 17, 2022 – February 16, 2028	$1,300	5/6
Ian McKillop (Vice-Chair November 7, 2024 to present)	Waterloo	February 17, 2022 – February 16, 2025 February 17, 2025 – February 16, 2028	$4,878	5/5
Andy Smith	Toronto	February 17, 2022 – February 16, 2028	$1,750	6/6
Rob Notman	Ottawa	June 15, 2023 – June 14, 2026	$2,650	6/6
Roxanne Anderson	Ottawa	June 15, 2023 – June 14, 2026	$2,700	6/6
David Wexler	Thornhill	June 22, 2023 – June 21, 2026	$3,050	5/6
Nicola Mercer	Guelph	September 26, 2024 – September 25, 2027	–	2/2

[1] Three Board Members' terms ended, four Board Members were reappointed, and one resigned in 2024-2025.

[2] The location reported in this table is based on the information posted on the Ontario Government's Public Appointments site.

[3] The total combined amount of remuneration for all Board Members during the reporting period ending March 31, 2025 was $29,683. In addition to remuneration for Board meetings, the amount reflects remuneration for work by Board Members related to preparation, participation at Standing Committee meetings, and other Board work related to corporate business as approved by the Board Chair.

[4] The Board meets four times per year. The denominator in this column denotes the number of meetings for which a Board Member was eligible to attend. This only reflects the number of Board meetings that the Director was eligible to attend within the fiscal year.

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