Based on its interests, Quebec plans to participate only in working groups for the protection of public health and to share information and best practices.
Table of Contents

Executive Summary ........................................................................................................................................... i

Introduction .................................................................................................................................................... 1

I. Reporting on 2013 - 2015 PHN Key Areas of Focus and Deliverables ................................................. 3
   1. Promote Healthy Living and Reduce Health Inequalities ......................................................... 4
   2. Prevent and Control Persistent and Emerging Infectious Disease .................................. 5
   3. Prepare for and Respond to Public Health Emergencies .................................................. 6
   4. Build Public Health Infrastructure and Organizational Supports .................................. 7

II. Looking Ahead .......................................................................................................................................... 9

Conclusion .................................................................................................................................................... 10

Reference Documents .................................................................................................................................. 11

Annex A - PHN Governance and Structure .......................................................................................... 12

Annex B - Public Health Network Council Members on March 31, 2015 .................................. 14

Figures and Tables

   Figure 1: PHN Strategic Priorities 2014 – 2017 ............................................................................... 2

   Figure 2: Governance Structure of the Pan-Canadian Public Health Network ................................ 13
Executive Summary

This is the seventh report on the contributions and achievements of the Pan-Canadian Public Health Network (PHN) as it continues to assist governments and other public health partners to collectively advance work on Canada’s public health priorities. This report provides an overview of key activities and accomplishments over two years: April 1, 2013 to March 31, 2015.

As an integral part of its work, the PHN focused on the development and maintenance of partnerships and collaboration with the public health community in Canada. For example, the Public Health Network Council reached out to National Aboriginal Organizations (NAOs) to build and maintain relationships with the network. The PHN initiated discussions with the Joint Consortium for School Health on common objectives contained in the healthy weights framework. The PHN also engaged Parachute, a national injury association, in order to leverage expertise and advance injury prevention across the country.

The PHN focused its attention on the following key priorities during this reporting period:
- Continuing to advance Curbing Childhood Obesity: An F/P/T Framework for Action to Promote Healthy Weights;
- Considering F/P/T activities in mental health promotion;
- Developing a dashboard on injury prevention to support F/P/T planning on areas of collaboration;
- Proposing strategic direction and recommendations to enhance F/P/T collaboration in all areas of immunization;
- Renewing and improving pandemic influenza and emergency response planning;
- Working on a multi-jurisdictional approach to public health surveillance priorities;
- Holding thematic environmental public health discussions;
- Assessing mechanisms for engaging Aboriginal expertise within the PHN; and
- Preparedness and response planning for Ebola virus disease.

Key PHN accomplishments for these reporting years included:
- Developing and endorsing a legally binding multi-lateral information sharing agreement;
- Finalizing the process for mutual aid surge requests for health professionals;
- Developing novel guidance for use of meningococcal B vaccine;
- Endorsing immunization statements on the human papillomavirus (HPV) and Zoster vaccines; and
- Developing components for a Pan-Canadian framework to address antimicrobial resistance.

The PHN will continue to engage public health stakeholders and leverage partnerships with experts to ensure its work is informed by Canada’s best available public health expertise.
Introduction

This Annual Report provides an overview of PHN accomplishments and activities in fiscal years 2013-2015 (April 1 2013 to March 31, 2015). In addition, this Report highlights several priorities and workplan items for 2015-2016.

The PHN was established by Canada’s F/P/T Health Ministers in 2005 in response to various public health events and evidence that highlighted an urgent need to develop a comprehensive, integrated and responsive system for intergovernmental coherence and collaboration in the field of public health. The PHN is a key intergovernmental mechanism which exists to:

▪ Strengthen and enhance Canada's public health capacity;
▪ Enable F/P/T governments to better work together on the day-to-day business of public health; and
▪ Anticipate, prepare for and respond to public health events and threats.

As it carries out its duties, the PHN strives to remain respectful of the authority and jurisdiction of each F/P/T government to manage public health operations within its own domain. The mandate of the PHN, as approved in 2005 by F/P/T Ministers of Health and Healthy Living is 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 regular reporting to F/P/T Deputy Ministers of Health and Healthy Living on public health matters and the activities of the Network;
▪ Collaborate on the day-to-day operations of public health;
▪ Respect jurisdictional responsibilities in public health; and
▪ Be accountable to the Conference of F/P/T Deputy Ministers of Health and Healthy Living.

The PHN takes a collaborative approach to public health that is not only critical during public health emergencies – but also to assisting jurisdictions across Canada in gaining a stronghold on public health issues, such as obesity and other chronic and communicable disease.

A snapshot of the strategic directions of the PHN including the vision, strategic goals, strategic objectives and strategic priorities for the 2014-2017 period is provided in Figure 1.

The vision, strategic goals and strategic objectives were approved by F/P/T Deputy Ministers in December 2010; while the strategic priorities for 2014 to 2017 were approved in November 2013. These high level strategic priorities guide and shape the work of the PHN over the three year time period.
Figure 1: PHN Strategic Priorities 2014 – 2017

VISION
Canadians benefit from an effective federation dedicated to collaboratively addressing contemporary challenges in public health.

STRATEGIC GOALS
To protect and promote the health of Canadians.
To promote the importance of public health in the development of a sustainable Canadian Health System.
To improve health outcomes and reduce health inequalities.

PHN STRATEGIC OBJECTIVES

Promote: Promote Healthy Living and Reduce Health Inequalities

- Develop a framework to guide F/P/T collaboration on mental health and identify priorities for collective action.
- Work collaboratively across sectors to advance new partnerships for promoting healthy weights and expand effective initiatives under Curbing Childhood Obesity: A F/P/T Framework to Promote Healthy Weights.

Prevent and Control: Prevent and Control Persistent and Emerging Infectious Diseases

- Strengthen, enhance and advance collaborative efforts in the development and uptake of coherent F/P/T approaches to prevent and control persistent and emerging infectious diseases in Canada.

Prepare: Prepare for and Respond to Public Health Emergencies

- Strengthen emergency preparedness and response capacity by supplementing targeted response plans and with an all-hazards, risk-based approach.

Build: Build Public Health Infrastructure and Organizational Supports

- Strengthen the formal mechanisms of the public health system through more effective information sharing, partnerships and guidelines.
- Establish the foundations for a federated, integrated model and approach for public health surveillance in Canada.
I. Reporting on 2013 - 2015 PHN Key Areas of Focus and Deliverables

Over the 2013-2015 period, the Network carried out work under the below 2014-2017 Strategic Priorities. Activities for each of these areas are described in following sections.

1. Promote healthy living and reduce health inequalities;
2. Prevent and control persistent and emerging infectious disease;
3. Prepare for and respond to public health emergencies; and
4. Build public health infrastructure and organizational supports.

In addition, a function of the Public Health Network Council (Council) is to provide advice to F/P/T Deputy Ministers of Health and Healthy Living on public health matters in Canada. The development and maintenance of partnerships and collaborations with the public health community in Canada is an integral part of the work of the PHN.

In 2013 Council, through the interim First Nation, Inuit, Métis (FN/I/M) Public Health Expert Advisor (Ms. Margo Greenwood, PhD), reached out to National Aboriginal Organizations (NAOs) to build and maintain relationships with the PHN. This outreach resulted in the development of an inventory of First Nations, Inuit, Métis researchers and experts, identifying their area of specialization, i.e. Indigenous peoples residing in urban locales, etc. This inventory is available to PHN Members needing to draw on specific expertise when considering public health policy decisions that may impact Indigenous Peoples. Building upon previous engagement with NAOs, in 2015 Council Co-Chairs invited NAOs to participate in bi-lateral discussions on public health priorities and look forward to these discussions.

In the area of healthy weights, the PHN developed multi-sectoral partnerships in an effort to identify opportunities for strategic collaboration with existing F/P/T tables with shared objectives on healthy weights. This included improved linkages with the Joint Consortium for School Health; the F/P/T Group on Nutrition; and F/P/T Ministers Responsible for Sports, Physical Activity, and Recreation.

The PHN also established objectives and work focused on engaging relevant sectors to raise awareness and understanding of positive mental health, and enhancing data collection and surveillance of positive mental health. This work built on existing partnerships while engaging new partners across a variety of settings and sectors, with a focus on the Public Health Agency of Canada’s positive mental health indicator development project.

The PHN continues to support the development and maintenance of partnerships and collaboration with the public health community in Canada by sharing information about public health activities, building important relationships and working in partnership with public health stakeholders and experts both within and external to government.
1. Promote Healthy Living and Reduce Health Inequalities

The PHN continued its efforts to promote healthy living by focusing on a variety of key issues such as healthy weights, mental health promotion and injury prevention.

A. Healthy Weights

Building on the foundation established with two key documents: 1) *Federal, Provincial and Territorial (F/P/T) Declaration on Prevention and Promotion* (2010); and, 2) *Curbing Childhood Obesity: A F/P/T Framework for Action to Promote Healthy Weights (Framework)*, the Healthy Peoples and Communities Steering Committee (HPC-SC) continued to focus on profiling collaborative initiatives in jurisdictions that illustrate the range of actions required to reduce rates of childhood obesity. With further endorsement of these key documents by F/P/T Ministers responsible for Sport, Physical Activity and Recreation, along with their participation in profiling initiatives to support active living, these actions illustrate governments’ commitment to achieving healthier weights among children.

HPC-SC completed work on a set of core national indicators in four categories: healthy weights, physical activity, healthy eating and supportive environments. Measuring and reporting on these indicators will gauge progress and inform future efforts to achieve the objectives of the Framework. Baseline measures of the indicators are included in the first electronic progress report, *Towards a Healthier Canada – 2013 Progress Report on Advancing the Federal/Provincial/Territorial Framework on Healthy Weights: www.towardsahealthiercanada.ca*, which was endorsed by F/P/T Ministers of Health and Healthy Living.

The e-Report also profiles joint and/or complementary initiatives underway in jurisdictions. Canadians now have easy access to this information and stakeholders and potential partners can use the report to initiate dialogue about effective interventions and new ways of working together across sectors to scale up initiatives and achieve greater impact.

Future progress reports will build on the baseline information presented in the 2013 progress report. These reports will describe trends to enable all sectors, including governments, to learn from successful initiatives and modify approaches as appropriate.

B. Mental Health Promotion

The HPC-SC focused on identifying common objectives among jurisdictions in mental health promotion and then working to fill gaps in information needed to improve capacity for collaborative efforts within public health and with other sectors.

Under the direction of the HPC-SC, the Mental Health Promotion Task Group (MHP TG) established objectives and a workplan that focuses on engaging relevant sectors to raise awareness and understanding of positive mental health, and enhancing data collection and surveillance of positive mental health during the 2013-2014 fiscal year. A key component of this work is building on existing partnerships and engaging new partners across a variety of settings and sectors. To date, the MHP TG has engaged in the Public Health Agency of Canada’s positive mental health indicator development project, a project that will assist in helping to better understand the role of promotion of mental health in Canada and inform the PHN's collaborative efforts going forward in this area.
C. Injury Prevention
Based on previous F/P/T work with injury prevention stakeholders that defined areas for action in injury prevention, during the 2013-2014 fiscal year, HPC-SC developed the prototype for an Injury Prevention Dashboard based on indicators previously established for the HPC-SC. The Dashboard, a useful tool for compiling information across jurisdictions and presenting it clearly and concisely, is intended to aid in highlighting P/T activities in the areas of seniors’ falls and sport and recreation injuries. The Dashboard will provide all jurisdictions with an at-a-glance snapshot of current P/T activities. This type of resource is an integral element of F/P/T efforts to share lessons learned in public health so that Canadians benefit from effective programs that are evidence-based and that efficiencies are gained by building on the knowledge and experiences of others rather than duplicating efforts.

2. Prevent and Control Persistent and Emerging Infectious Disease

The PHN advanced the control and prevention of communicable and infectious disease by presenting recommendations for a renewed national immunization strategy; developing proposed components of a Pan-Canadian framework to address antimicrobial resistance and immunization statements on Meningococcal B, Human papillomavirus (HPV), and Herpes zoster (shingles).

A. National Immunization Strategy
The Communicable and Infectious Disease Steering Committee (CID-SC) developed and presented PHN Council with recommendations on a renewed national immunization strategy which proposed strategic directions and recommendations to enhance F/P/T collaboration in areas such as:

- Common vaccine guidance
- Coordinated immunization schedules and programs
- Vaccine innovation and development
- Coherent outbreak response
- Enhanced and sentinel surveillance
- Overarching direction and coordination
- Program evaluation and programmatic research
- Vaccine acceptance and uptake
- Security of vaccine supply
- No-fault vaccine injury compensation

B. Immunization Statements
Under the direction of CID-SC, a time-limited Meningococcal B Pilot Project was developed to test, demonstrate, and assess a potential means to improve the process for the development of common guidance for new vaccines in Canada. The Meningococcal B Common Guidance Statement, released in March 2014, outlines the recommended use of the four component Meningococcal B vaccine. The common guidance statement also reviews issues related to evaluation and surveillance, and identifies evidence gaps and ongoing research needs.

The following immunization statements were also approved by Council:

- Human papillomavirus (HPV) statement for use of vaccine in males and older women; and
- Herpes zoster (shingles) statement.
C. Antimicrobial Resistance
Proposed components for a Pan-Canadian framework to address AMR were approved by Council and will move forward to F/P/T Deputy Ministers for discussion: surveillance, stewardship, infection prevention and control, and research and innovation. Two time-limited task groups were established to examine the public health aspects of the surveillance and stewardship components. The Surveillance Task Group will develop recommendations on the priority data needed to support a robust national AMR surveillance system, while the Stewardship Task Group will establish recommendations focusing on the optimal use of antimicrobials in human health.

3. Prepare for and Respond to Public Health Emergencies
The Public Health Infrastructure Steering Committee (PHI-SC) finalized the process for mutual aid surge requests for health professionals and further improved pandemic influenza and emergency response planning.

A. Operational Framework for Mutual Aid Surge Requests for Health Care Professionals
The Operational Framework for Mutual Aid Surge Requests for Health Care Professionals supports the F/P/T Memorandum of Understanding on the Provision of Mutual Aid in Relation to Health Resources during an Emergency Affecting the Health of the Public. The Framework was finalized in fall 2013 and approved by Council in December 2013. This guidance document provides a consistent and timely pan-Canadian approach to inter-jurisdictional health care professional mutual aid during health emergencies. The framework identifies roles and responsibilities and provides standard processes to guide jurisdictions when making requests for and offers of mutual aid and the mobilization/demobilization of health care professionals.

B. Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector
The Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector (CPIP) Main Body was endorsed by F/P/T Deputy Ministers in December 2014. Prior to being finalized, the CPIP transitioned from a draft “plan” to a guidance document for F/P/T governments. The Main Body, while preserving a consistent pan-Canadian approach to pandemic planning and response, was updated in order to:

- Provide scope for provinces and territories to adapt their own plans and responses to local and regional circumstances;
- Support a risk-management approach;
- Better reflect Canada’s geographic, demographic, cultural, and socio-economic diversity and the need for planners to take this diversity into account; and,
- Further clarify the language on the federal role and responsibilities for federal populations.

Under the PHI-SC, the CPIP Task Group will continue revisions to CPIP annexes, the first being Surveillance, Laboratory, Communications, Antivirals, and Vaccine Annexes. Remaining Annexes will be revised over several years.

2 Signed by F/P/T Ministers of Health and Healthy Living in 2009
C. Preparedness and Response Planning for Ebola Virus Disease
The threat of the Ebola virus entering Canada posed a need for coordinated F/P/T preparedness and response planning across the health sector. The Special Advisory Committee (SAC) on Ebola, consisting of senior technical and policy leaders in public health across Canada, was struck to provide leadership, coordination and public health advice to the F/P/T Deputy Ministers on matters related to preparedness and response planning. The SAC developed several initiatives, including rapid response teams, a bulk inventory of personal protective equipment, and a Regional Collaborative Treatment Approach to the treatment of Ebola Virus Disease in Canada. Further planning and preparedness activities will be undertaken as per learnings from this event.

4. Build Public Health Infrastructure and Organizational Supports
PHI-SC was involved in discussions to establish a formal agreement on multi-lateral information sharing and continued work to address public health surveillance priorities through improvements to national surveillance infrastructure.

A. Multi-Lateral Information Sharing Agreement
Multi-Lateral Information Sharing Agreement (MLISA) is a legal agreement that establishes standards on sharing, usage, disclosure and protection of public health information for infectious diseases and public health emergencies of international concern. The MLISA sets out what public health information is to be shared and how it will be used. It allows for trends and/or urgent public health events to be identified more rapidly and to reduce duplication of information requests. During the 2013-2014 fiscal year, significant progress was made towards finalizing the MLISA Main Body. The F/P/T Ministers of Health unanimously endorsed MLISA at their October 2014 meeting. In 2014-2015 the Multi-lateral Information Sharing Agreement was signed and came into force. To date, twelve jurisdictions have signed MLISA and the remaining jurisdictions have expressed their intent to sign.

In 2015-2016, the Table of Representatives was formed to govern the Agreement and signatories for Supplemental or Technical Annexes.

B. Federated System for Public Health Surveillance (Blueprint)
The National Surveillance Infrastructure Task Group (NSI TG) developed a federated approach to strengthening public health surveillance infrastructure with the Blueprint for a Federated System for Public Health Surveillance in Canada. This framework document identifies the collaborative context and necessary infrastructure for a federated system for public health surveillance in Canada. During fiscal year 2013-2014, Part 1 – The Vision was developed, which describes the Blueprint vision, core elements of a federated system for public health surveillance in Canada and considerations for putting those elements into place in Canada. Part 2 – The Action/Implementation Plan to Achieve a Federated System for Public Health Surveillance in Canada was developed in 2014-2015, and builds on the vision and elements described in Part 1, concretely describing how to build and implement the vision.

Next steps include presentation of priorities for the Action Plan namely infrastructure elements of Governance, Standards, Ethics, Information Sharing and Demonstrating Success.
Focus on Public Health and the Environment

In June 2011, F/P/T Deputies directed the PHN to hold regular thematic discussions on issues related to health and the environment. The objective for these discussions is to share information on and discuss emerging environmental public health issues in Canada. Council participated in two thematic discussions jointly with the Council of Chief Medical Officers of Health (CCMOH) during 2013-2015 which focussed on environmental impact assessment proposals and the Canadian Institute of Health Research’s Signature Initiative ‘Environments and Health’.
II. Looking Ahead

Looking ahead to fiscal year 2015-16, the PHN will continue to respond to F/P/T Minister and Deputy Minister direction and ensure the Network remains an effective and efficient mechanism for governments to work together to improve the health of Canadians and to strengthen the public health system.

It is expected that the PHN Strategic Objectives and Priorities, referenced in Figure 1, will continue to shape PHN work. In addition to longer-term workplan items that will continue into fiscal year 2015-16, it is anticipated that the following new areas will be included in the 2015-16 PHN workplan: scoping out work on Hepatitis C with an aim of gaining an F/P/T understanding of prioritized and scaled options to prevent and reduce the health consequences on Canadians, increasing our understanding of control measures for the West Nile virus with an aim to mitigate risk of human infection, and developing a Pan-Canadian Baseline Report on Health Inequalities.

The PHN will continue to refine its business operations, build relationships and enhance communication within the public health community by participating in conferences, taking advantage of other suitable opportunities to partner where appropriate, and improve utilization of the Canadian Network for Public Health Intelligence (CNPHI).
Conclusion

Since its creation in April 2005, the Public Health Network has focused on meeting the commitments and priorities identified by the Conference of F/P/T Deputy Ministers of Health and Healthy Living and the F/P/T Ministers of Health and Healthy Living.

Over the past two years, through the PHN, governments and other public health stakeholders took collective action to address many public health priorities in Canada. The PHN and its partners focused on healthy living development and management by working to curb childhood obesity, build capacity for collective efforts on mental health promotion; and, develop an injury prevention tool to help establish indicators and describe best practice programs.

In addition, the PHN advanced the control and prevention of communicable and infectious disease by proposing strategic direction and recommendations to enhance collaboration in all areas of immunization; developing proposed components of a Pan-Canadian framework to address antimicrobial resistance; developing novel guidance for use of meningococcal B vaccine; and endorsing immunization statements.

The PHN further strengthened the Canadian infrastructure to prepare for and respond to public health emergencies by finalizing the process for mutual aid surge requests for health professionals and renewing and improving pandemic influenza and emergency response planning. Public health infrastructure and organizational supports were built by developing a formalized multi-lateral information sharing agreement and continuing to work on a multi-jurisdictional approach to public health surveillance priorities.

These actions further emphasized the commitment of F/P/T governments to jointly work with public health partners to promote and protect the health of Canadians and prevent disease and injury.

The PHN looks forward to building on its successes as it continues to work on its strategic objectives to build toward a high-quality, efficient and responsive public health system for Canadians.
Reference Documents


Annex A - PHN Governance and Structure

The PHN is governed by a seventeen-member Council that represents the public health leadership in each of its jurisdictions. All members are appointed by the Deputy Minister of Health and Healthy Living for his or her jurisdiction. Refer to Annex B for a list of Council members.

The Council of Chief Medical officers of Health (CCMOH), consisting of the most senior medical officer of health employed by each jurisdiction, provides direction, guidance and recommendations on technical issues relating to PHN work. CCMOH reports to F/P/T Deputy Ministers of Health through PHN Council.

The PHN structure consists of three steering committees: Communicable and Infectious Disease; Healthy People and Communities; and Public Health Infrastructure. Each steering committee has full F/P/T representation and is supported by expert-based, time-limited task groups. The task groups are established by each steering committee to advance the development of deliverables for PHN priorities.

The Talent Pool of Expertise allows the PHN Council and Steering Committees to draw on Canada’s best available public health expertise to contribute to PHN work and recommendations for F/P/T Deputy Ministers.

Figure 2 on the next page depicts the high-level structure of the PHN.
Figure 2: Governance Structure of the Pan-Canadian Public Health Network

Note:
The Public Health Agency of Canada supports the PHN through a variety of measures including provision of secretariat and policy support for the Council, CCMOH and each of the three steering committees that report to Council. Provinces and territories support the network with annual contributions for general policy support, research and specific policy support for the P/T Co-Chair and P/T DM Liaison.
## Annex B - Public Health Network Council Members as of March 31, 2015

<table>
<thead>
<tr>
<th>Federal Co-Chair</th>
<th>P/T Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Gregory Taylor</td>
<td>Dr. Robert Strang</td>
</tr>
<tr>
<td>Chief Public Health Officer</td>
<td>Chief Public Health Officer</td>
</tr>
<tr>
<td>Public Health Agency of Canada</td>
<td>Department of Health and Wellness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P/T DM Liaison</th>
<th>Northwest Territory</th>
<th>P/T Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Bruce Cooper</td>
<td>Yukon</td>
<td>Ms. Sherri Wright</td>
</tr>
<tr>
<td>Deputy Minister</td>
<td></td>
<td>Assistant Deputy Minister, Health Services</td>
</tr>
<tr>
<td>Department of Health &amp; Community Services</td>
<td></td>
<td>Health and Social Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P/T DM Liaison</th>
<th>Northwest Territory</th>
<th>P/T Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. André Corriveau</td>
<td>Nunavut</td>
<td>Dr. Maureen Baikie</td>
</tr>
<tr>
<td>Chief Public Health Officer</td>
<td></td>
<td>Chief Medical Officer of Health</td>
</tr>
<tr>
<td>Department of Health and Social Services</td>
<td></td>
<td>Health and Social Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Co-Chair</th>
<th>P/T Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Perry Kendall</td>
<td>Ms. Linda Mattern</td>
</tr>
<tr>
<td>Provincial Health Officer</td>
<td>Assistant Deputy Minister, Acute Care and Population</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Co-Chair</th>
<th>P/T Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Saqib Shahab</td>
<td>Ms. Anita Moore</td>
</tr>
<tr>
<td>Chief Medical Health Officer</td>
<td>Executive Director, Public Health</td>
</tr>
<tr>
<td>Saskatchewan Health</td>
<td>Manitoba Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Co-Chair</th>
<th>P/T Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. David Mowat</td>
<td>Dr. Horacio Arruda</td>
</tr>
<tr>
<td>Interim Chief Medical Officer of Health</td>
<td>Directeur national de santé publique et</td>
</tr>
<tr>
<td>Ministry of Health and Long-Term Care</td>
<td>sous-ministre adjoint</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Co-Chair</th>
<th>P/T Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jennifer Russell</td>
<td>Dr. Robert Strang</td>
</tr>
<tr>
<td>Chief Medical Officer of Health</td>
<td>Chief Public Health Officer</td>
</tr>
<tr>
<td>Office of the Chief Medical Officer of Health</td>
<td>Department of Health Promotion and Protection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Co-Chair</th>
<th>P/T Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Élaine Chatigny</td>
<td>Dr. Heather Morrison</td>
</tr>
<tr>
<td>Assistant Deputy Minister, Population Health</td>
<td>Chief Health Officer</td>
</tr>
<tr>
<td>Department of Health and Community Services</td>
<td>Department of Health &amp; Wellness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Co-Chair</th>
<th>P/T Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Tom Wong</td>
<td></td>
</tr>
<tr>
<td>Chief Medical Officer of Public Health</td>
<td></td>
</tr>
<tr>
<td>First Nations and Inuit Health Branch</td>
<td></td>
</tr>
</tbody>
</table>