



Pan-Canadian Public Health Network
Partners in Public Health

**ANNUAL REPORT
2005-2006**

**PRESENTED TO
THE CONFERENCE OF F/P/T DEPUTY MINISTERS OF HEALTH
JUNE 2006**

CONTENTS

1.	INTRODUCTION.....	1
2.	BUILDING THE NETWORK.....	1
	2.1. Accountability.....	1
	2.2. Establishment of Expert Groups and Task Groups.....	2
	2.3. Review of Public Health Network Committee Structure.....	3
	2.4. Building a Sustainable, Efficient and Effective Network.....	4
	2.5. Aboriginal Engagement in the Public Health Network.....	5
3.	REPORTING ON YEAR ONE PRIORITIES & DELIVERABLES.....	4
	3.1. Implementation of Year One Workplan.....	4
	3.2. Adapting to New Directions in 2005-2006 – Sunsetting of the ACPHHS.....	7
	Transitioning ACPHHS Issues to the Public Health Network.....	7
	ACPHHS Reports – Approaches to Implementation.....	7
	▪ Public Health System Infrastructure Report.....	8
	▪ Public Health Human Resources Planning Framework.....	8
	▪ Strengthening Chronic Disease Surveillance Report.....	9
	▪ Integrated Pan-Canadian Healthy Living Strategy.....	9
	3.3. Communications.....	10
4.	LOOKING AHEAD.....	10
5.	CONCLUSION.....	12

APPENDICES

	Appendix A: Pan-Canadian Public Health Network Council Membership List.....	13
--	--	-----------

1. INTRODUCTION

The Federal, Provincial and Territorial Ministers of Health announced the creation of the Pan-Canadian Public Health Network in April 2005 as a key intergovernmental mechanism in public health. The Network's establishment responded to the First Ministers commitment in the *10-Year Plan to Strengthen Health Care* to work together in a collaborative and cooperative fashion to improve public health capacity in a pan-Canadian manner.

The Public Health Network has now been up and running for one full year and has become the focal point for collective F/P/T action in public health in Canada. The Network has focussed its efforts on delivering on the commitments and priorities identified by the Conference of F/P/T Deputy Ministers of Health (CDMH) and the F/P/T Ministers of Health, including those articulated in the F/P/T Special Task Force report, *Partners in Public Health*.

This is the Network's first Annual Report. It builds on the contents of its December 2005 Update Report, and the Interim Report delivered to F/P/T Deputy Ministers of Health (June 2005), and F/P/T Ministers of Health (October 2005). This Annual Report provides an overview of the first year of operations, including the progress made to build an effective and efficient Network, the status of 2005-06 deliverables, and decisions and directions taken over the past year. It also summarizes the new priority areas identified for action as outlined in the 2006-2007 Workplan. This report further demonstrates how the Network is working collaboratively to enable F/P/T jurisdictions and other public health actors to better prepare for and respond to public health emergencies and to build public health capacity to address other priority public health issues and needs.

2. BUILDING THE NETWORK

In its first year of operation, the Council, the Network's senior and central governing body, put an early focus on building the components (e.g. Expert Groups) of the Network and its relationships with partners to establish a sustainable collaborative F/P/T mechanism in public health. In addition, significant emphasis was placed on providing strategic advice to the Conference of F/P/T Deputy Ministers of Health (CDMH) on key public health priorities and the implementation of Deputy Ministers and Ministers directions. This second and parallel track of work is further explored in section 3 of this report.

2.1. Accountability

The Network Council is accountable to the Conference of F/P/T Deputy Ministers of Health (CDMH) and has guided the work of the Network based on the mandate set out in its CDMH approved Terms of Reference. The Council has taken a strategic and coordinated view of the operations of the Network and has been mandated to:

- Facilitate information sharing among all jurisdictions;
- Disseminate information regarding best-practices in public health;

- Support the public health challenges jurisdictions face during emergencies;
- Provide advice and deliverables on priority issues, including regular reports to F/P/T Deputy Ministers of Health on public health matters and activities of the Network;
- Collaborate on the day-to-day operations of public health; and
- Respect jurisdictional responsibilities in public health.

The Council has guided the work of the Network based on the principles of collaboration, responsiveness, and when necessary, coordination of the public health activities of F/P/T governments, and other stakeholders, within Canada. The application of these principles is expected to enhance the effectiveness of jurisdictions to better protect and promote the health of Canadians.

2.2. Establishment of Expert Groups and Task Groups

An early priority for the Council has been to develop the governance structure for the Network. Its structure currently includes the Council of Chief Medical Officers of Health (CCMOH), six Expert Groups, two time-limited task groups and the initial 34 issue groups identified in the report, *Partners in Public Health* (March 2005) and subsequently approved by the CDMH.

In mid-2005, the CCMOH was integrated within the Network structure to provide a focal point for technical and operational expertise on public health issues. In addition, the Expert Groups that provide permanent expertise on six priority public health areas are now operational:

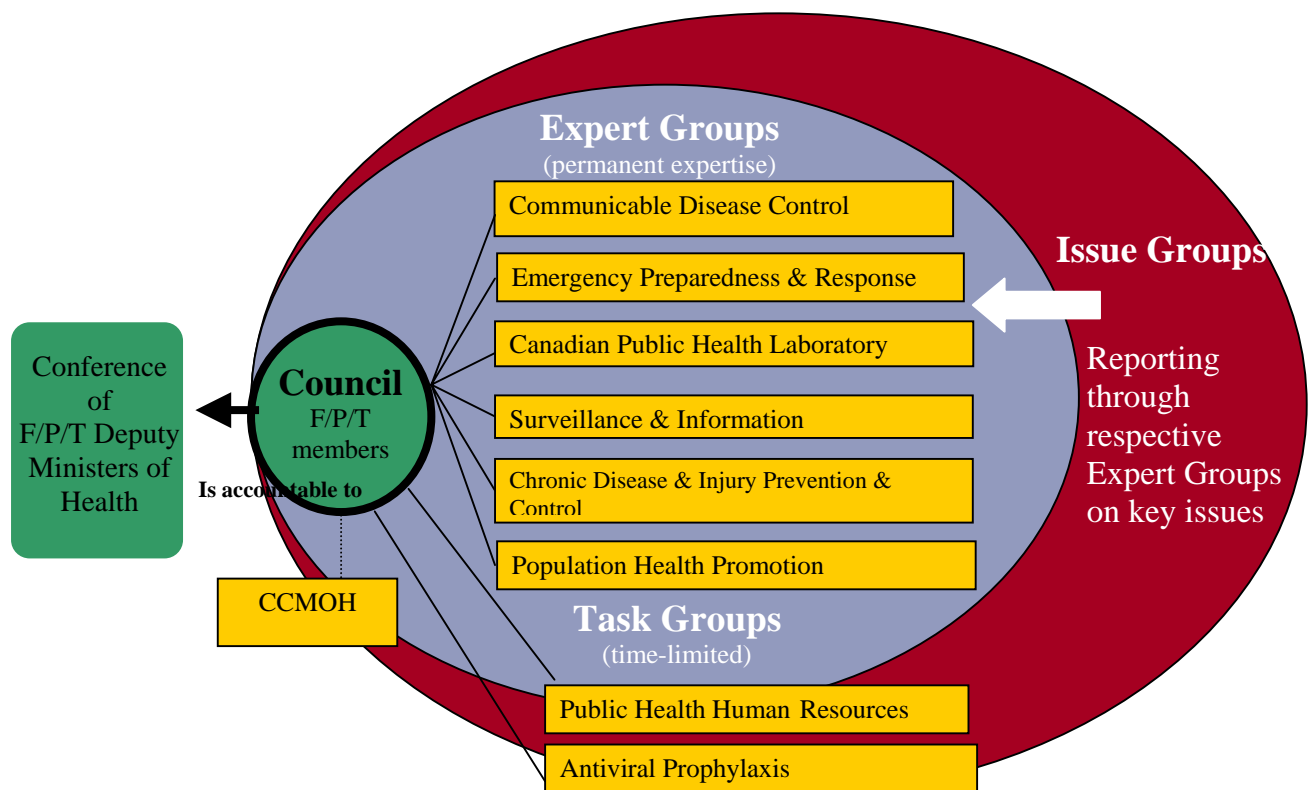
- Communicable Disease Control;
- Emergency Preparedness and Response;
- Canadian Public Health Laboratories;
- Surveillance and Information;
- Chronic Disease and Injury Prevention and Control; and
- Population Health Promotion.

All Expert Groups include F/P/T representatives identified by their respective jurisdiction. Two of the Expert Groups (Surveillance and Information; Population Health Promotion) have drawn upon expertise from outside of government (e.g. academics, professional organizations, researchers, and the voluntary sector), and four groups are assessing opportunities to enhance their activities through the involvement of non-government public health expertise. The Expert Groups have met to develop their Terms of References and to define priority areas for collaborative F/P/T action. The Network Council has endorsed their Terms of Reference and the Expert Groups are addressing the priorities approved by Council and those directed by CDMH and the F/P/T Ministers of Health (as outlined in the Network's annual Workplan). In addition, the Council Co-Chairs met with the Expert Group Co-Chairs and their Secretariats in March 2006 to provide direction and to discuss opportunities for collaboration across the Network. The Expert Group Co-Chairs have also held meetings and teleconferences to discuss joint initiatives. Draft detailed workplans for the Expert Groups have been reviewed by Council and will be approved, once further developed, in the summer of 2006.

The roles and responsibilities for the Network Council and the Secretariat were endorsed as part of the Council’s Terms of Reference. Further elaboration of the roles and responsibilities for key functions within the Network structure are being developed.

The Network has established two time-limited task groups to focus on the delivery of specific priority issues directed by the CDMH to enhance public health human resources capacity, and to develop a national policy recommendation on the use of antivirals for prophylaxis. The work of these groups is explored later within this report. Figure 1 provides a visual of the Public Health Network structure and governance model.

FIGURE 1: PUBLIC HEALTH NETWORK STRUCTURE



2.3. Review of the PHN Committee Structure

A number of reviews of F/P/T committees have been undertaken in the past. The most notable and recent reviews were the Deputy Minister’s Task Group on F/P/T Process Review that presented its Final Report in 2002, and the F/P/T Special Task Force on Public Health’s “Evaluation of F/P/T Committees for Appropriate Fit in the Pan-Canadian Public Health Network” (November 2004) which is referenced in the March 2005 *Partners in Public Health* report.

As directed by the CDMH in December 2005, the Council has undertaken a review of committees dealing with public health issues within the Public Health Network structure and those which have operated outside it to look at opportunities for improved F/P/T collaboration, and a more streamlined F/P/T committee structure to effectively address public health. The current review has built on the findings of previous reviews and included a further evaluation of the Network committee structure based on the “Evaluation of F/P/T Committees for Appropriate Fit in the Pan-Canadian Public Health Network”, as well as the assessment of other F/P/T public health committees related to the mandates of existing Expert Groups.

The objective of this review has been to:

- Rationalize and refine the existing committee structure to ensure its relevance and effectiveness in providing F/P/T related recommendations and undertaking related responsibilities; and
- Identify opportunities for improved linkages and information sharing between groups, and to identify efficient means of obtaining strategic policy advice on public health issues and priorities in a sustainable manner.

Given the urgency around preparing for and being able to respond to a potential influenza pandemic, an early decision of the Network Council in mid-2005 was to review the reporting relationship of the Pandemic Influenza Committee (PIC), which earlier reported to the Advisory Committee on Population Health and Health Security (ACPHHS). The PIC now reports formally to the Communicable Disease Control Expert Group, with the exception that in the event of a pandemic, PIC would report directly to the Public Health Network Council.

The Council has formulated recommendations on the Review of the PHN Committee Structure and developed a report on this work for CDMH consideration as part of the June 2006 meeting discussion.

2.4 Building a Sustainable, Efficient and Effective Network

To continue building the Public Health Network into an efficient and effective mechanism that is sustainable in the long term, the Council has established policies and procedures to manage the potential future establishment of new committees within the Network structure. These policies will enable the Network to:

- avoid duplication of effort;
- ensure a streamlined and efficient operating structure;
- manage Network resources in an prudent manner; and
- further the effective provision of expertise and advice on priority issues.

The Network acknowledges that new groups may need to be created in the future to address specific initiatives. However, the Council has directed that groups would only be created to

deliver on emerging public health priorities identified by the CDMH and F/P/T Ministers of Health. Where possible, the Network will work with existing public health entities (i.e. National Collaborating Centres, CIHR, etc.) outside the Network structure, as appropriate, to leverage their expertise and work under development.

2.5. Aboriginal Engagement in the Public Health Network

The Network Council has acknowledged that the public health status of Aboriginal Peoples is a priority and a key issue to be addressed across all Network activities. Options continue to be explored for the most appropriate approach to bring Aboriginal perspectives into Network discussions and decision making. The Council has asked the Public Health Network Secretariat to proceed, on their behalf, with a series of consultations and dialogues (including bilateral meetings) with Aboriginal organizations and communities to seek their guidance on appropriate approaches for Aboriginal expertise and experience to inform public health policy research and development, and related strategies and initiatives within the Network structure.

To begin the process of engaging the Aboriginal Community in the Network, an information session on the Network structure and current activities was held in February 2006 with Aboriginal public health representatives. At this meeting, preliminary ideas were exchanged and options for Aboriginal involvement in the Network discussed. Follow up bilateral discussions with National Aboriginal Organizations are underway, and meetings with other sectors of the Aboriginal Community are being organized. These sessions will inform the development of a plan for the engagement of the Aboriginal Community in the work of the Network and to gain a better understanding of the types of challenges and issues that could be addressed through the Public Health Network. The plan is included in the 2006-2007 Network workplan and will be brought forward for CDMH consideration in late Fall 2006.

3. REPORTING ON YEAR ONE PRIORITIES & DELIVERABLES

3.1. Implementation of Year One Workplan

In addition to building the components of the Public Health Network, the second and parallel track for the Network's 2005-2006 work has been to deliver policy recommendations and new tools and products to improve emergency preparedness and to enhance the public health infrastructure across Canada. The 2005-2006 Network workplan envisioned and prepared by the Special Task Force on Public Health was very ambitious and broad-based. The April 2005 launch of the Network and subsequent advice to and directions from F/P/T Deputy Ministers resulted in some adjustments to the original workplan. For example, it was not realistic for the newly created Network to develop five interjurisdictional agreements in its first year of operation. Instead, Deputy Ministers agreed that in 2005-2006 the Network would focus on the development of the principles and components of two interjurisdictional agreements - mutual assistance during an emergency and public health information sharing.

The Council has ensured alignment of Network activities with directions from F/P/T Deputy Ministers to focus efforts on key priorities. Mid-year the Council also adapted to new directions to address the ACPHHS reports referred to the Public Health Network by F/P/T Deputy Ministers and F/P/T Ministers of Health for advice and implementation. This work is explored in section 3.2 of this report.

In summary, the priorities delivered on by the Public Health Network in 2005-2006 were:

(1.) Establishing the Network:

- Populated and operationalized Council and six Expert Groups
- Established the Secretariat to support Council and PHN management
- Established time-limited Task Groups focussed on:
 - Public Health Human Resources; and
 - Antiviral Prophylaxis
- Assessed the issue groups within the Network structure as well as related F/P/T committees to ensure an effective and efficient Network structure.

(2.) Collaborating on the Development of Inter-Jurisdictional Agreements:

- Developed the components of the Memorandum of Understanding on Mutual Assistance
 - Approval of the Principles for the development of the MOU on mutual assistance;
 - Developed the *Checklist of Best Practices to Facilitate the Sharing of Mutual Aid in a Disaster or Public Health Emergency*;
- Developed the components of the Public Health Information Agreement:
 - Consultations were held on draft Principles for the development of the agreement
 - Developed *Processes for Information Sharing during a Public Health Emergency*

(3.) New Directions in 2005-2006 based on advice to or direction from CDMH:

- Advice and implementation of ACPHHS reports referred to the Network
 - Analysed the report, *Improving Public Health System Infrastructure in Canada*, and identified priority areas for action;
 - Assessing the ACPHHS public health reports for approaches to implementation (described in further detail in the next section of this report).
- Pandemic Preparedness and Response
 - Recommendations were developed jointly by the Network and CCMOH on the size and use of the National Antiviral Stockpile
- Finalized the *National Framework for Health Emergency Management*
- Completed the *Respiratory Illness Outbreak Response Protocol*

3.2. Adapting to New Directions in 2005-2006 – Sunsetting of the ACPHHS

In mid-2005, the CDMH decided to sunset the Advisory Committee on Population Health and Health Security (ACPHHS). As noted in the previous section of this report, this decision resulted in new directions and additional priority areas of focus for the Network.

Transitioning ACPHHS Issues to the Public Health Network

Prior to the ACPHHS sunsetting in November 2005, the Network Council held a joint meeting with the ACPHHS to formally transition the committee's work to the Network. The Council and its secretariat worked closely with the ACPHHS to build on their accomplishments, to share lessons learned, and to coordinate efforts to address transition issues. The longer term policy advisory function of the ACPHHS has since been adopted by the Network as part of its ongoing strategic and operational planning.

In addition, the Network Council has directed its secretariat to collaborate with the former ACPHHS liaison committees and related initiatives to maintain a linkage on key public health issues. The following former committees that currently report to CDMH through the Public Health Network, in a liaison capacity, include:

- Committee on Health and the Environment;
- F/P/T Committee on Substance Use and Abuse; and
- Tobacco Control Liaison Committee.

The Committee on Health and the Environment (CHE) is expected to play an important role, in a liaison capacity, to the Network Council. The CHE is the only F/P/T body with representation from both the health and environment sectors to address critical issues related to the environmental impacts on the health of Canadians. Closer ties between the Network Council and the CHE are being established. For example, the CHE co-chairs recently attended the May 2006 PHN Council meeting to present their 2006-2007 workplan and to discuss issues of common concern.

ACPHHS Reports – Approaches to Implementation

Based on new directions from CDMH in 2005, the Council has taken steps to develop approaches for the implementation of the following ACPHHS public health reports referred to the Network:

- *Improving Public Health System Infrastructure in Canada;*
- *Building the Public Health Workforce for the 21st Century- A Pan-Canadian Framework for Public Health Human Resources Planning;*
- *Enhancing Capacity for Surveillance of Chronic Disease Risk Factors and Determinants;*
- *Integrated Pan-Canadian Healthy Living Strategy.*

Public Health System Infrastructure Report

The report, *Improving Public Health System Infrastructure in Canada* outlines a ten-year plan and includes recommendations to strengthen the public health system's infrastructure. In December 2005, the report was approved by F/P/T Deputy Ministers for use as a resource document within F/P/T jurisdictions to support planning activities related to enhancing the system's infrastructure. In addition, the Public Health Network was asked to undertake further analysis of the recommendations in the report, and to advise CDMH of priority areas of focus.

The analysis included the identification of collaborative work completed to date; a review of work that has been initiated that responds to the report's recommendations; an assessment of opportunities where current work could be accelerated or strengthened; and the identification of gaps in the infrastructure that would compromise our ability to support and protect the health of Canadians and effectively respond to an emergency. The analysis pointed to the need to focus on collaborative F/P/T action in the following areas:

- Further build our capacity to prepare for and respond to public health emergencies;
- Enhance the Public Health workforce;
- Improve laboratory services; and
- Enhance mechanisms for surveillance and information sharing.

These priority areas presented to CDMH in March 2006 reflect gaps, and other areas that require greater emphasis. Initiatives to address the priorities have been incorporated within the 2006-2007 Priorities and Workplan of the Network.

Public Health Human Resources Planning Framework

In October 2005, F/P/T Deputy Ministers of Health directed the Public Health Network to assess the recommendations in the report, *Building a Public Health Workforce for the 21st Century – A Pan-Canadian Framework for Public Health Human Resources Planning*. The report was produced by the ACPHHS and the Advisory Committee on Health Delivery and Human Resources (ACHDHR) and sets out a framework for collaborative pan-Canadian public health human resources (PHHR) planning .

To address the report, the Council struck the time-limited Public Health Human Resources Task Group to review the planning framework and to initiate a collaborative F/P/T process to develop a proposed approach for implementation. The Task Group is now operational and includes representation from government and non-government experts in the fields of public health. It is chaired by the Chief Executive Officer of the Canadian Public Health Association. The PHHR Task Group is mandated to address the following three goals:

- To increase all jurisdictions capacity to plan for the optimal number, mix, and distribution of public health skills and workers;
- To develop an interprofessional workforce with the public health skills and competencies to meet the population needs ; and

- To enhance all jurisdictions' capacity to achieve the appropriate mix of public health workers and deploy them in interprofessional, population-based and client service models that make full use of their skills and competencies.

The Network's 2006-2007 Priorities and Workplan includes a continued emphasis on improving public health human resources capacity across Canada through specific activities and deliverables. The Council will report back to Deputies on progress in Fall 2006.

Strengthening Chronic Disease Surveillance Report

Public health experts acknowledge that chronic disease surveillance capacity is not consistent across the country. Collaboratively building the capacity for chronic disease risk factor surveillance at the local, provincial/territorial and national levels was tasked to the Public Health Network in mid-2005. The F/P/T Deputy Ministers referred the ACPHHS report, *Enhancing Capacity for Surveillance of Chronic Disease Risk Factors and Determinants* to the Network for advice on implementation.

This work is a priority for the Expert Groups on Surveillance and Information, and Chronic Disease and Injury Prevention and Control in 2006-2007. The Expert Groups have been directed to work together to assess the strategic areas to improve capacity identified in the report, and to develop approaches/recommendations for implementation. The Network's 2006-2007 Priorities and Workplan includes this work and the Council will report back to Deputy Ministers in Spring 2007 with recommendations.

Integrated Pan-Canadian Healthy Living Strategy

The F/P/T Ministers of Health endorsed the *Integrated Pan-Canadian Healthy Living Strategy*, developed by the ACPHHS, in October 2005. The Strategy set out the foundation for intersectoral action designed to improve health outcomes and reduce disparities in the health status of people in Canada (the two goals of the strategy). As a standard reference point for all sectors to measure the success of their own strategies and interventions, the *Integrated Pan-Canadian Healthy Living Strategy* identified pan-Canadian targets, expressed over a 10-year timeframe, for healthy eating, physical activity and healthy weights. The Strategy also outlined opportunities for action in policy and program development, a research and surveillance agenda, and public information/social marketing efforts.

The F/P/T Deputy Ministers referred the *Integrated Pan-Canadian Healthy Living Strategy* to the Public Health Network in October 2005 for action and to monitor progress. The Network's Population Health Promotion Expert Group will develop annual progress reports for F/P/T Deputy Ministers and Ministers of Health, a requirement of the approved Strategy. In 2006-2007 the Network will build on the work of ACPHHS, and others, to focus on the development of indicators for health disparities reduction to address the goals of the Strategy. As noted in the 2006-2007 Priorities and Workplan, the Council will return to CDMH in 2007 with these deliverables.

3.3. Communications

The Council recognizes that communications is critical to continuing to build the Network and to sustain effective collaboration in public health among F/P/T and non-government actors. The Network has made considerable progress on its communications work this year. The communications activities of the Network have been based on the principles of transparency, collegiality, accountability, timeliness, and technology. Initial efforts have focussed on establishing an internal communications approach and related processes/protocols (i.e. knowledge transfer and information-sharing between/among expert groups and issue groups); developing new communications tools (i.e. visual identifier depicted on this report, electronic web-based tools), and selecting key external communications activities/events.

An important early step for the Network to connect with key public health partners was Council's participation at the September 2005 Canadian Public Health Association (CPHA) annual conference. The creation of the Network was promoted with its partners for the first time, through the distribution of background information on the Council members, mandate and structure of the Network. More recently, the Council Co-Chairs held a plenary session at the May 2006 CPHA annual conference to address delegates on public health infrastructure and capacity building, including an overview of the Network structure and a look back on the first year of operations. The session was well received by public health stakeholders and the conference provided an opportunity for the low-key launch of the Pan-Canadian Public Health Network's website. A more comprehensive communications strategy is under development. This will include risk communications considerations for emergencies as well as communications approaches in non-emergency situations.

4. LOOKING AHEAD

The Pan-Canadian Public Health Network structure is in place with the necessary capacity to be an effective and efficient mechanism for collaboration in Public Health. The F/P/T Special Task Force report, *Partners in Public Health* will continue to guide the work of the Network in the coming years. The Network is moving forward to deliver on the new commitments and priorities identified by the F/P/T Deputy Ministers and more recent directions from the F/P/T Ministers of Health May 2006 meeting on Pandemic Preparedness and Planning where the Network's work was prominently featured.

Building on the successes of the past year, the Public Health Network's planned activities in 2006-2007 will address three key priority areas for continued collaborative F/P/T action in public health. These priorities and the supporting activities are described in detail in the Network's annual workplan.

The 2006-2007 work to support the attainment of the three priorities will include:

Priority #1: Preparing for and Responding to Public Health Emergencies & Communicable Disease Control & Prevention:

- Pandemic Influenza Preparedness
 - National Policy Recommendations on Antivirals for Prophylaxis
 - Updating the Canadian Pandemic Influenza Plan (including addition of Communication annex)
 - Developing a Cross-sectoral Avian Influenza Response Plan
 - Proposal for the Development of a Real-Time Pandemic Planning Exercise
 - Operational and Technical Component of the MOU on Roles and Responsibilities in Pandemic Preparedness and Response
 - Plan for Laboratory Response to Pandemic Influenza
- Interjurisdictional Agreements
 - Memorandum of Understanding on the Provision of Mutual Assistance in a Disaster or Public Health Emergency;
 - Public Health Information Sharing Agreement to prepare for and respond to a public health emergency
- National Health Emergencies Management
 - National Forum on Emergency Preparedness and Response
 - Policy Document on Components/Structure of Pan-Canadian health emergency management

Priority #2: Building Public Health Infrastructure and Organization:

- Building the Public Health Human Resources Workforce
- Enhancing the Capacity of the Public Health Laboratories
- Strengthening Chronic Disease Surveillance
- Effective and Efficient Management of the Public Health Network
 - Engagement of the Aboriginal community in the Network
 - Review of PHN Committee Structure

Priority #3: Health Promotion-Healthy Living Development and Management

- Healthy Living Strategy management
- Indicators for health disparities

5. CONCLUSION

The lessons learned from the 2003 SARS outbreak, natural disasters, and the more recent cases of avian influenza have highlighted the need for jurisdictions to work collectively with federal, provincial, territorial and local partners to enhance Canada's public health system infrastructure. The Pan-Canadian Public Health Network is a new mechanism that provides an opportunity for F/P/T governments and non-government actors to work together in a collaborative and cooperative fashion to improve public health capacity, to enhance surge capacity to address emergencies, and to address important issues across the spectrum of public health.

This report has provided an overview of the accomplishments of the Network in its first year of operation, and has outlined the delivery of year one priorities and commitments set out by the F/P/T Deputy Ministers and Ministers of Health. The Network's attention is now focussed on the future, moving ahead with the second year of operations to deliver on the 2006-2007 priorities set out in the annual workplan. The Pan-Canadian Public Health Network will continue to provide a focal point for collaborative action in public health to ensure that we are prepared to effectively protect the health of Canadians and to respond in the event of an emergency.

APPENDIX A
PAN-CANADIAN PUBLIC HEALTH NETWORK

Council Membership	
Federal Co-Chair	P/T Co-Chair
<p>Dr. David Butler-Jones Chief Public Health Officer Public Health Agency of Canada 130 Colonnade Road Ottawa ON K1A 0K9 Tel: (613) 957-3059 Fax: (613) 954-8529 david_butler-jones@phac-aspc.gc.ca</p>	<p>Dr. Perry Kendall Provincial Health Officer Ministry of Health Planning 1515 Blanshard Street, 4th Floor Victoria BC V8W 3C8 Tel: (250) 952-1330 Fax: (250) 952-1362 perry.kendall@gov.bc.ca</p>
Yukon	Northwest Territories
<p>Ms. Joanne Fairlie Assistant Deputy Minister Yukon Health & Social Services Box 2703 Whitehorse YT Y1A 2C6 Tel: (867) 667-5689 Fax: (867) 667-3096 joanne.fairlie@gov.yk.ca</p>	<p>Dr. André Corriveau Chief Medical Officer of Health and Assistant Deputy Minister Population Health and Clinical Services Department of Health and Social Services Government of Northwest Territories 6th Floor, Centre Square Tower, P.O. Box 1320 Yellowknife NT X1A 2L9 Tel: (867) 920-3231 Fax: (867) 873-0442 andres_corriveau@gov.nt.ca</p>
Nunavut	British Columbia
<p>Dr. Isaac Sobol Chief Medical Officer of Health Health and Social Services Government of Nunavut P.O. Box 1000, Station 1000 Iqaluit NU X0A 0H0 Tel: (867) 975-5772 Fax: (867) 975-5755 isobol@gov.nu.ca</p>	<p>Mr. Andrew Hazlewood Assistant Deputy Minister Population Health and Wellness Ministry of Health Services 1515 Blanshard Street, 4th Floor Victoria BC V8W 3C8 Tel: (250) 952-1731 Fax: (250) 952-1713 andrew.hazlewood@gov.bc.ca</p>
Alberta	Saskatchewan
<p>Dr. Nicholas Bayliss Chief Medical Officer of Health Alberta Health and Wellness 10025 Jasper Avenue N.W. P.O. Box 1360, Station Main Edmonton AB T5J 2N3 Tel: (780) 415-2809 Fax: (780) 427-7683 nicholas.bayliss@gov.ab.ca</p>	<p>Dr. Ross Findlater Chief Medical Health Officer Saskatchewan Health 3475 Albert Street Regina SK S4S 6X6 Tel: (306) 787-3235 Fax: (306) 787-3237 rfindlater@health.gov.sk.ca</p>

Manitoba	Ontario
<p>Ms. Marcia Thomson Assistant Deputy Minister Health Programs, Manitoba Health Unit #7, 1680 Ellice Avenue Winnipeg MB R3H 0Z2 Tel: (204) 788-6656 Fax: (204) 948-2366 mthomson@gov.mb.ca</p>	<p>Dr. Sheela Basrur Chief Medical Officer and Assistant Deputy Minister, Ministry of Health and Long-Term Care 5700 Yonge Street, 8th Floor Toronto ON M2M 4K5 Tel: (416) 314-5487 Fax: (416) 327-7438 sheela.basrur@moh.gov.on.ca</p>
Quebec	New Brunswick
<p>Dr. Alain Poirier Directeur national de santé publique et sous-ministre adjoint, Direction générale de la santé publique Ministère de la Santé et des Services sociaux 1075, chemin Sainte-Foy, 12 étage Québec QC G1S 2M1 Tél: (418) 266-6700 Fax: (418) 266-6707 alain.poirier@msss.gouv.qc.ca</p>	<p>Dr. Wayne MacDonald Chief Medical Officer of Health Office of the Chief Medical Officer of Health 520 King Street, 2nd Floor Carleton Place, P.O. Box 5100 Fredericton NB E3B 5G8 Tel: (506) 453-2323 Fax: (506) 453-8702 wayne.macdonald@gnb.ca</p>
Nova Scotia	Newfoundland and Labrador
<p>Dr. Jeff Scott Provincial Medical Officer of Health Department of Health 1690 Hollis Street, 2nd Floor Halifax NS B3J 2R8 Tel: (902) 424-3374 Fax: (902) 424-0550 scottj@gov.ns.ca</p>	<p>Ms. Lynn Vivian-Book Assistant Deputy Minister, Public Health Wellness & Children & Youth Services Department of Health and Community Services, P.O. Box 8700 St. John's NL A1B 4J6 Tel: (709) 729-1574 Fax: (709) 729-0121 lbook@gov.nl.ca</p>
Prince Edward Island	Federal
<p>Dr. Lamont Sweet Chief Health Officer Department of Health and Social Services 16 Garfield St., Box 2000 Charlottetown, PE C1A 7N8 Tel: (902) 368-4996 Fax: (902) 620-3354 lesweet@ihis.org</p>	<p>Mr. Ian Potter Assistant Deputy Minister First Nations and Inuit Health Branch Health Canada 21st Floor, Room A2114 Jeanne Mance Building, Tunney's Pasture Ottawa ON K1A 0K9 Tel: (613) 957-7701 Fax: (613) 957-1118 ian_potter@hc-sc.gc.ca</p>

F/P/T Secretariat

<p>Ms. Alixandria Clymans Manager, Pan-Canadian Public Health Network Secretariat Development and Partnerships Division Strategic Policy Directorate Public Health Agency of Canada 130 Colonnade Road, Room 283B, AL6502F Ottawa ON K1A 0K9 Tel: (613) 954-7679 Fax: (613) 952-7223 alixandria_clymans@phac-aspc.gc.ca</p>	<p>Mrs. Christina Lee-Fuller A/Senior Policy Analyst Pan-Canadian Public Health Network Development and Partnerships Division Strategic Policy Directorate Public Health Agency of Canada 130 Colonnade Road, Room 278B, AL6502F Ottawa ON K1A 0K9 Tel: (613) 946-8834 Fax: (613) 952-7223 christina_lee-fuller@phac-aspc.gc.ca</p>
<p>Ms. Anne Magnan A/ F/P/T Secretariat Officer Pan-Canadian Public Health Network Development and Partnerships Division Strategic Policy Directorate Public Health Agency of Canada 130 Colonnade Road, Room 277B, AL6502F Ottawa ON K1A 0K9 Tel: (613) 954-8647 Fax: (613) 952-7223 anne_magnan@phac-aspc.gc.ca</p>	<p>Mrs. France Huneault F/P/T Secretariat Officer for CCMOH & A/ Public Health Network Coordinator Development and Partnerships Division Strategic Policy Directorate Public Health Agency of Canada 130 Colonnade Road, Room 281B, A/L 6502F Ottawa, Ontario K1A 0K9 Tel: (613) 954-9852 Fax: (613) 952-7223 france_huneault@phac-aspc.gc.ca</p>