In 2004, the Canadian Government created the Public Health Agency of Canada (PHAC) and the position of Chief Public Health Officer. What were the key drivers behind the establishment of the Agency?

PHAC was created in September 2004 to address the 2003 severe acute respiratory syndrome (SARS) outbreak, as well as growing concerns surrounding the capacity of Canada’s public health system to anticipate and respond effectively to public health threats. The Agency was confirmed as a legal entity in December 2006. The Government of Canada took this step in response to leading public health experts – including Dr David Naylor’s report, Learning from SARS: Renewal of Public Health in Canada, as well as other Canadian and international reports – for clear federal leadership on issues concerning public health and improved collaboration within and between jurisdictions. PHAC is one of five departments and agencies that make up the Canadian Government’s Health Portfolio. The Agency and the Chief Public Health Officer provide a clear focal point for federal leadership and accountability in managing public health emergencies.

Can you discuss the mandate of PHAC? What does the term ‘public health’ encompass?

Public health involves the organised efforts of society to keep people healthy and prevent illness, injury and premature death. PHAC has put in place programmes, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by all three levels of government, the private sector, nongovernmental organisations, health professionals and the public.

You are Canada’s second Chief Public Health Officer. What are your roles and responsibilities?

As a part of the Health Portfolio, the Agency is headed by the federal Minister of Health. The Chief Public Health Officer is the federal government’s lead public health professional, providing advice to the Minister of Health and the Government of Canada on public health issues, based on scientific evidence; collaborating with other governments, jurisdictions, agencies, organisations and countries on matters of public health; and representing Canada in the development of international responses to public health risks.

Another of the Chief Public Health Officer’s roles is as a communicator of public health information. This involves:

• Speaking to Canadians, health professionals, stakeholders, and the public about issues affecting the population’s health. This is done directly through conferences and meetings, as well as through the media and the PHAC’s website

• Reporting (by law) annually to the Government of Canada on the state of public health in our country

To access the Chief Public Health Officer’s Reports on the State of Public Health in Canada, please visit: www.phac-aspc.gc.ca/cphorsphc-respcacsp/index-eng.php

You recently addressed the 11th Canadian Immunization Conference (CIC2014) in Ottawa, Ontario. Why is immunisation a matter of great importance to public health? How did you participate in the Conference?

The Government of Canada is committed to its ongoing collaboration with partners to support immunisation research and the development of vaccines.
In a world of global epidemic threats, such as Ebola, how are you ensuring that Canada is prepared for any current and future dangers?

Since its creation, the Agency has dealt with a number of infectious diseases issues, including the H1N1 pandemic in 2009, and the first case of H5N1 in Canada last year. From each of these experiences, the Agency reflects upon what works well, and where systems can be continuously improved. PHAC has a robust public health emergency preparedness infrastructure, and regularly tests these systems with our partners to ensure they stand ready to respond to global public health threats.

The Agency works in close collaboration with all levels of government (provincial, territorial and municipal) to build on each other’s roles and responsibilities, and ensures that our national health system is robust and responsive to emerging threats. Health ministers across Canada recently discussed this issue at their annual meeting in Alberta. Myself and provincial/territorial Chief Medical Officers of Health communicate regularly and are working closely together to make sure the country is well prepared to deal with this issue.

The Agency collaborates with non-governmental organisations, including civil society and business, and other countries and international organisations like WHO to share knowledge, expertise and experiences. Canada is also part of a global, early-warning system that detects reports of outbreaks and emergencies from around the world.

Finally, communication to Canadians is paramount. As Canada’s Chief Public Health Officer I regularly disseminate information on emerging public health risks of national interest, including Ebola. My role is to provide Canadians with evidence-based public health information and advice. The Health Minister and PHAC continue to monitor experiences. Canada is also part of a global, early-warning system that detects reports of outbreaks and emergencies from around the world.

In a public health emergency, such as an outbreak or natural disaster, the Chief Public Health Officer:

- Briefs and advises Canada’s Minister of Health and, with the provincial and territorial Chief Medical Officers of Health, briefs provincial and territorial Ministers of Health, as appropriate
- Works with counterparts in other departments, jurisdictions and countries, as well as experts and elected officials, to communicate with Canadians about how to protect themselves and their families
- Personally delivers public health information to Canadians via media appearances, public statements, updates to the Agency website, and columns and public advertisements in daily and community newspapers
- Provides guidance to PHAC staff, including medical professionals, scientists and epidemiologists, as they plan and respond to the emergency
- Convenes federal government scientists and experts to share information and plan outbreak responses, as appropriate
- Coordinates with Canadian jurisdictions through regular contacts with provincial and territorial Chief Medical Officers of Health and others
- Leads in the notification of WHO on Canadian public health emergencies of international concern
- Directs Canada’s management of public health threats at borders, under Canada’s Quarantine Act

PHAC is the international coordinating body for the Ebola outbreak. Can you provide an insight into the responsibilities and activities this encompasses?

While WHO is the global coordinating body for Ebola in West Africa, the Government of Canada is taking a comprehensive approach to fighting the outbreak. This includes financial, technical and in-kind contributions provided by the Department of Foreign Affairs, Trade and Development Canada and PHAC. This is an effort to:

- Help stop the outbreak
- Treat the infected
- Meet the increasing humanitarian needs arising from the crisis
- Reduce associated threats to health and security

Efforts are being coordinated with the UN Missions for Emergency Ebola Response and through experienced partners within the UN system and the International Federation of Red Cross and Red Crescent Societies. Canada has been at the forefront of the Ebola response since April 2014. As the situation evolved, so did Canada’s support, this includes sending additional aid and assistance on a continual basis.

The Government has committed more than CAD $110 million, to support health, humanitarian and security interventions both at home and abroad to address Ebola. The Canadian Government recently launched the ‘Join the Fight Against Ebola’ campaign, which promotes the recruitment of Canadian healthcare workers through the Canadian Red
Cross. Canada has also offered in-kind support and donated 800 vials of its experimental Ebola vaccine and personal protective equipment.

In addition, the Agency has been providing laboratory support in Sierra Leone since June 2014 with rotating teams of scientists.

PHAC's National Microbiology Laboratory is on track to develop a vaccine against Ebola. What progress has been made so far?

Researchers from PHAC are world leaders in infectious disease research. Our level 4 programme is internationally recognised as one of the strongest of its kind. Agency researchers were not only instrumental in developing ZMapp – a treatment proven effective against Ebola in scientific research – but also in developing VSV-EBOV – an experimental vaccine that could potentially be used to protect against this deadly disease. Our experimental Ebola vaccine is currently in phase 1 clinical trials in Canada, the US, Europe and Africa. Preliminary trial results are expected in early 2015. For more information on the status of the vaccine, please contact NewLink Genetics.

Are there any areas for improvement in Canada’s current health system? Where do its strengths lie?

The federated model is one of our greatest strengths, allowing a multitude of expertise and experience across the country to converge in Canada’s unified, innovative approaches to public health challenges. It’s easier now to reach people where they are, with the tools they need, to make informed decisions. There are more innovative ideas to be developed – like the fantastic ImmunizeCA app, which allows parents to easily track their family’s immunisations. The Agency will continue to support the kind of innovation we need to see going forward.

You were in attendance at the Global Health Security Initiative (GHSI) in Tokyo, Japan, on 11 December 2014. What were the key discussion points at the meeting?

As a GHSI member, Canada took part in discussions that focused on the Ebola outbreak in West Africa. Over the course of the meeting, Canada outlined the leadership role that it has taken in the outbreak, and shared its best practices in the global Ebola response with other GHSI members.

Moving forward, all GHSI members will collaborate to further strengthen capabilities for the rapid international deployment of Ebola medical countermeasures. This will take place through ongoing information exchange, joint research planning and learnings with regards to experimental treatments, vaccines and the sharing of clinical trial results. Overall, GHSI members remain committed to supporting the response to the Ebola outbreak through the provision of financial, operational, material and technical support. Additional commitments of GHSI delegates are outlined through a joint Ministerial Communiqué (www.ghsi.ca/english/statementtokyo2014.asp).

During the visit, I also took the opportunity to meet with a number of key global partners, including officials from Japan, the UK, Mexico and WHO.

I discussed a range of health priorities with my counterparts, including:

- Ebola response
- International efforts to address dementia and healthy ageing
- Actions that can strengthen long-term preparedness for and response to threats including pandemic influenza and infectious disease outbreaks, crisis recovery efforts and the rapid detection of new threats and risks

How crucial are the consolidation and continuation of international partnerships in addressing public health issues affecting Canada both now and in the future?

The Government of Canada is committed to protecting the health and safety of Canadians. As part of this commitment, it’s important to exchange best practices and information with our global partners. GHSI provides an opportunity to discuss infectious disease outbreaks or chemical and biological threats to our countries. We know that learning from each other and strengthening our ties will facilitate global action.

International connections are critically important in addressing public health issues. Outbreaks are simply a plane ride away, and chronic diseases, risk factors and issues like antimicrobial resistance are truly global issues that require a coordinated global response.