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# **Science Advisory Board**

**Meeting Summary  
June 10-11, 2003**

**held at the  
Brooke Claxton Building  
Tunney's Pasture  
Ottawa, Ontario**

**Day 1, Tuesday, June 10, 2003**

**Members Present:** Judith Hall, Ardene Robinson Vollman, Linda Lusby, Stuart MacLeod, Keith Bailey, Kathryn O'Hara, Michel Bergeron, Richard Lessard, David Roy, Rodney Ouellette.

**Members Absent:** Patricia Clements, Paul Paquin, Elizabeth Jacobson, Karen Grant, Irv Rootman.

**Ex-officio Members Present:** Ian Green, Munir Sheikh, Kevin Keough, Diane Gorman, Dann Michols, David Mowat.

**Others Present:** Greg Loyst, Val Marshall, Janice Hopkins, Jason Flint, Laure Benzing-Purdie, Lisa Camelon, Kata Kitaljevich, Sylvie Cantin, Marcel Nouvet.

**Secretariat:** Tammy Davies, Glennis Lewis, Brian Colton.

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**1. I. Opening Remarks (Chair - Dr. Judith Hall)**

The Chair welcomed everyone attending, particularly the ex-officio members and presenters. The Chair emphasized that presenters should submit all background materials to the Secretariat well in advance of the meetings. The Science Advisory Board (SAB) members review the materials in advance of meetings and therefore call on presenters to focus on the key areas requiring SAB advice.

The Chair indicated that members are to submit their travel expenses (including Airport taxes, cab fares, mileage, etc.), to the SAB Secretariat.

**II. Health Canada: A Report (Mr. Ian Green, Deputy Minister)**

The Deputy Minister provided an update of departmental activities. He indicated that the SAB has an important role within Health Canada to play in ensuring that departmental science is of the highest quality.

Severe Acute Respiratory Syndrome (SARS) has taken up a great deal of time and resources within the Department. It is a compelling challenge that has forced the Department to act quickly. Health Canada labs are working around the clock on this issue. The Deputy spoke of the Infection Control Guidelines, the Quarantine Act, and the recent travel advisories by the World Health Organization (WHO), as well as the level of enhanced screening at all three terminals at the Pearson Airport. There has

been a great deal of work done with the Government of Ontario on this issue. Good communication has been key.

SARS was a focal point of the 56<sup>th</sup> World Health Assembly in Geneva last month, which the Deputy Minister and Minister McLellan attended. Both the Deputy Minister and the Minister had opportunities to discuss SARS issues at length with health ministers and officials from other affected and interested countries.

The Deputy indicated there would be a number of lessons learned from the SARS experience. Dr. David Naylor will be heading up the SARS Review for the Government of Canada. He will submit his report at the end of August.

#### Implementing the First Ministers' Health Accord

It is anticipated that much of this year's agenda will centre on implementation of the First Ministers' Health Accord that was signed on February 5, 2003. Health Canada has worked closely with provincial and territorial counterparts on the action plan, including commitments related to primary health care, home care, and patient safety.

Particular attention has been focussed on the First Ministers' commitment to establish a Health Council as part of achieving a more accountable system.

The fundamental purpose of the Health Council must be to reinforce accountability – not of one level of government to another – but to the public. The Health Council will monitor and report on the implementation of the Accord. A carefully designed Council is necessary to provide Canadians with timely, objective, informed, and credible reports.

The Council must have an independent Chair. A majority of members must be public and expert representatives in order to maintain independence. The public interest must be their sole interest. The Council must also be responsive, flexible, agile, and help inform decisions.

The Deputy indicated that the Board may find that it can make a valuable contribution to the Health Council. The Council will be looking for expert information and analysis on major health and health system issues facing Canadians.

#### Therapeutics Access Strategy

Another issue that was discussed by the First Ministers was access to therapeutic products.

The Health Products and Food Branch (HPFB) has launched the Therapeutics Access Strategy (TAS). The TAS has three goals:

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- to improve timeliness and transparency of the review process for therapeutic products while maintaining high standards of safety;
  - to exercise greater vigilance around safety issues once products reach the market; and
  - to improve access to appropriate and cost-effective drug therapies for Canadians.

Health Canada expects the TAS will lead to a transformation of how this work is approached operationally and at the legislative and regulatory level. It will help the Department meet commitments in terms of standards and smart regulations.

The Public Policy Forum is working with the Department to conduct consultations on the broad policy areas of the TAS.

### Legislative Renewal

Legislative renewal of health protection laws is a distinct initiative that will be important to the TAS, but will also have a much broader impact.

Specifically, Health Canada is launching consultations on a proposal for a new Canada Health Protection Act. This would create a single law that would effectively modernize, strengthen and integrate four current health protection laws: the Food and Drugs Act; the Hazardous Products Act; the Quarantine Act; and the Radiation Emitting Devices Act.

This is not an entirely new initiative. The proposal draws on consultations that began in 1998. The proposed approach would include attention to fundamental values, set out guiding principles for decision-making – with a strong emphasis on safety – and address basic issues such as how to assign products to different categories.

Given the number of science-related issues affecting this legislation, there may be elements of the proposal that warrant SAB advice.

### Drug Strategy

The new drug strategy will support initiatives that address prevention, health promotion, treatment and rehabilitation issues. It will support youth-oriented public education campaigns on substance abuse.

## First Nations and Inuit Health

Despite progress made in areas such as infant mortality and life expectancy, First Nations and Inuit peoples still experience a higher incidence of health problems compared to non-Aboriginal Canadians. These health problems including heart disease, diabetes, suicide rates, and fetal alcohol syndrome.

At the same time, the First Nations and Inuit health system faces serious financial pressures. Some are similar to those facing the provincial systems. Others are unique, such as a rapidly growing population, high travel costs for people in remote communities and some provincial cost-shifting.

Long-term issues are being addressed through the Sustainability Initiative that will involve cost containment strategies, health integration pilot projects, a nursing strategy, and capital infrastructure.

The goals are to develop, over the long-term, an integrated health system where people in First Nations and Inuit communities have the same availability and access to effective and efficient services as other Canadians – and to begin a shift from a focus on treatment and crisis response to upstream investments in promotion and prevention.

## Future Directions – The Role of Policy Relevant Research

The Department has an ambitious and important agenda with a lot of questions – including scientific questions – to be answered.

This underlines the importance of the direction that the SAB is taking. The decision to update the Board's terms of reference and develop a guidance manual is timely.

Over the past few years, there has been a renewed interest in the policy-making machinery and process in the Government of Canada. The recent report of the Clerk of the Privy Council to the Prime Minister on the Public Service of Canada makes this very clear. In that report, the Clerk underlines the importance of clear, precise advice based on rigorous research and collaborative processes to challenge and guide Ministers and the Government.

There is a renewed commitment to stronger policy groups in departments and greater interest in bringing in varied points of view. Advisory bodies like the SAB are an important component of this renewal. Clearly, the SAB does not advise on policy, but it can bring an external science voice to the work that Health Canada is doing. The Board plays an important role in contributing to policy-relevant research.

The Deputy Minister pointed to four areas in which Health Canada needs to focus its energies in the future and where the Board may be able to play a useful advisory role:

- Public Health issues such as SARS, West Nile Virus and Bovine Spongiform Encephalopathy (BSE) are areas that require strong leadership. There has been a suggestion that Canada may require a national capacity similar to the Centers for Disease Control and Prevention (CDC). The question of a surge capacity also needs to be reviewed.
- The scope of the public health approach will take into consideration such issues as drinking water, national immunization program, food safety and blood safety.
- In regard to Healthy Living, Health Canada has the opportunity to position itself as a leader in the areas of mental health and workplace health (injury prevention).
- Looking beyond the First Ministers' Accord, the health care system must address such issues as waiting lists, First Nations and Inuit Health, and sustainability.

Discussion included the following points:

SARS:

- Emergency preparedness, the network of Chief Medical Officers of Health, a strong infection control guidelines, and an effective surveillance system are all part of the system in place to respond to SARS. The Government of Canada has responsibility for the development of national guidelines on infectious diseases and coordination with the CDC and the WHO.

Communications:

- The need for a strong and focussed communications system to convey messages to the public on health issues, such as SARS, was emphasized.
- To ensure credibility, communication messages should be clear and consistent, and delivered by a limited number of Health Canada representatives.
- From a communications perspective, BSE benefitted from the Department's experience with SARS. There has been good, clear and concise communications on BSE. There is no substitute for good international communications with these issues.

III. **Update – Office of the Chief Scientist** (Dr. Kevin Keough, Chief Scientist) – **The Science Framework** (Dr. Mary L'Abbé – Office of the Chief Scientist)

Dr. Keough noted, as follow-up to the Deputy Minister's comments, that a Canadian SARS Research Consortium has been established. This is being lead by the Canadian Institutes for Health Research (CIHR). Health Canada is contributing \$1.0 million to the consortium, which will support SARS-related research in the areas of diagnostics, therapeutics, vaccines, epidemiology and public health.

Dr. Keough also noted that many branches and divisions of Health Canada are involved in the SARS issue including the National Microbiology Laboratory, Workplace Health, SAP and Communications.

A number of noteworthy events have occurred since the last SAB meeting:

- In May, the Council of Science and Technology Advisors (CSTA) released their most recent report, *Science Communications and Opportunities for Public Engagement*, in which important observations were made about what the Government of Canada should be doing with respect to communicating about science and technology. The CSTA, on which Dr. Judith Hall is a member, and Dr. Keough serves as Deputy Chair, provides the Government of Canada with expert advice on federal science and technology issues.
- The Deputy Minister Awards Program includes the Excellence in Science Award. The Award is granted to a maximum of three recipients every year. Each recipient is awarded \$5,000 for use in their scientific work and \$2,000 for personal use. This year the recipients were Dr. Maya Kozlowski (Health Products and Food Branch) and Dr. Renaud Vincent (Healthy Environments and Consumer Safety Branch)
- For the last three years, this award has included a special category for "Most Promising Scientist". This is an important means of encouraging and inspiring scientists early in their careers. Dr. Nathalie Bastien (Population and Public Health Branch) was this year's recipient.
- The newly formed Framework for Science Secretariat is lead by Dr. Mary L'Abbé. It will set out the overall scientific plan for the Department and allow Health Canada programs to continue to be supportive of, and supported by, sound science. Data collection is scheduled for June and July, and analysis will take

place over the summer. The Secretariat will draft Health Canada's first ever Science Plan with a view to implementing it in the fall.

- There is an important role for the SAB in this process. In September, the Framework for Science Secretariat will be seeking the SAB's advice on the Science Plan.
- The second Health Canada Research Forum will take place October 20 and 21 and will be lead by Dr. Gary Glavin. Over 170 presenters will be on hand.

The following are examples of recent scientific success stories, each of which has received funding from the Office of the Chief Scientist:

- The Food Directorate within Health Products and Food Branch (HPFB) is undertaking research on chemical contaminants in milk and their effects on the health of juvenile rats. This could contribute to research on children's health issues, including post-natal contaminant exposure in breast milk.
- Te National HIV and Retrovirus Laboratory in the Population and Public Health Branch (PPHB) has developed new scientific methods for improved and rapid methods to screen the blood of children for potential infection by HIV and the herpes viruses.
- Dr. Lai-King Ng, at PPHB's National Laboratory for Sexually Transmitted Diseases, has developed a new rapid detection tool for Antimicrobial Resistance (AMR) of bacterial pathogens.

In closing, Dr. Keough emphasized that his job, and that of this staff, is to promote and advocate excellence in science, to seek out partnerships, and champion the use of science in decision-making. The Office of the Chief Scientist also strives to make sure Health Canada has the science and technology (S&T) capacity required to fulfill its mandate. SAB meetings play an important role in this regard.

### **Presentation on the Framework for Science:**

A presentation given by Dr. Mary L'Abbé provided an overview of the scope, mission and challenges in implementing Health Canada's Framework for Science. A draft of the Health Canada's Science Plan will be circulated internally in September.

The SAB's advice would be welcome on the draft Science Plan, particularly in relation to:



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- global S&T trends;
  - issues and opportunities critical to the health of Canadians;
  - the Plan's ability to identify Health Canada's science needs;
  - the appropriate mix of in-house capacity and reliance on external expertise through partnerships or contracting; and
  - the relative level of effort among the various science activities.

Discussion included the following points:

- The SAB recognizes that Health Canada currently has excellent science capacity in many areas. However, there is a question regarding the human resources capacity to meet the many and varied challenges that the Department faces now and in the future.
- There is a need to identify the needs and infrastructure to support excellent science in Health Canada.

Action items:

The Chair asked that the Board be provided a list of those areas in which there are gaps in science capacity and the challenges the Department is likely to encounter in addressing these gaps.

**2. Communicating Science Strategy** (Ms. Sheila Watkins, Director General, Communications, Marketing and Consultation, Health Canada)

This is the third occasion that members of the SAB have been consulted on this initiative. The first consultation was in the fall of 2001; the second at the SAB meeting of September 25, 2002.

The objectives of the Department's overall Communications Strategy are to communicate the Department's priorities effectively and to strengthen the branding and image of the Department both internally and externally.

On February 26, 2003, the Communicating Science Strategy was presented to Health Canada's Departmental Executive Committee (DEC). DEC will review the implementation plan for final approval in July.

Ms. Sheila Watkins and Ms. Louise de Jourdan gave the Board an overview of the Communicating Science Strategy, sharing with the Board the highlights, including the objectives, target audiences, challenges and opportunities.

Discussion included the following points:

- Canadians need to know that the decisions made at Health Canada are based on science.
- It is important to ensure that the Communicating Science Strategy is conveying the message that good science is performed and used at Health Canada.
- Communication has to go beyond science and take into account the public's interests and perception of risks.
- The dichotomy between the communication of science and the public's understanding of science was noted. Education is required to enhance scientific understanding.
- Questions were raised as to the evidence underlying the Communicating Science Strategy.
- Public messaging needs to be clear and consistent. The use of expert media spokespersons and ambassadors to convey Health Canada science messages was seen as a positive move.
- In times of crisis, the public appears to appreciate a spokesperson who is recognizable, knowledgeable, credible, and is able to convey a consistent message.

**3. Decision-Making Framework for Media Interviews** (Ms. Elaine Chatigny, Communications, Marketing and Consultation, Health Canada).

Ms. Elaine Chatigny gave the Board an overview of Health Canada's process in this area, as well as the underlying principles utilized in responding to media coverage. She also outlined procedures to mitigate negative media relations. The Communications, Marketing and Consultation Directorate has implemented a new process to assist the Department in managing challenging media relationships.

Discussion included the following points:

- The Health Canada Media Unit is working to ensure a balanced approach to media coverage.

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- The Communications, Marketing and Consultation Directorate deals with a large number of media requests each year (5500 last year). However, only a small percentage of those inquiries lead to an on-camera interview (approximately 5%).
  - There are a number of publications produced by Health Canada, but not all of them go through the Directorate.
  - Some scientific staff alert the communications staff to impending publications. This is appreciated as it allows the communications staff to anticipate media interest in the issues addressed in the publication.

**4. The Science Behind the Development of a National Health Agenda – National Workplace Health Agenda** (Mr. Dann Michols, Assistant Deputy Minister, Ms. Brenda Patterson, Director, Ms. Kathryn Sullivan, and Ms. Kim Bachman of the Healthy Environments and Consumer Safety Branch (HECS)).

Currently, the Workplace Health and Public Safety Programme's (WHPSP) Workplace Health Strategies Bureau (WHSB) is preparing a National Workplace Agenda to strategically position comprehensive workplace health as a means to improve the health of Canadians, contribute to the reduction of health care costs and enhance the productivity of the Canadian economy. This is the first occasion that the SAB has been consulted on this initiative.

Mr. Dann Michols and Ms. Brenda Patterson outlined the purpose of the presentation on workplace health, which was to highlight the science activities related to the national agenda. They also provided a progress report, and expressed their desire to have feedback from the SAB.

Health Canada is leading the Workplace Health Initiative, but has consulted with other federal departments, including Industry Canada, Human Resources and Development Canada and Finance Canada.

Ms. Kathryn Sullivan and Ms. Kim Backmann presented information on the current body of evidence demonstrating how the work environment impacts on individual health and organizational outcomes. A background overview of the initiative and the current workplan was provided.

Discussion included the following points:

- The Programme needs to define the terms, contexts, and standards related to workplace health as early as possible in order to ensure consistency.

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- A stronger evidence-base is required to support the agenda.
  - The use of models or best practices could be helpful in developing the agenda, including examples from the injury prevention community, the standards community, and the health care community in Montreal.
  - The Department needs to ensure the scope and review of materials for comparative analysis is as broad as possible, (including Europe, the United States, Asia). In this context, the notion of twinning and peer mentoring with European counterparts or municipalities was seen as a possible approach.
  - Various measures may be useful in gauging the health of a community, including the Genuine Progress Indicator.
  - The Health Canada Diabetes Strategy and the Healthy Living Strategy both focus on adults and have workplace components.
  - The intricacies of linking workplace health to health care system costs requires further clarification. It was suggested that instead of looking at how a healthier workplace decreases the demand on health care funding, it might be better to look at health quality in the workplace. It is acknowledged that a healthier workplace may eventually decrease the demand on the health care system.

**5. Therapeutic Access Strategy – (Improving Canadians’ Access to Therapeutic Products) – Ms. Diane Gorman, Assistant Deputy Minister and Ms. Abby Hoffman (HPFB)**

Ms. Gorman described the overarching objective of Health Canada’s Therapeutic Access Strategy (TAS) as helping Canadians maintain and improve their health by ensuring that human drugs and other therapeutic products are safe, of high quality, therapeutically effective, appropriately used and accessible in a timely and cost-effective fashion.

The TAS will achieve this objective by:

- Addressing immediate concerns of Canadians and stakeholders related to timeliness, transparency, safety and health system sustainability.

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- Transforming the way the Department does business through better integration of activities across the access continuum and product lines, improved processes/practices, and modernized legislative and regulatory framework.

Discussion included the following points:

- Overall, there is decreased confidence in the drug regulatory system. Health Canada needs to develop a strategy to improve public confidence.
  - It is recognized that faster drug approvals do not necessarily mean accessibility.
  - Health Canada needs to work effectively with other jurisdictions and develop partnerships. There is a need for buy in at all levels of government.
  - Further investigation needs to be carried out on the use of external science reviewers, and the reliance on international sources of data.
  - Better linkages between regulatory and post-market surveillance roles should be made within the health care system.
  - There is a need to build confidence in the efficacy and safety of post-market surveillance.
  - There is skepticism regarding Health Canada's ability to deliver on the TAS mandate.
  - A suggestion was made to put a notice of compliance and conditions on each new product. In this situation, the manufacturer would need to agree to conduct market surveillance.
  - Concerns were raised regarding cost recovery. There are no international guidelines in this regard.
  - It was also noted that natural health products are treated differently than other pharmaceuticals.
- 6. Privacy: Charting a Course at Health Canada – Legislative Renewal – Mr. Brian Foran, Director, Office of the Health and Information Highway (OHIH) and Mr. Mario Simard, Legislative Renewal (in HPCB).**

In February 2003, Health Canada's DEC on Risk Management agreed to adopt a corporate, coherent approach to manage privacy issues and create a privacy focal point in the Information, Analysis and Connectivity Branch. In May 2003, the roles and responsibilities of a new Privacy Division were approved with a governance structure to collaboratively manage Health Canada's privacy issues.

This is the first presentation on privacy issues to the SAB. Mr. Brian Foran provided the Board with a summary of Health Canada's corporate approach to dealing with privacy, including an overview of privacy and the current legislative regime, and the issues that are frequently raised in relation to research uses of personal health information.

Discussion included the following points:

- The Personal Information Protection and Electronic Documents Act (PIPEDA) provides Canadians with privacy protection of personal information collected, used or disclosed in the course of commercial activity. It requires organizations engaged in commercial activities to have the "knowledge and consent" of individuals to collect, use and disclose their personal information.
- The Act, sponsored by Industry Canada, was designed to come into effect in stages, with its final stage taking place in January 2004, when it will apply to all commercial activities in Canada, except where provinces have enacted "substantively similar" legislation. Where that has occurred, the Government of Canada may exempt the province from the application of PIPEDA and the provincial law will apply.
- At this time, no jurisdiction has applied for or received a "substantially similar" determination for its legislation.
- In terms of its application to the health sector, it is yet unclear whether the practice of medicine by a physician would constitute a "commercial activity" covered by the Act; however, a pharmacist or private laboratory would likely be considered to be engaged in a commercial activity and thus covered.
- The presentation indicated that the Privacy Commissioner intends to interpret broadly how PIPEDA applies to research activities.
- The Privacy Commissioner is not willing to give predeterminations on any interpretation or agree to the development of guidelines under PIPEDA until the matter has been dealt with through the formal complaint process.

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- Concerns were raised that databanks are being developed that house large amounts of personal information. The potential exists for multiple exchanges of data from these databanks. A person's private data could be used for years to come without their consent or knowledge. Additionally, as socio-political systems change, there is the risk that personal data may not remain protected by continuing confidentiality rules.
  - There is concern that the Research Ethics Boards may not be well equipped to properly assess the privacy implications of research uses of these large databanks. Oversight mechanisms for research activities may need to be addressed as the Privacy Commissioner may not be the most appropriate arbiter for the health research sector.

### **Health Protection Legislative Renewal**

Health Canada is conducting a comprehensive review of its health protection legislation with a view to replacing outdated statutes with a new health protection legislative regime that is better adapted to modern technology and society. In 1998, extensive consultations were held across Canada with health professionals, industry and advocacy groups, and members of the Canadian public, to identify issues the new legislation should address. Health Canada is committed to conducting a second round of consultations, this time seeking views on a detailed proposal for new health protection legislation.

The new legislative framework would be centered on a new Canada Health Protection Act that would replace the Food and Drugs Act (1953), the Hazardous Products Act (1969), the Quarantine Act (1872), and the Radiation Emitting Devices Act (1970). Existing laws that would remain in force, such as the Tobacco Act or the Pest Control Products Act, could be integrated in the new legislative framework.

Discussion included the following points:

- On June 9, 2003, the Minister announced that Health Canada would be moving forward with the second round of consultations.
- The SAB could review the Legislative Renewal proposal and provide feedback.
- It was noted that under the new Act that most of the offenses are pursuant to the Criminal Law. There will be a need to explore how to deal with potential misuse of information; whether there should be a range of administrative fines for non-compliance, ranging to the clawing back of profits for major corporations.

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- The Board is particularly interested in the provisions of the proposed Canada Health Protection Act related to privacy as they could impact departmental research and science.

### **Day 2 - Wednesday, June 11, 2003**

**Members Present:** Judith Hall (Chair), Ardene Robinson Vollman, Richard Lessard, Keith Bailey, Kathryn O'Hara, Linda Lusby, David Roy, Michel Bergeron

**Members Absent:** Paul Paquin, Stuart MacLeod, Rodney Ouellette, Elizabeth Jacobson, Patricia Clements, Karen Grant, Irving Rootman

**Ex-Officio Members Present:** Kevin Keough, Scott Broughton, Munir Sheikh (closing session only)

**Secretariat:** Tammy Davies, Glennis Lewis, Brian Colton, Karoline Millson

**Others:** Greg Loyst, Kata Kitaljevich (full day), Val Marshall, Janice Hopkins, Lisa Camelon, Heather McCormack (morning session only)

#### **Introductory Remarks:**

It was noted that the next SAB meeting will be September 30 - October 1<sup>st</sup>, in Ottawa, and the November meeting is slated for the 25<sup>th</sup> and 26<sup>th</sup>. There were several suggestions for agenda items, and possible locations for the meeting. Members suggested the meeting include a visit to the laboratories.

In addition, the Chair suggested that the Board have a teleconference before the September meeting to discuss the Science Framework and Legislative Renewal.

#### **8. PPHB - Update** (Mr. Scott Broughton, Assistant Deputy Minister, Population and Public Health Branch (PPHB))

Mr. Scott Broughton, Assistant Deputy Minister, PPHB, provided an update on the following: SARS, West Nile Virus, and the Healthy Living Strategy.

SARS:



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- The number of SARS cases worldwide is growing slowly and appears to have stabilized.
  - Health Canada staff are in Toronto to assist provincial and local authorities.
  - Health Canada is leading the investigation and, at the invitation of the Department, the CDC is assisting.
  - At the outset, there were a number of communication problems but these issues have been sorted out, and the public is now much better informed.
  - Health Canada is in daily contact with the World Health Organization (WHO).
  - Discussions touched on: the surge capacity in Canada; the role of the CDC, and the feasibility of a “CDC North”; jurisdictional powers of the Government of Canada and the Government of Ontario with regards to health care delivery; and the Quarantine Act.
  - The Canadian SARS Research Consortium – It was noted that CIHR and a consortium of other groups (including the Michael Smith Centre, the Ontario Challenge Fund, Health Canada, and FRSQ) have established a fund to support SARS research. This has contributed to a very rapid research response to SARS.
  - The WHO and CDC believe that the coronavirus is responsible for SARS. However, recent work indicates that only 40% of the samples contained this virus. There is a possibility that SARS is result of several viruses.
  - Lessons learned – It is difficult to ascertain an adequate picture of lessons learned when only one city in Canada has been affected. Responding to outbreaks such as SARS requires: 1) resources; 2) science and medicine; 3) systems in place; and 4) leadership.

#### West Nile Virus:

- Health Canada continues to be very involved with the West Nile Virus.
- The public is very well informed about the West Nile Virus. SARS communications have been based on lessons learned from the West Nile Virus. It is important for the public to understand the science and understand what actions have been taken. Health Canada also needs to understand what information the public wants.

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- Discussions have arisen on the West Nile Virus and SARS that attempted to identify which disease should be given priority. This has significant public health implications. There needs to be a better public health infrastructure to deal with these issues.

#### Healthy Living:

- As a follow-up to the consultative roundtables that were held across Canada in March and April 2003, the Healthy Living Symposium will be held in Toronto on June 16-17, 2003.
- In regard to Healthy Living, the public needs to understand that public health is more than just communicable diseases.

#### **9. Forward Planning - Agenda Items for Upcoming Meetings - Ms. Patricia Hayes (Facilitator)**

##### **Forward Planning**

The following themes and topics for updates were proposed by the SAB. From the list of themes created, members were asked to identify the top six they wanted to pursue during 2003-2004. Members acknowledged that those not present need to contribute their views. The Secretariat will also solicit themes of importance from the Department. Over the summer, the Secretariat will work with the Chair, the Board and *ex-officio* members to develop an agenda for upcoming meetings.

The themes listed below are in descending order of importance to those members present:

1. Public health: including issues of prevention, capacity, innovation, regulatory and legislative renewal
2. Mental health: including issues of widespread incidence, impact on workplace, institutionalization and itinerancy, and orphan research on mental health
3. Public understanding of science: including what science is being done at Health Canada, scientists' approach to informing the public, and the role, position and power of science in health services

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4. Health inequalities: including factors such as gender, social issues, geography, age (particularly youth) and First Nations
  5. Workplace health: including issues of genetic probing and mental health
  6. Healthy living: including issues such as addiction
  7. Access to therapeutic drugs: including complementary drugs, cost, reactions, role of biotechnology and marketing
  8. Women's health: including Hormone Replacement Therapy
  9. Environmental health: including the proposed pregnancy study
  10. Databank of health-related information: including networking the databanks, research, administration of the data, and control and privacy issues
  11. Orphans of clinical research: including mental health and control of pain
  12. Injury: including all kinds of injury and impact on workplace
  13. Genetic probing: including impact on workplace, and role and scope of counselling
  14. International health: including the participation of Health Canada and migration health

### **Topics for Updates**

Topics on which members wanted to be updated over the next year include the following, some of which are also represented as potential themes or subsets of themes for the year:

- Children's health and environmental indicators
- Migration health
- First Nations and Inuit health
- Nutrition survey
- Biotechnology Advisory Committee/Health Canada's Biotechnology Strategy

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- Healthy Living
  - Privacy
  - Departmental Science Plan (now at the Science Framework stage)
  - Transitions issues
  - Primate Colony
  - Communicating Science Strategy
  - SARS, West Nile Virus, BSE
  - Bio-Terrorism

### **Requests and Acknowledgements**

Members made several requests to aid them in their work and asked that the Secretariat follow up.

Members encouraged the continued contributions of the *ex-officio* members in bringing forward topics that are important, timely and which would benefit from SAB advice.

### **Lunch Session - The Honourable A. Anne McLellan, Minister of Health, in attendance.**

The Minister joined the SAB for lunch on June 11<sup>th</sup> and discussed, informally, a number of topics with members.

In particular, she asked for members' views on who should communicate and how best to communicate science to the public on issues of concern, such as SARS. Members offered a range of responses including the benefits of having a single spokesperson. This individual could be further supported by a group of scientists available to answer more technical questions. Members also spoke of the value of frequent messages, even when there is no breaking news.

The Minister conveyed the need for Health Canada to effectively communicate what the Department is doing, and what they are doing well. Canadians could be better informed on topics such as: the drug approval system and regulation; surveillance; and healthy

living. Members indicated there was much work to be done to ensure that the public understands what is communicated, and that they have an understanding of the science behind the messages. Members pointed out that since 9/11 and the Walkerton incident, the public is becoming more aware of public health implications.

The Minister presented the notion of a CDC style system in Canada, with the provinces highly involved. Canada already has many components of a CDC system, but is currently not fully configured to integrate them and maximize the national capacity.

In conclusion, the Minister extended her thanks and appreciation to the departing members who have served on the Board for the past three years, wishing them all the best in their future endeavours. She praised the value of the advice the Board has provided her in the past, and asked the Board to continue helping her to meet future science challenges.

**Review of the Revised Terms of Reference and Guidance Manual** (Ms. Tammy Davies - Acting Director - Office of the Chief Scientist and Ms. Patricia Hayes, Facilitator)

In the context of preparing a draft Guidance Manual for the SAB, the Secretariat recognized the need to update the SAB Terms of Reference (TOR) to reflect the evolution as well as operational practices of the Board. A number of recommendations were made by members to further clarify the proposed revised TOR and the draft version of the Guidance Manual. The Secretariat will solicit the views of those members who were not in attendance for this discussion, as well as *ex-officio* members, when making revisions for submission to the Minister for approval.

***Next Steps:***

***The Secretariat will solicit the views of those not present (both members and ex-officios) during the summer in preparation for submitting the TOR and Guidance Manual to the Minister for approval in advance of the September meeting.***