

REPORT OF THE MAY 2002 MEETING RAPPORT DE LA RÉUNION DE MAI 2002

SCIENCE ADVISORY BOARD

LE CONSEIL CONSULTATIF DES SCIENCES

**May 14-15, 2002
les 14 et 15 mai février 2002**

**Health Canada
May 2002**

**Santé Canada
May 2002**

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Day 1, Tuesday, May 14, 2002

Attendance: Judith Hall, Karen Grant, Rodney Ouellette, Irv Rootman, Carol Herbert, Ardene Robinson Vollman, Lillian Dyck, Neena Chappell, Elizabeth Jacobson

Ex Officio Members: Kevin Keough, Munir Sheikh, Diane Gorman, Scott Broughton, Dann Michols

Others: Laure Benzing-Purdie, Lesley Drummond, Paul Gully

Secretariat: Valerie Marshall, Véronique Frenette, Tammy Davies, Glennis Lewis

1. Opening Remarks - (Chair - Judith Hall)

The Chair welcomed members to the meeting.

The Chair explained both the Minister and Deputy Minister were representing the Department at meetings in Geneva and would be unable to attend the SAB meeting.

She also noted that this was Neena Chappell's last Board meeting and thanked her for her contributions.

2. Health Canada Update and Welcoming Remarks - (Mr. Munir Sheikh, Associate Deputy Minister)

The Associate Deputy Minister extended his thanks to Neena Chappell for her unique and substantial contributions to the Board.

The Associate provided an update of activities since the Board last met in February in five key areas: research and innovation; investing in public health protection, public health security and safety; future of health care and leadership.

Mr. Sheik noted new legislation on Assisted Human Reproduction had been introduced in the House of Commons the week before the Board met. The AHR legislation calls for the creation of a new regulatory agency, the Assisted Human Reproductive Agency of Canada, which will license, monitor and enforce the AHR Act and regulations.

He pointed out that Canada is not the only country trying to address this issue and indicated the Act ensures Canada's legislative framework is consistent with measures taken in other major industrialized countries.

The Associate outlined the work Health Canada was doing in terms of public health. Health Canada is working with the National Chronic Disease Prevention Alliance to define a common vision for an integrated system of chronic disease prevention, including a joint review of existing prevention strategies across Canada.

The Associate noted that Canadians expect the federal government to do more in this area and that Health Canada has invested time and energy in initiatives including strengthened post-market surveillance of drug safety, new work of therapeutic effectiveness surveillance; improved timeliness of federal regulatory drug approvals; analytical work using the F/P/T National Prescription Drug Utilization Information System; the common drug review for drug benefit programs and developing best practices among federal, provincial and territorial governments on appropriate prescribing and drug utilization.

He noted HC had created the new Marketed Health Products Directorate, focussed on post-marketing surveillance.

The Associate also spoke of HC's work, from a public health perspective, on the renewed *Canadian Environmental Protection Act*.

He outlined Health Canada's intention to continue surveillance activity during the West Nile Virus season. The Department also plays a coordination role, linking the wide range of disciplines and jurisdictions involved in this area.

The Associate touched on recent work in the launch of Canada's *Physical Activity Guides for Children and Youth*, the new *Pest Control Products Act* (Bill C-53) and work related to the medical use of marijuana. Health Canada remains committed to ensuring that eligible Canadians have access to a standardized supply of research-grade marijuana for medicinal purposes.

Public health security and safety remains an issue post-September 11. Through The Centre for Emergency Preparedness and Response, Health Canada has been preparing for diagnosis and treatment of Canadians in the event of an emergency. The Associate referenced work done by Health Canada in the Chemical, Biological and Radiological and Nuclear Research and Technology Initiative.

Mr. Sheikh pointed out in addition to the over-arching issues outlined above, the Department continues to address ongoing concerns on issues such as food and drug safety. He referenced recent examples such as Chinese honey, HIV test kits and lead in Turkish raisins.

The Associate suggested it would be hard to imagine any portfolio in government as challenging and rewarding as Health Canada's. These challenges include the health impacts of an aging population, a medicare system on the verge of change, the changing nature of science, technology and biotechnology industries and the ethical and legal

questions that accompany many new breakthroughs.

Discussion included the following points:

- The strength of public health resources need to be recognized and augmented, using the security agenda as leverage.
- Medical schools in Canada need to recognize public health by placing more emphasis on it during training.
- In the area of environmental health, Health Canada should build on what is already known.
- The question of gene testing and patenting is a live issue in federal-provincial discussions.

3. **Update - Office of the Chief Scientist** (Dr. Kevin Keough, Chief Scientist)

Dr. Keough described the Office of the Chief Scientist as an enabler in the conduct and use of sound science and science advice in governance at Health Canada and the promoter of the Department's science in the national health research system.

A generation ago, government was the major performer of research in this country. Now it is smallest, with industry and the universities now carrying out 60 per cent of all research and development in Canada. Health Canada's part in the national health research system remains crucial.

Part of the role of the Chief Scientist is as a change agent. The key roles of the Office of the Chief Scientist are: to foster quality by having the right equipment and facilities; the right means of funding and having the best people; to develop peer review approaches to evaluate initiatives; to introduce quality assurance and accreditation activities; to champion sound science advice and to promote and facilitate horizontal performance and use of science within not only the Department, but within government and other institutions. The Chief Scientist sits on all senior-level discussions that have scientific implications.

Within the OSC, the Health Research Secretariat develops national partnership in science and research and knowledge translation. The Science Capacity and Excellence unit deals with internal science capacity and quality. The Planning, Priorities and Partnerships unit deals with strategic science planning, science policy co-ordination and science partnerships in the department and across government, and international partnerships.

Dr. Keough outlined some of the accomplishments of the OCS in the year since it was established, including a study of laboratory accreditation, the start-up of a post-doctoral fellowship program, the establishment of a Research Ethics Board, a peer-reviewed science competition and input into the development of a departmental perspective on a

new federal vision for science and technology. The OCS is working with branches throughout Health Canada to ensure that Health Canada contributes to the national Innovation Strategy. The OCS has also begun work on a framework for the prioritization of science and research activities.

Discussion included the following points:

- It is difficult to assess the impact the creation of the Chief Scientist's position has made. One significant change is that a scientific perspective is now present at every discussion on science issues.
- The role of the Chief Scientist is evolving, but there is a danger that the role becomes institutionalized and is unable to provide that independent commentary.
- It would be helpful to have an evaluation of the role and what has been accomplished.

4. **Approval of February Meeting Record** (*Dr. Judith Hall, Chair*)

The meeting record was approved with changes made.

5. **CIHR Interactions** (*Ms. Kim Elmslie*)
(Please refer to material in binder)

Ms. Elmslie outlined the value of creating and maintaining a close working relationship with CIHR, noting links between Health Canada scientists and outside groups such as CIHR is important.

Retaining and attracting skilled people to Health Canada remains a challenge. Working with CIHR in the training area will allow Health Canada scientists to leave for training purposes and then return with up-to-date skills.

Ms. Elmslie noted the success of CIHR Day at Health Canada, an opportunity for CIHR and Health Canada staff to consider mutual objectives and challenges. She stressed that CIHR is not a challenge to Health Canada's resources, but rather an opportunity. The scientists at Health Canada do tend to see CIHR as a research machine with all the funding, however it was very clear in the messages from CIHR scientific directors that they value the science and research done at Health Canada.

There are increasing opportunities to work together, especially in the area of Health Canada's data holdings. CIHR and Health Canada are working together to bring graduate students into Health Canada to work on the data holdings. There is also collaborative work being done in the Gender Health and First Nations Health areas.

Health Canada will be holding a Research Forum, November 18-19, to highlight

initiatives by Health Canada staff. The Board was invited to participate.

Discussion included the following points:

- The Health Research Secretariat must provide the linkages and ensure that Health Canada scientists apply for, and become members of, research teams.
- It is important to help people understand that collaborative work is a career enrichment and development opportunity.
- It is also important not to focus solely on CIHR, but to recognize there are other collaborative opportunities, especially within universities.

6. **FINE/CRTI** (*Mr. Dann Michols, ADM HECS, Mr. Scott Broughton, ADM PPHB*)

FINE - Federal Innovation Networks of Excellence

CRTI - Chemical, Biological, Radiological and Nuclear (CBRN) Research and Technology Initiative.

An interdepartmental discussion of the role of science in the context of the Innovation Agenda led to the development of the FINE concept. One of the concerns of FINE is co-ordination across departments and with other partners.

FINE was developed as a way to find solutions to emerging issues, and a September 2001 workshop identified for departments, five themes including national security. As a response to the September 11th terrorist attacks, the first horizontal issue selected by FINE focused on the security theme and specifically with the role of federal science departments in addressing chemical, biological, radiological and nuclear (CBRN) terrorist threats.

CRTI is a pilot project based on the FINE concept. The CRTI mandate includes creating: clusters of federal and other labs; a fund to build science and technology capability in critical areas; acceleration of technology to first responders and other operational authorities; provision of funds to areas where gaps exist in the science and technology to respond to CBRN terrorist threats.

Discussion included the following points:

- A suggestion that CRTI funding could enhance rapid diagnostics so that first-responders can do their jobs quickly and accurately.
- An evaluation process must be established within CRTI to measure success.
- The FINE concept responds to that challenges are multi-disciplinary and underscores the need for horizontal performance of science.
- There are questions about innovations and commercialization that must be

sorted out.

7. **Human Resources**- (*Dr. Judith Hall, Chair, Ms. Diane Gorman, ADM, HPFB*)

Dr. Judith Hall, SAB representative on the Council of Science and Technology Advisors (CSTA), outlined the Council's concerns regarding the emerging federal science human resource crisis.

There are two major impediments to hiring: the process of hiring takes too long and the competition from business and industry is very great for qualified people.

The CSTA is moving forward to complete a report on these problems.

In introducing her section of this discussion, Diane Gorman, ADM of the Health Products and Food Branch, noted the issue of Human Resources had been discussed by SAB in June, 2000, but said that the concerns expressed then remain valid. She provided the present context, an update of the demographic, the level of effort in science and technology, both in terms of financial and human resources, and described the various science and technology activities in the department which range from Research and Development (R&D) in support of regulations and public health, to Related Scientific Activities (RSA) e.g. product evaluation, risk assessment, surveillance and monitoring, inspection, laboratory and scientific data analysis.

In terms of Human Resources, Ms. Gorman said the categories used by the Public Service do not give an exact indication of the kind of professionals or the nature of the science conducted. She used the example of the ES group, where epidemiologists, economists and policy analysts are be grouped.

She spoke to the challenges faced by the Department, e.g. new/specific skill requirements in area such as genetics/genomics, risk assessments, health research policy; retirement eligibility, competition for highly skilled middle and senior levels etc.

Ms. Gorman outlined some of the limitations to hiring, including competitive salaries, the difficulties in moving people between Public Service categories and achieving partnerships with industry where conflict of interest issues become problems. Young people are not attracted to Health Canada because they aren't aware of the Department's science initiatives.

She reported on the avenues the Department was following to address the above, for example, using secondments and the Interchange Program. A number of key positions have been staff on interchange for periods of 3-5 years and more. The Veterinary College has been approached to develop programs requiring an assignment in a regulatory environment. As universities are looking at spinning off companies, the possibility for

partnerships with Health Canada arises as companies need to understand the regulatory system. With regard to “advertising Health Canada”, Ms. Gorman indicated that a group of people were devising ways to do that.

Discussion included the following points:

- Health Canada might investigate the process of drawing in expertise from universities where there is a fixed age of retirement.
- Career development aspects should be highlighted: possibilities of international connections, short-term interchanges.
- Health Canada should promote science careers as an opportunity for scientists to contribute to the good of the country and the quality of life of Canadians.

7. **Legislative Renewal** (*Ian Shugart, ADM Health Policy and Communication; Mario Simard, General Counsel*)

Health Canada is conducting a comprehensive review of its health protection legislation with a view to replacing outdated statutes with new health protection legislation better adapted to modern technology and society.

Ian Shugart told the Board the current legislation contains statutes that range in age from the 1870s to the mid-1900s. The legislation not only lacks coherence and consistency, but contains a number of gaps. With an updating of the legislation, health surveillance and research would have a more secure foundation and authority would be given to address emerging areas of technology.

Discussion included the following points:

- Public health issues are often identified at the local level, but the authority for responding to such issues is at the federal level.
- Different sections of the proposed new Canadian Health Protection Act should come into force sequentially, in order to ensure a relatively smooth change-over.
- Some areas within the Canadian Health Protection Act would be quite precise, for instance, with respect to food and pharmaceuticals.
- The operationalization of the Act may be difficult, as staff struggle to make the switch-over. It will take strong leadership to make sure the change is seamless.

Action Item:

The Science Advisory Board would like to see drafts of the discussion papers

relating to the proposed legislation.

8. **CIHR Institute of Health Services and Policy Research** (*Dr. Morris Barer, Scientific Director*)

Dr. Barer identified the strategic directions of the CIHR Institute of Health Services and Policy Research which would include the development of capacity and research resource development, identifying research priorities; knowledge translation and supporting and encouraging cross-Institute initiatives.

Dr. Barer went on to indicate that his Institute had a clear link to the activities and mandate of Health Canada. He looked forward to joint research projects, collaborations and networks.

Summary:

The Science Advisory Board is pleased to see the many links being established within the CIHR Institutes.

Adjourned at 6:00 p.m.

Day 2 - Wednesday, May 15, 2002

In Attendance: Judith Hall, Richard Lessard, Karen Grant, Carol Herbert, Rodney Ouellette, Irv Rootman, Ardene Robinson Vollman, Neena Chappell, Lillian Dyck, Elizabeth Jacobson

Ex Officio Members: Munir Sheikh, Kevin Keough, Scott Broughton, Dann Michols, Diane Gorman

Secretariat: Valerie Marshall, Véronique Frenette, Tammy Davies, Glennis Lewis

Others: Laure Benzing-Purdue (HPF), Lesley Drummond (HECS), Patricia Hayes, Consultant, Paul Gully

9. **Forward Planning Session** (*Patricia Hayes, Consultant*)

Activities and comments reflecting the Forward Planning Session are encompassed in the report from the consultant. (available on request from the SAB Secretariat)