ESTIMATES

Health Canada

Performance Report

For the period ending
March 31, 1999

Canada

Improved Reporting to Parliament
Pilot Document

The Estimates of the Government of Canada are structured in several parts. Beginning with an overview of total government spending in Part I, the documents become increasingly more specific. Part II outlines spending according to departments, agencies and programs and contains the proposed wording of the conditions governing spending which Parliament will be asked to approve.

The *Report on Plans and Priorities* provides additional detail on each department and its programs primarily in terms of more strategically oriented planning and results information with a focus on outcomes.

The *Departmental Performance Report* provides a focus on results-based accountability by reporting on accomplishments achieved against the performance expectations and results commitments as set out in the spring *Report on Plans and Priorities.*

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Foreword

On April 24, 1997, the House of Commons passed a motion dividing on a pilot basis what was known as the annual *Part III of the Estimates* document for each department or agency into two documents, a *Report on Plans and Priorities* and a *Departmental Performance Report.*

This initiative is intended to fulfil the government's commitments to improve the expenditure management information provided to Parliament. This involves sharpening the focus on results, increasing the transparency of information and modernizing its preparation.

This year, the Fall Performance Package is comprised of 82 Departmental Performance Reports and the government's report *Managing for Results* - Volumes 1 and 2.

This ***Departmental Performance Report,*** covering the period ending March 31, 1999, provides a focus on results-based accountability by reporting on accomplishments achieved against the performance expectations and results commitments as set out in the department's pilot *Report on Plans and Priorities* for 1998-99. The key result commitments for all departments and agencies are also included in Volume 2 of *Managing for Results.*

Results-based management emphasizes specifying expected program results, developing meaningful indicators to demonstrate performance, perfecting the capacity to generate information and reporting on achievements in a balanced manner. Accounting and managing for results involve sustained work across government.

The government continues to refine and develop both managing for and reporting of results. The refinement comes from acquired experience as users make their information needs more precisely known. The performance reports and their use will continue to be monitored to make sure that they respond to Parliament's ongoing and evolving needs.

This report is accessible electronically from the Treasury Board Secretariat Internet site: http://www.tbs-sct.gc.ca/tb/key.html

Comments or questions can be directed to the TBS Internet site or to:

Planning, Performance and Reporting Sector
Treasury Board Secretariat
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Présentation améliorée des rapports au Parlement
Document pilote

Le Budget des dépenses du gouvernement du Canada est divisé en plusieurs parties. Commençant par un aperçu des dépenses totales du gouvernement dans la Partie I, les documents deviennent de plus en plus détaillés. Dans la Partie II, les dépenses sont décrites selon les ministères, les organismes et les programmes. Cette partie renferme aussi le libellé proposé des conditions qui s'appliquent aux pouvoirs de dépenser qu'on demande au Parlement d'accorder.

Le *Rapport sur les plans et les priorités* fournit des détails supplémentaires sur chacun des ministères ainsi que sur leurs programmes qui sont principalement axés sur une planification plus stratégique et les renseignements sur les résultats escomptés.

Le *Rapport sur le rendement* met l'accent sur la responsabilisation basée sur les résultats en indiquant les réalisations en fonction des prévisions de rendement et les engagements à l'endroit des résultats qui sont exposés dans le *Rapport sur les plans et les priorités.*

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HEALTH CANADA

Departmental Performance Report

For the period ending
March 31, 1999

Allan Rock
Minister of Health

Health Canada is proud to present to Parliament and to all of Canada this report on its performance for the fiscal year ending March 31, 1999.

This document is an overview of how Health Canada has used tax dollars to benefit all Canadians. The Department is large and complex and to report on every achievement in every program would take much more space than we have here.

So we will look at those accomplishments that we feel are of interest to Parliament and the public.

Health Canada's programs are managed by six business lines as follows:

- Management of Risks to Health
- Promotion of Population Health
- Aboriginal Health
- Health System Support and Renewal
- Health Policy, Planning and Information
- Corporate Services

Every effort has been made to make this report as clear and concise as possible. If you have further questions or want more detailed information on a particular program or service, please contact:

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Ottawa, Ontario K1A 0K9
(613) 957-2991

World Wide Web: < http://www.hc-sc.gc.ca/ >

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SECTION I: MESSAGES

MINISTER'S MESSAGE

Canadians can justifiably be proud of Canada's high standard of health – it is among the best in the world and contributes to our number one ranking in the United Nations' Human Development Index.

The Government of Canada recognizes that Canadians want to maintain – and even improve – our enviable health system and yet have concerns about some fundamental health issues. They see new and re-emerging threats to health and want a strong sense of direction for the future of the health system in Canada.

During 1998-1999, the federal government and, in particular, Health Canada continued to respond to those needs. I am pleased to present the Departmental Performance Report for Health Canada describing the highlights of that work throughout the year.

For all Canadians, the new funding for health announced in the 1999 Budget was a highlight of the year. Before the Budget was tabled, the Prime Minister secured the commitment of all Premiers that the new funding to be provided through the Canada Health and Social Transfer would be allocated exclusively to health care. The Budget's $11.5 billion increase in transfers to provinces and territories is the single largest investment this government has ever made. It provides provinces with significant, sustained new health funding, through to 2003, to address the priorities they identify as most urgent. The funding is clear and tangible evidence of the Government of Canada's commitment to the principles of the *Canada Health Act*, which ensure that all Canadians have equal and timely access to quality health care.

The 1999 Budget has laid the foundation for reviving our health care system. It also provided $1.4 billion for other health investments in areas such as health research, disease prevention and health promotion.

Those new investments build on the strategies and programs Health Canada had put in place through leadership, partnership and innovation. This Department has worked closely with its provincial and territorial counterparts. It has worked with the many groups that are deeply interested in health issues, whether as professionals, experts, providers, consumers or others.

One result of that cooperation was a continued effort under the Health Transition Fund, the Canadian Health Services Research Foundation and other Health Canada-funded initiatives to test and support innovations that will lead to a more integrated health system. Through research and evaluation, governments and health providers will have the evidence to make the best possible choices on how to allocate the new money provided for health care. They reflect our determination to make decisions based on facts.

That determination was also clear in our sustained attention to population health issues, such as the challenges of HIV/AIDS or the battle against tobacco use. It was equally clear in our work to address the special needs of groups such as children and seniors. Health Canada was an important contributor to the government's work to ensure that children get the healthiest start in life. The Department is also at the centre of activities commemorating the International Year of Older Persons throughout 1999, as we do our part for healthy aging.

Health Canada's work reflected the government's overall priorities in many additional ways. The Department continued to move ahead in ensuring that it manages risks to the health of Canadians in an effective, responsible manner. The government's commitment to addressing the health needs of Aboriginal communities remained important as the Department worked closely with First Nations, Inuit and Innu people. Ensuring that Canada is at the leading edge of information and communications innovation was a key factor in our ongoing work to build a health infostructure that will link health providers, policy makers and consumers, and provide content that is useful and effective for all.

Canadians and their government have the same expectations of both the new initiatives and the ongoing work of Health Canada – clear contributions to our shared goals of healthier Canadians, healthier communities and a healthier country. I am proud of the progress we made toward those goals in 1998-1999.

The Honourable Allan Rock, P.C., M.P.
Minister of Health

Executive Summary

In 1998-1999, as in previous years, health issues were a major focus of public attention in Canada. This attention culminated in the February 1999 federal budget which announced the largest single investment the government has ever made. It included $11.5 billion to the provinces over the next five years and an investment of an additional $1.4 billion over the next three years in areas like health information, health research, First Nations and Inuit health, disease prevention and health promotion.

This investment reinforces Minister Rock's statement to the Canadian Medical Association's 131st Annual Meeting that:

"Broadly speaking, I believe the fundamental challenge we face is to make the system more responsible and more responsive to Canadians — as taxpayers, as citizens, as patients.

And I believe that meeting that challenge requires focussed action on two closely related fronts.

- First, we need to integrate health care delivery to meet the needs of people, and cure the frustration they feel in dealing with each part separately. Although great strides are being made, we are still far from providing a seamless web of efficient and effective care — whether in terms of organizing services or providing public funding for them. We will not secure quality health care until that is done.
- Second, a quality health system is one that can be measured. Where performance can be assessed. Where all partners in the system are accountable and have a responsibility to report to those who rely on it. A quality system would enable Canadians to determine if their health dollars are being wisely spent. To judge for themselves whether care is getting better — or worse. It is one where objective information is gathered and shared so that all health partners are held accountable for their actions — and so that decisions are informed by facts, not by fiction. Where the public's expectations are set publicly, with public involvement, and performance is then measured against those standards, and the results are published for all to see.

Within the Department, work continued in 1998-1999 in these as well as many areas. Highlights by business line are summarized below.

Management of Risks to Health

Canadians face far fewer risks to their health than do people in many countries. Processes that ensure high levels of safety in food, drugs, medical devices, consumer goods and many other products in daily life as well as health care have helped to achieve that state. However, risks

change over time, as we have discovered with new and re-emerging diseases. So do our ways of viewing and managing those risks. The Department has been changing its approaches to managing risks to the health of Canadians to reflect a rapidly changing world. During the fiscal year the Department:

- reviewed and improved the regulation of the Canadian blood system, taking into account the recommendations of the Krever Commission. This was done by obtaining additional funding for blood regulation inspectors and inspections; by assuring Y2K compliance of the Canadian Blood Services and its headquarters; by revising and consulting on national policy on Creutzfeldt-Jakob Disease on blood donations; and by establishing a consumer sounding board on blood regulation as a part of the new standards-based approach to regulation;
- reached agreement with the Coalition of Cancer Surveillance on a set of standards for the registration of data on progress of cancers, and developed a set of core indicators for the screening of cervical cancers. The standards and core indicators are designed to ensure that the women of Canada are provided with a standard approach to cancer examination. They will also ensure that data on cervical cancers is consistent across Canada;
- provided occupational dosimetry monitoring services to over 12,500 client groups representing over 90,000 Canadian workers. This surveillance, education, and research and development led to a 90 percent reduction in ionizing radiation exposures of nuclear workers;
- formed the Canadian Partnership for Consumer Food Safety Education as a direct result of Health Canada bringing together a team of 48 consumer, industry, health groups and governmental representatives to develop and implement a new, national public awareness campaign on food safety in the home kitchen. Fight BAC! ™ stands for "fight food borne bacteria". The campaign seeks to motivate Canadians to fight harmful bacteria by practising critical safety steps when preparing

Microbial food borne illness, commonly known as food poisoning, is the largest class of emerging infectious diseases in Canada. Research shows that improper food handling in the home causes a major proportion of food borne illnesses. Yet consumers are often unaware or misinformed about all they can do to protect themselves from harmful food borne bacteria.

food in their homes. The Fight BAC! ™ campaign is designed to engage the consumer in the "gate-to-plate" line of defence against harmful food borne bacteria. The initial goal of the campaign is to convey to consumers four key principles of food safety:

- Clean: Wash hands and surfaces often;
- Separate: Don't cross-contaminate;
- Cook: Cook to proper temperatures and Chill;
- Refrigerate promptly.

The information is being distributed through public health units, public service announcements on radio and television, and printed materials and displays in supermarkets, food fairs and trade shows, community centres, seniors' residences and schools.

Promotion of Population Health

It is increasingly evident that the health status of individuals, families and communities is significantly affected by social, economic and behavioural determinants. Factors such as level of income, education, nutrition, smoking, physical activity and family supports are shaping health outcomes long before Canadians find themselves in need of health care services. By promoting population health, the Department and its many partners are intervening to address key health determinants from early childhood to later life to help people live longer, healthier and more productive lives while encouraging a more appropriate use of the health care system. During the fiscal year, the Department:

- increased awareness to reduce deaths related to non-communicable diseases such as breast, cervical and prostate cancer, cardiovascular disease, high blood pressure and diabetes through the development of clinical practice guidelines, professional education initiatives and public education activities;
- increased community capacity for action on the determinants of health by supporting approximately 350 time-limited projects sponsored by voluntary, non-profit, non-government organizations through the Population Health Fund;
- intervened to affect early childhood development through programs that address the social development needs of pregnant women and children (0-6 years) who live in conditions of risk such as poverty, poor nutrition, neglect or abuse;
- increased awareness of seniors and aging issues during the International Year of Older persons through significant investments in national and regional projects;

- worked with the provinces and territories to identify national goals in areas such as affordable health services and the reduction of preventable illness;
- developed an integrated approach to prevention and control of breast cancer by working with the provinces, territories, cancer agencies, major stakeholders and Canadian women;
- released *Canada's Physical Activity Guide to Healthy Active Living* and completed the first year of a five-year benchmark study to track the physical activity levels of Canadians.

Aboriginal Health

The Government of Canada is constructing a new relationship with Aboriginal peoples that extends to health issues. The transfer of authority to First Nations and Inuit to manage and deliver health services and involvement in innovations that explore service improvements are important steps. This should result, in the long term, in improved health for people who have traditionally lived shorter, less healthy lives than other Canadians. During the fiscal year, the Department:

- transferred the bursaries and scholarships component of the Indian and Inuit Health Careers Program to the National Aboriginal Achievement Foundation effective September 1, 1998 until September 1, 2000. This falls in line with the Department's strategic direction to transfer control and ownership of health programs and services to First Nations and Inuit themselves;
- expanded the Aboriginal Head Start Program to on reserve First Nation children and their families. Funding for the expansion of the Aboriginal Head Start On Reserve Program has been set at $100 million over four years and $25 million per year on going. The Department will be working with First Nations to develop a funding process to ensure the largest possible number of communities and children are reached, while maintaining the integrity of the program;
- announced the $2 million National Telehealth Research Project for First Nations communities. This project will test the use of telehealth technology to improve and expand the range of health services available to First Nations communities;
- undertook consultations with national Aboriginal organizations on the implementation of the Aboriginal Health Institute;
- announced funding through the Health Transition Fund for two national level projects related to First Nations and Inuit home care. The first project is being carried out in five First Nations sites encompassing eight communities to develop home care models and

test options for better integration and coordination of services provided by the various levels of government. The second project is being carried out in one Inuit and three First Nation communities to identify the type and level of community and home support needs related to diabetes and develop models focussing on care, treatment and education, that will improve the quality of diabetes management.

Health System Support and Renewal

Canada's national health system is society's most valued social program and one that is closely linked to our identity as a nation. But the pace and depth of health system reforms throughout the 1990s have raised concerns among Canadians about the declining accessibility and quality of health care. Furthermore a majority of the Canadians said they believe the system will erode further over the next five years and made it clear that they wanted health care to be a top priority.

During 1998-1999 the Department developed strategic policy options for significant federal investments which would both help provinces and territories to address immediate pressures and also lay a foundation for ensuring a durable and modern system over the longer term. Considerable progress was also made to set a platform and identify key priorities for federal leadership and collaborative work with provinces, territories and other national partners. In particular, highlights during the fiscal year included:

- work with the Department of Finance and other central agencies led to what became known as the Health Budget of 1999. The Budget investments included $11.5 billion in transfers to the provinces through the Canada Health and Social Transfer. In a letter to the Prime Minister all provincial and territorial premiers committed that these transfers would be specifically dedicated to improvements in health care;
- the 1999 Budget also allocated $1.4 billion which will be used to support work with provincial and territorial governments and other national partners in a number of areas including information and accountability, and rural and community health;
- on February 4, 1999, the Prime Minister and provincial and territorial premiers (excluding Quebec) signed an historic Social Union Framework Agreement which committed governments to ensuring more transparency and accountability to constituents relative to social policies and programs, and effective mechanisms for Canadians to participate in developing social priorities and outcomes;

- during 1998-1999, the Minister announced funding for projects, under the Health Transition Fund, which will address four priorities jointly agreed to by Federal-Provincial-Territorial Health Ministers - primary care, home care, pharmacare and integrated service delivery;
- in September 1998, Federal-Provincial-Territorial Health Ministers agreed on selected key priorities which they would jointly pursue in order to strengthen the health system and improve the overall health of Canadians.

Health Policy, Planning and Information

Health Canada undertook a structural initiative to establish the Information, Analysis and Connectivity Branch (IACB) in order to improve the generation and use of health-related information and research and to strengthen the Department's analytical foundations. As a result, the Department is improving the base for decision-making; for developing a strategic framework for health policy, planning and information; for creatively using the information highway in the health sector; and, in conjunction with partners, for providing advice with respect to information management and technology. During the fiscal year, the Department:

- released the final report of the Advisory Council on Health Infostructure, *Canada Health Infoway: Paths to Better Health*. The Council made 39 recommendations relating to health information for the general public, telehealth, ensuring access, legislative mechanisms for ensuring privacy and an Aboriginal Health Infostructure. A response to this report is due in the fall of 1999;
- funded 36 projects under the Health Info-Structure Support Program which are designed to improve the delivery of health care services and increase access to the health system for all Canadians, regardless of where they live in Canada;
- developed the Women's Health Strategy, to ensure that the health system is more responsive to women's health issues and needs by, for example, assessing federal policies and programs for their potential impact on women's health;
- provided $95 million to the Canadian Institute for Health Information to lead a pan-Canadian, integrated effort to improve data-gathering and information exchange that will be part of the Health Information Roadmap. Public reports will be produced on the health of Canadians and on the efficiency, effectiveness and responsiveness of the health care system, allowing Canadians to become informed partners in it;

- continued to support Health Canada's infostructure initiatives (First Nations Health Information System, National Health Surveillance System and the Canadian Health Network) including scoping, governance structure, consultation/partnership strategy and other important issues such as privacy, security, liability and intellectual property;
- launched *Health Promotion Online*, an interactive web site

  < http://www.hc-sc.gc.ca/health-promotion-sante/ >

  to disseminate the most current information to health professionals and the general public - topics include nutrition, physical activity, AIDS, heart health, tobacco reduction, drugs and drug abuse and children's issues.

SECTION II: DEPARTMENTAL OVERVIEW

Mission

To help the people of Canada maintain and improve their health.

Mandate, Roles and Responsibilities

Canadians place a very high premium on their health and the health of their families. Good health is a fundamental element of the quality of life of individual Canadians and their communities. Good health, however, is more than just the absence of disease or illness. A healthy life is one of physical, mental and spiritual well-being. It is a resource for everyday living. At a population level, health contributes immeasurably to social well-being and economic productivity.

It is now widely accepted that an integrated approach to health is essential to creating healthy individuals and communities. This approach encompasses four basic, interrelated components:

- health protection that prevents or reduces the incidence of illness and injury by direct regulatory or other action to manage risks over which individuals, by themselves, have little or no control;
- health promotion that provides individuals, groups, communities and the general population with information and tools (or access to them) so that they can make informed decisions about their health;
- health cure and care that eliminates health problems or provides remedial treatment and care when individuals become ill or injured;
- an integrated infostructure that supports the first three components by enabling the generation, organization and dissemination of information and knowledge relevant to the making of health policy, program and health care decisions.

While Health Canada plays an important role in all four components, the delivery of health services is a complex, multi-jurisdictional responsibility. Success depends on collaboration and coordination among many partners and stakeholders: federal, provincial, and territorial governments; First Nations and Inuit organizations; the

voluntary and community sector; health professionals; the private sector; and, ultimately, individual Canadians. Health Canada's mission – to help the people of Canada maintain and improve their health – goes to the core of the federal role in health and the collaborative nature of health service delivery in Canada.

Health Canada's legislative mandate is stated in the *Department of Health Act* and some 19 other pieces of legislation. Together, they spell out the Department's role in providing national leadership, collaboration and coordination in health policy, regulations, disease and injury prevention, health promotion, health information and knowledge, and First Nations and Inuit health; and in the delivery of health services. The Department's responsibilities cover such areas as:

- the safety of products - food, water, drugs, medical and radiation emitting devices, pest control products and consumer products;
- controlling the sale and advertising of tobacco products;
- controlling the sale and use of narcotics;
- protection against environmental and workplace hazards, including the occupational health and safety of federal government workers;
- supporting disaster and emergency relief operations;
- the application of quarantine measures;
- providing medical services to visiting dignitaries;
- delivery of health services to First Nations and Inuit peoples;
- promoting healthy behaviours and lifestyles;
- analyzing, creating, sharing and using health information and knowledge strategically.

Operating Environment

By many measures, Canadians are already among the healthiest people in the world, and the overall level of health is improving. Deaths in the first year of life have dropped 82 percent since the 1950's. Fewer adults now die of heart disease or injury. Life expectancy has risen to 81 years for women and 75 years for men, and Canadians can expect to live 90 percent of that time without disabling health problems.

Health care restructuring, together with reductions in health budgets over the last several years, however, have created a climate of anxiety for Canadians. Many lack confidence that services will be there when they are needed.

Restoring the confidence of Canadians in the health care system is, therefore, the greatest public policy issue in Canada.

This requires more than just spending more money. It calls for a better understanding of the forces that are acting on health and health care so that resources can be spent wisely, in ways that will respond to the needs of Canadians, bolster the values that led Canadians to create Medicare, and ensure the sustainability of health care in the future.

Drivers of Change

In this respect, three trends taking shape in Canada have important implications for health and health care:

1) Health science and technology are advancing rapidly.

The last half of the twentieth century has witnessed an unprecedented explosion of scientific knowledge - and of ways to protect and improve human health. There are scores of new devices for assessing health; hundreds of new techniques for diagnosing and treating illnesses; thousands of new drugs.

Historically, Canadians have improved their health and strengthened Canada's productivity by investing in health research. The application of enhanced knowledge to such areas as immunization, nutrition and neonatal care, has extended life spans dramatically and greatly improved individual well-being in Canada.

In the future, biotechnology and research breakthroughs will bring even more spectacular developments: gene therapies, new vaccines, and drugs that replace the need for surgery.

2) Canadians are getting older as a society.

The baby boom generation is just starting to turn 50. Canadians over 65 comprise 12 percent of the population today. By 2030 this group will make up more than 22 percent of the population. This has tremendous ramifications for the health system.

As people age, they require more health care - the 12 percent of the population over age 65 today account for 39 percent of Canada's health care costs. The health care costs for the average 70 year old person are six times more than those for the average 40 year old. With the changing demographics, there will be relatively fewer working age Canadians to cover the increased costs.

There are new health care options for older Canadians, such as joint replacements and gene therapies, that can increase an individual's quality of life. The availability of these options will further increase the demand for services that simply did not exist previously – and for evidence, based on research, that such new treatments are effective.

3) Canadians' expectations are rising.

In an increasingly knowledge-based society, Canadians have access to more information than ever about health and health care - from magazines, newspapers, television programs, and the Internet. Through the Internet, for

example, people increasingly are able to conduct in-depth research on health issues of personal interest, rely on the information discovered, and remain current on health problems and solutions.

Knowledgeable about the dramatic innovations in science and technology, and aware of the increasing need for health services as they age, Canadians are demanding more of Canada's health system. They want to be much more involved in decisions affecting their health. They want to know about alternative treatments. They want access to the best available technologies and procedures. They want evidence that particular treatments are effective. And they want the ability to make choices about their health and health care.

First Nations and Inuit are also demanding to be more involved in decisions affecting their health. They see the development of a sustainable, well integrated First Nations and Inuit health system as key, with the ultimate goal being the autonomy and control of health programs and resources by First Nations and Inuit.

Sustainable Development

The concept of sustainable development has been evolving; ideas about what makes human populations healthy have also been changing. Over the last two decades, there has been a growing awareness of the interrelated determinants (or factors) that contribute to population health. These are now recognized to include income and social status, social support networks, education, employment and working conditions, social and physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture.

Health Canada as a federal department has a direct influence on social/cultural, economic and environmental conditions in Canada through implementation of its policies, programs and regulatory responsibilities. To foster the creation of a healthier society where human and ecosystem well-being are enhanced, the Department is striving for fuller consideration and integration of the economic, social and environmental spheres in its decision-making process.

Sustainable development is a practical process with ethical and legal responsibilities that shape decision making throughout the Department. Sustainable development is about our quality of life. Health Canada is currently implementing its 1997 Sustainable Development Strategy (SDS), prepared under the authority of the *Auditor General's Act* (revised 1995). In 1998, the Department revised its targets in response to the recommendation of the Commissioner of the Environment and Sustainable Development and made them more quantifiable. The targets, published on the Departmental Web site,

< http://www.hc-sc.gc.ca./susdevdur/health_e.htm >

are arranged under four strategic themes:

- **Promoting and Supporting Population Health:** Opportunities to contribute to sustainable development through a population health approach and through our intention to more fully explore the linkages between population health and sustainable development, and to support healthy child and youth development;
- **Identifying and Reducing Health Risks from the Environment:** Opportunities to address health risks of environmental origin (toxic substances in the environment, bio-regional health effects, and environment-related diseases) and from the food supply;
- **Strengthening Partnerships on Health, Environment and Sustainable Development:** Opportunities for collaboration with other federal departments, provincial and territorial governments, First Nations and Inuit communities and organizations, as well as health professionals, health advocates, consumers and researchers;
- **Integrating Sustainable Development into Departmental Decision Making and Physical Operations:** Opportunities for the Department to become more responsive to sustainable development by clearly establishing responsibilities and accountability for sustainable development; and by "greening" operations in its laboratories, health care facilities, warehouses and offices.

Our direction at Health Canada is to integrate sustainable development thinking into the development of all policies and programs, and into planning, staffing, training, risk assessments, regulatory evaluations, partnership activities, public consultation and more. Integrating sustainable development thinking into all we do will require continuous examination of the processes and tools we have and the ones we need.

Business Line Descriptions

Management of Risks to Health

Objective

To improve health surveillance and the capacity to anticipate, prevent, and respond to health risks posed by diseases, food, water, drugs, medical devices and other therapeutic products, pest control products, environmental hazards, consumer goods, and upstream determinants of health (personal behaviour, family, social and economic circumstances).

Background

The Management of Risks to Health (MRH) business line protects Canadians from health and environmental dangers. Through MRH, Health Canada plays a unique national role in ensuring the safety of Canadians. Its work includes:

- review of submissions for new foods, drugs and medical devices;
- surveillance of disease; monitoring and controlling potentially hazardous products;
- monitoring and managing environmental and workplace risks; inspecting and enforcing regulatory compliance for food, drugs, medical devices and other therapeutic products, consumer and commercial products, cosmetics, and radiation-emitting devices; control and regulation of tobacco labeling, reporting and promotion;
- development of national radiation safety codes; quarantine services; emergency preparedness and response;
- managing health and environmental risks associated with pest control products;
- administration of the Canadian Blood Secretariat.

Management of Risks to Health comprises the following service lines:

- Food Safety, Quality and Nutrition
- Therapeutic Product Regulation
- Environmental Health
- Disease Prevention and Control
- Occupational Health and Safety Agency
- Emergency Services
- Pest Management
- Canadian Blood Secretariat

Promotion of Population Health

Objective

To promote population health through action on the social and behavioural determinants of health.

Background

Health Canada has adopted a population-health approach to maintaining and improving the health of Canadians. This approach recognizes that many factors in addition to the health care system strongly influence the health of individuals and population groups. It promotes disease prevention and individual and social action, and focuses on a range of factors and the way they interact in determining the health and well-being of Canadians. The framework of this approach features three life stages: childhood and youth, early to mid-adulthood, and later life. Within this life-cycle approach, Health Canada can take action on the broad range of determinants of health, as well as on priority health issues Canadians expect their government to address (e.g. substance abuse, HIV/AIDS, cancer and heart disease).

Aboriginal Health

Objective

To assist Aboriginal communities and people in addressing health inequalities and disease threats and in attaining a level of health comparable to that of other Canadians, and to ensure the availability of, or access to, health services for registered First Nations people and Inuit.

Background

Serious health inequalities persist in the Aboriginal population. For example, rates of diabetes, tuberculosis, suicide and smoking are much higher than for the Canadian population at large. Research suggests that First Nations and Inuit children may be at increased risk for infectious diseases, are significantly younger and have longer than average periods of hospitalization and are more likely to be admitted to an intensive care unit compared to non-Native children. The Aboriginal birth rate is twice the Canadian average and the people 10 years younger than the general population - these factors are expected to drive up costs. Coupled with ongoing provincial health reforms, the rising costs of health care, socio-economic factors such as inadequate housing and low employment rates, there is growing pressure on resources that are already strained. Self-government and the transfer of health care services to First Nations and Inuit communities should pave the way for better health among First Nations and Inuit people.

Health System Support and Renewal

Objective

To ensure the long-term sustainability of a health system having significant national character.

Background

The preservation and modernization of the Canadian medicare system in a constantly changing fiscal landscape is the main concern of the Health System Support and Renewal (HSSR) business line. Since health care is the shared responsibility of the federal and regional governments, HSSR is charged with ensuring that medicare services across Canada follow the principles and provisions of the *Canada Health Act (CHA)*, and creating a national consensus on how to: ease financial pressure on the public and private sectors; maintain universal access to appropriate health care; and achieve a better balance among health care, disease prevention and health protection and promotion.

Health Policy, Planning and Information

Objective

To foster strategic and evidence-based decision making within Health Canada and to promote evidence-based decision making in the Canadian health system and by Canadians themselves.

Background

The Health Policy, Planning and Information (HPPI) business line plays four key roles:

- helps develop national and major health programs, policies and strategic plans;
- helps promote the wide-ranging research needed to support Canada's health needs;
- promotes the development and application of innovative information systems and technologies in the health sector;
- makes health policy decision makers accountable for the effectiveness of their decisions in promoting better health.

In order to achieve its objectives, Health Canada undertook a structural initiative in November 1998 to establish the Information, Analysis and Connectivity Branch (IACB) in order to improve the generation and use of health-related information and research and to strengthen the Department's analytical foundations. Through the IACB, the Department improves the analytical basis of decision making; develops the long-range strategic framework and policies that establish, direct and redirect the involvement of the federal government in health research policy; develops the creative use of the information highway in the health sector; and, in cooperation with the provinces and territories, the private sector and international partners, provides advice, expertise and assistance with respect to information management and information technology, planning and operations.

Corporate Services

Objective

To support the delivery of Health Canada's programs through the provision of administrative services, and through the provision of advice and direction to senior management regarding the effective and efficient use of resources.

Background

Corporate Services provides a complete line of administrative services across the Department:

- financial planning, systems, and administration;
- human resource planning, development, and operations;
- information management, including information technology;
- asset management, including the acquisition of goods and services;
- occupational health, safety and security;
- Ministerial and Deputy Ministerial correspondence.

In addition, Corporate Services supports the overall management of the Department's resources by:

- providing functional direction and advice to program managers;
- integrating resource options, assessments, plans and reports;
- promoting modern comptrollership practices;
- undertaking internal audits.

Figure 1: Organizational Structure

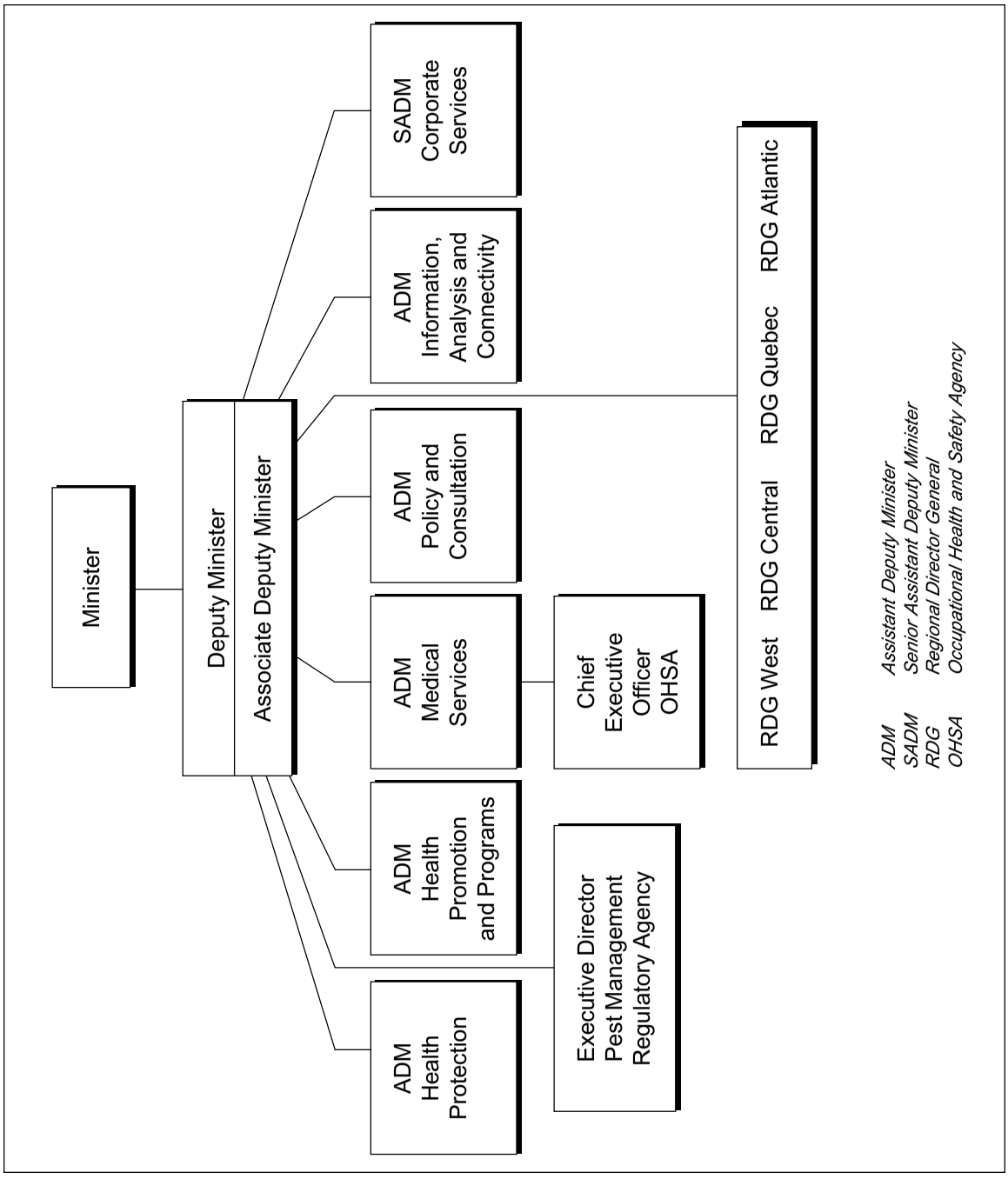
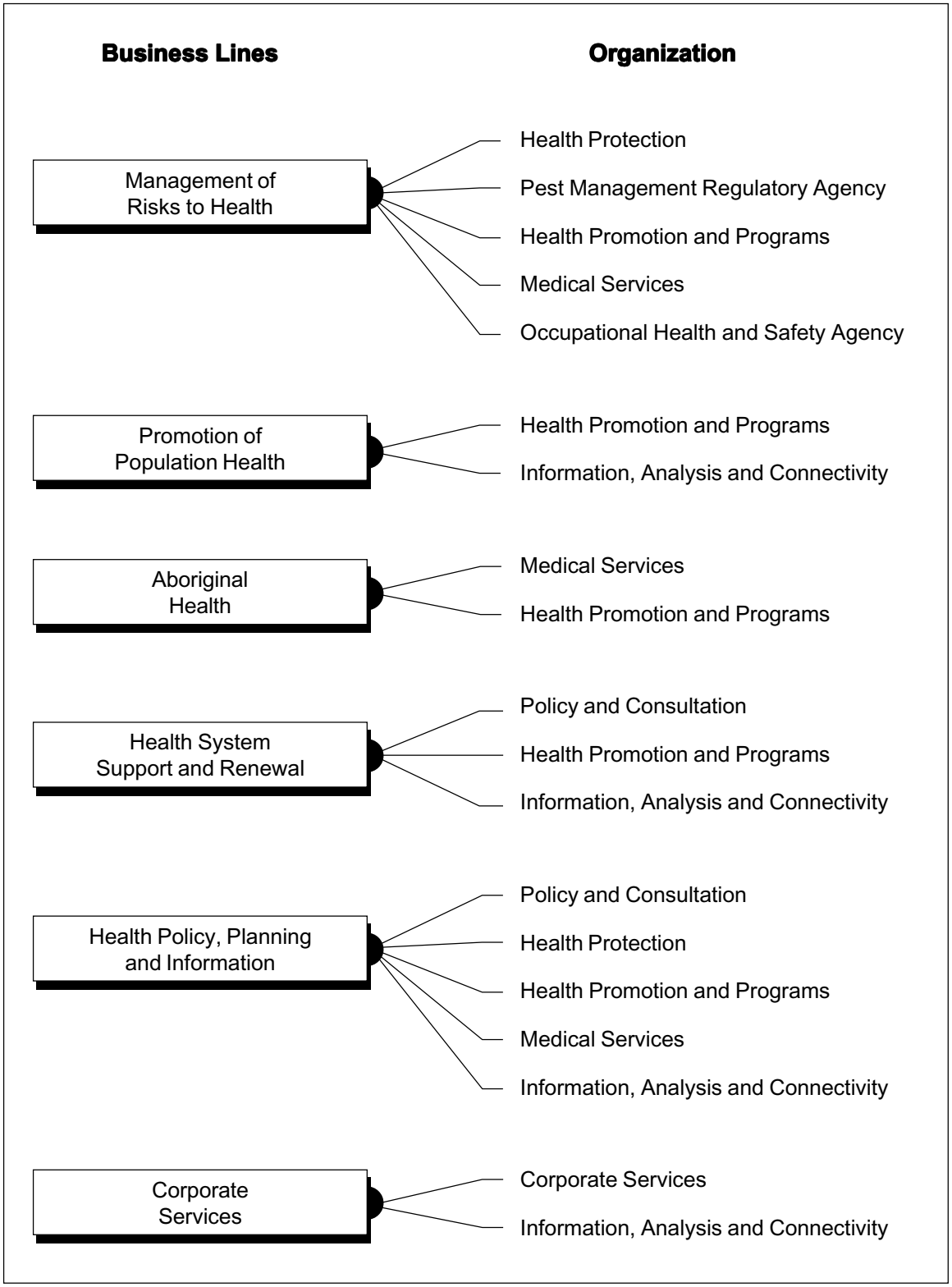


Figure 2: Business Line Relationship to Organizational Structure



SECTION III: DEPARTMENTAL PERFORMANCE

A. Performance Expectations

The following are some of the Department's goals from the business line sections in the 1998-1999 Report on Plans and Priorities:

Management of Risks to Health

- improve risk management frameworks by developing updated guidelines, policies and programs addressing new considerations and information, and by incorporating a decision-making process that includes the public;
- convert some Health Canada operations to Special Operating Agency (SOA) status, and develop partnerships, both regulatory and non-regulatory, at national and international levels that will harmonize and enhance operations;
- modernize the regulatory framework for risk management;
- enhance health surveillance systems;
- improve core scientific activities in regulation, research, and public health, taking advantage of public input and independent advisors.

Promotion of Population Health

- develop and seek acceptance of the population health model through research, consultation, monitoring, and taking measures to improve accountability;
- share results of best practices of the Community Action Program for Children (CAPC), develop models/programs to support parents as caregivers, and convene National Training Workshops for CAPC workers;
- support action on the prevention and control of leading non-communicable diseases and death (e.g. cardiovascular disease, diabetes, certain cancers);
- develop and disseminate a framework for action on injury prevention for seniors and other materials on healthy living and the prevention of injury and disease;

- conduct research on the health consequences of violence against women and disseminate information on federal initiatives through the National Clearinghouse on Family Violence.

Aboriginal Health

- institute, in consultation with all other Health Canada branches, an internal management process to guide and support self-government negotiations for health services;
- provide guidance and support to Medical Services Branch regions and to First Nations and Inuit communities pursuing self-government in health;
- transfer second-, third-, and fourth-level services and the administration of fixed assets, at a pace to be determined by First Nations, subject to obtaining appropriate authorities;
- accelerate the use of automated systems to increase efficiency;
- strive for universal provider operations in a real time claim adjudication point of service;
- complete health assessment planning for hospital services and negotiate a new hospital service agreement in Moose Factory.

Health System Support and Renewal

- work with provinces on a protocol aimed at establishing greater transparency in the interpretation of the *Canada Health Act*;
- through resources provided by the Health Transition Fund, work with provinces and territories to explore innovative approaches (including the use of information systems) to reduce health care costs;
- develop national approaches to Medicare renewal issues such as waiting lists, practice guidelines, and health care professional resources.

Health Policy, Planning and Information

- support funding for research or projects and related activities through the Health Services Research Foundation, the proposed Population Health Institute, or the National Health Research and Development Program;
- monitor public health patterns through national surveillance networks on cancer, youth risk behaviour, perinatal health, child abuse and neglect, diabetes, asthma, and cardiovascular disease;
- improve the policy and planning process.

Corporate Services

- support the ongoing strengthening of the Department's work force, including continued support for employees affected by change, various initiatives aimed at revitalizing public service and ensuring a continuity of qualified staff (collectively referred to as La Relève), and increased employment of visible minorities in specific occupational groups and in the management ranks;
- enhance the Department's capabilities to manage its financial resources, including implementing the government-wide Financial Information Strategy, supporting cost recovery initiatives by upgrading its financial processes and systems, and resolving Year 2000 problems in existing systems;
- make effective use of information technologies, including the introduction of additional hardware, software and support services that will enable secure electronic communications, the efficient delivery of departmental services using electronic networks, and improved management of electronic and other records;
- ensure Year 2000 compliance of all facilities, including laboratories;
- establish a Year 2000 vendor compliance data base of regulated devices.

B. Chart of Key Results Commitments

To provide Canadians with:	To be demonstrated by:	Achievements reported in:
Management of Risks to Health Health surveillance that anticipates, prevents and responds to health risks posed by diseases, food, water, drugs, pesticides, medical devices, environmental and occupational hazards, consumer goods and other socio-economic determinants of health.	1.1 Reduced illness, injury and death from identified health risks.	p.27 (1.1), p.32 (1.A.1), p.37 (1.C.1), p.41 (1.D.1), p.49 (1.G.1), p.53 (1.H.1)
	1.2 Greater scientific knowledge about risks and benefits to human health and the environment that evolves with Canadians' health care needs.	p.29 (1.5), p.32 (1.A.2), p.35 (1.B.3), p.40 (1.C.4)
	1.3 A public well-informed about specific risks and benefits to their health.	p.28 (1.4), p.33 (1.A.3), p.37 (1.C.1), p.40 (1.C.3), p.42 (1.D.4)
	1.4 Modern policies, laws, regulations and standards that are responsive to risks and benefits to human health and the environment, that take into account globalization, the economy and sustainable development, and that are harmonized with foreign counterparts where appropriate.	p.28 (1.3), p.32 (1.A.1), p.35 (1.B.2), p.35 (1.B.3), p.37 (1.C.1), p.39 (1.C.2), p.42 (1.D.3), p.50 (1.G.2), p.54 (1.H.2)
	1.5 Increased consultations with the public and various stakeholders.	p.27 (1.1), p.27 (1.2), p.32 (1.A.2), p.34 (1.B.1), p.39 (1.C.2), p.42 (1.D.2), p.50 (1.G.2)
	1.6 Programs that use biotechnology for public health advantage.	
Promotion of Population Health An approach to health that takes into account and acts on social and behavioural determinants of health.	2.1 Improved health and health care through public empowerment, consumer participation and better informed Canadians.	p.57 (2.1)
	2.2 Targeted initiatives to prevent disease and injury, and to cope with an aging population.	p.59 (2.2)
	2.3 Optimal child development.	p.60 (2.3)
	2.4 Leadership on population health and accountability to the public.	p.61 (2.4)

Chart of Key Results Commitments (continued)

To provide Canadians with:	To be demonstrated by:	Achievements reported in:
Aboriginal Health Cost-effective health services and programs for Aboriginal people which strive to reduce health inequalities vis-à-vis other Canadians and which are controlled by First Nations and Inuit communities at their own pace.	3.1 Life expectancy, incidence of tuberculosis and cardiovascular disease, infant mortality, and injury and suicide rates that are more in line with the general Canadian population.	p.64 (figure 3-4), p.65 (figure 5-6)
	3.2 Data which relates to First Nations empowerment and capacity building.	p.66 (3.1), p.68 (3.2)
Health System Support and Renewal A long-term, sustainable health system with significant national character.	4.1 Access to health services that are consistent with the principles of the *Canada Health Act*: universality, portability, accessibility, public administration and comprehensiveness.	p.72 (4.1)
	4.2 Renewed and modernized health system in cooperation with the provinces and territories.	p.72 (4.2)
	4.3 Improved balance between care, treatment, prevention and promotion, and the cost effectiveness of the health system.	p.73 (4.3)
Health Policy, Planning and Information Reliable and current health information to make evidence-based health decisions.	5.1 First-rate national health surveillance and health research information accessible to all Canadians.	p.77 (5.1)

C. Performance Accomplishments by Business Line

Business Line 1: Management of Risks to Health (MRH)

Objective

To improve health surveillance and the capacity to anticipate, prevent, and respond to health risks posed by diseases, food, water, drugs, medical devices and other therapeutic products, pest control products, environmental hazards, consumer goods, and upstream determinants of health (personal behaviour, family, social and economic circumstances).

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Gross expenditures	283.1	319.1	314.6
Expected revenue	(54.3)	(53.1)	(46.8)
Net expenditures	228.8	266.0	267.8*

* This represents 13.4 percent of the Department's actual spending.

Background

The Management of Risks to Health (MRH) business line protects Canadians from health and environmental dangers. Through MRH, Health Canada plays a unique national role in ensuring the safety of Canadians. Its work includes:

- review of submissions for new foods, drugs and medical devices;
- surveillance of disease; monitoring and controlling potentially hazardous products;
- monitoring and managing environmental and workplace risks; inspecting and enforcing regulatory compliance for food, drugs, medical devices and other therapeutic products, consumer and commercial products, cosmetics, and radiation-emitting devices; control and regulation of tobacco labeling, reporting and promotion;
- development of national radiation safety codes; quarantine services; emergency preparedness and response;
- managing health and environmental risks associated with pest control products;
- administration of the Canadian Blood Secretariat.

Management of Risks to Health comprises the following service lines:

- Food Safety, Quality and Nutrition
- Therapeutic Product Regulation
- Environmental Health
- Disease Prevention and Control
- Occupational Health and Safety Agency
- Emergency Services
- Pest Management
- Canadian Blood Secretariat

Priority 1.1

Improve the risk management framework.

Accomplishments

- completed a revised draft Risk Management Framework in order to ensure that the Department can achieve its primary goal - to protect the health of Canadians, and to ensure that health risks are minimized to the extent possible and practicable. Although a previous framework had served a useful purpose, it was necessary to revise the framework in order to respond to the current operating environment, and to reflect new approaches for risk management. The revised framework reflects the involvement of the public and specific stakeholders.

Priority 1.2

Convert some Health Canada operations to Special Operating Agency (SOA) status, and develop partnerships, both regulatory and non-regulatory, at national and international levels that will harmonize and enhance operations.

Accomplishments

- continued to pursue the process of conversion to a full cost recovery operation in the Occupational Health and Safety Agency (OHSA). A formula for the distribution of the appropriation was developed, and Memoranda of Understanding were established to clarify the roles of OHSA and departments in relation to the provision of services by the Agency;
- strengthened partnerships with other governments, industry, the health professions, and consumer associations to advise program management and scientists developing policy for blood regulation, and to increase information sharing and collaboration on market interventions related to the safety of therapeutic products in the Canadian marketplace;

- the Public Service Award of Excellence was awarded to a team from the Pest Management Regulatory Agency for using the new joint review process developed under NAFTA to complete registration of the first jointly reviewed reduced-risk chemical, saving time and money, and providing Canadian and US fruit growers with equal access to the fungicide Cyprodinil (Vangard®), a newer, safer product for use on apples;
- conducted collaborative research on anti-microbial resistance with the University of Guelph and worked with the US Centres for Disease Control and Prevention on methods to address disease prevention.

Priority 1.3

Modernize the regulatory framework for risk management.

Accomplishments

Published a discussion paper entitled *Shared Responsibilities, Shared Vision - Renewing the Federal Health Protection Legislation* in July 1998 to improve and update health protection legislation (excluding areas already under review such as new reproductive technologies, patent medicines, pest control products). The goal of this initiative is to:

- renew laws that govern the activities of Health Canada in the area of health protection which were written decades ago;
- address changes in society, medicine, science, technology and people's lifestyles which have created new risks to health;
- eliminate potential gaps in the health protection Canadians enjoy resulting from laws that were amended in piecemeal fashion in response to problems as they arose;
- reflect in the new laws the progress made in our understanding of health, and the best ways to promote and safeguard it by working with partners in government and the private sector to effectively manage health risks.

Priority 1.4

Enhance health surveillance systems in Canada.

Accomplishments

- produced a discussion paper in conjunction with a Federal-Provincial-Territorial Surveillance Integration Design Team on an integrated national health surveillance network for Canada. Proposed functional roles and responsibilities of the main partners involved in health surveillance in Canada were outlined and recommendations made as to the processes or mechanisms through which the main partners can establish, review and update priorities for the national surveillance network. The goal is to increase the contribution which health surveillance makes to the future health of Canadians.

Priority 1.5

Improve Health Canada's own core scientific activities in regulation, research and public health by taking advantage of public input and independent advisors.

Accomplishments

In order to meet the above priority, the Department established the following two advisory boards to advise on ways and means to renew health protection programs:

(a) Science Advisory Board (SAB)

- addressed issues which are currently key challenges of the Health Protection Branch (HPB) and have been the subject of significant public debate. During 1998, the Board forwarded two letters of recommendation to the Minister, in addition to its six reports. One addressed the fate of the non-human primate laboratory; and the second, the development of HPB's Safe and Nutritious Food Program. The Board also followed closely the review of the regulatory framework for natural health products and has provided advice on proposed directions;
- reviewed the quality of HPB science in coordination with discussions of other "science platform" issues such as peer review and the role of a Chief Scientist. The Board recommended that adequate resources were essential to assuring the best quality of work and people. The 1999 Budget emphasized health care and added significant funds to HPB's budget.

(b) Laboratory Science Review Committee (LSRC)

- prepared a critical review of all activities taking place in Health Canada laboratories and examined how effectively these activities were linked to the Department's mandate. Completed a review of both National Capital Region (NCR) and regional laboratory activities, submitted a report to Health Canada's Science Committee entitled *Keeping Faith With Canadians* to begin considering possible plans for the implementation of its recommendations. The resulting report was provided to scientists across Health Canada for review and comment, was discussed in a series of workshops held in April and May 1998, and in the same period, was also presented to the Science Advisory Board. In this process, LSRC was guided by an overarching goal, namely the need to develop more flexible, more resilient and responsive laboratories within HPB;
- identified a need to redefine, streamline and integrate HPB laboratories, both to make more effective use of laboratory resources and to better meet the needs of Canadians.

(c) Pest Management Advisory Council (PMAC)

- established in November 1998 to provide a forum for stakeholders to develop advice on policies and issues relating to the federal pest management regulatory system, PMAC has already met three times to discuss proposed new legislation, the pesticide re-evaluation program and other issues.

Accountability for Key Results

Primary Responsibility:

Assistant Deputy Minister - Health Protection Branch

Co-Responsibility:

Assistant Deputy Minister - Medical Services Branch

Assistant Deputy Minister - Health Promotion and Programs Branch

Executive Director - Pest Management Regulatory Agency

Chief Executive Officer - Occupational Health and Safety Agency

Service Line A: Food Safety, Quality and Nutrition (FSQN)

Objective

To protect and improve the health and well-being of the Canadian public by defining, advising on, and managing risks and benefits associated with the food supply.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Gross expenditures	45.2	39.6	41.0
Expected revenue	(2.2)	(1.3)	(1.0)
Net expenditures	43.0	38.3	40.0*

* This represents 14.9 percent of the Management of Risks to Health actual spending.

Background

The Food Program has the primary responsibility to protect and improve the health of the people of Canada through science-based policies and programs related to safe and nutritious food. Consumers need safe and nutritious food and they need accurate safety and nutrition information to make informed choices. Nutrients are increasingly being shown to have direct impacts on the development of chronic diseases such as cardiovascular disease, certain cancers, and diabetes. Lack of nutritious food is linked to developmental and learning difficulties in children.

The Food Program:

- identifies significant health threats and benefits from foods;
- establishes food safety and nutrition policies that respond to the needs of Canadians;
- participates in international and domestic standard-setting organizations;
- regulates new foods and food additives;
- provides advice and leadership to the Canadian food safety system.

Areas of work include food additives, chemical and microbiological contaminants, nutritional quality, novel foods (e.g. bio-engineered foods), food components and processes and veterinary drugs.

For further information please see the Food and Nutrition Web site at

< http://www.hc-sc.gc.ca./english/food.htm >.

Priority 1.A.1

Improve the risk management framework.

Accomplishments

- worked with the Laboratory Centre for Disease Control, the Therapeutics Products Program and Environmental Health on bovine spongiform encephalopathy (mad cow disease). A HPB transmissable spongiform encephalopathies team was set up to monitor scientific and international activities in order to provide input into Canadian policy development. Interim policies and programs have been established:
  - to monitor or identify cases of classical Creutzfeldt-Jakob Disease (CJD) or variant CJD in Canada;
  - to deal with CJD, blood and the therapeutic use of tissues of animal origin;
  - to prevent BSE in cattle in Canada;
  - to prevent importation of infected beef and beef products.
- started the implementation of the Nutrition for Health action agenda, through nutrition surveys, nutrition labeling, and food fortification;
- developed policies and programs for the safety of raw food of animal origin (e.g. for the microbiological safety of cheese made from unpasteurized milk). A steering committee was established to develop broad principles applicable to the relevant sectors of the food industry. These principles have already been applied to reduce the risk associated with consumption of raw milk cheeses;
- drafted *Guidelines for the Handling of Raw Ground Beef Found Positive for E. coli O157:H7* based on the proposed microbiological criteria used to determine acceptable and unacceptable risks to health associated with ground beef contaminated with *E. coli* O157:H7;

- completed the new food program policy framework in consultation with stakeholders. The new framework will facilitate the uniform development of, and consultation on food policies to protect and improve the health of Canadians;
- applied the new framework to the development of new food safety and nutrition standards. The new framework has guided the successful development of several policies (e.g. nutrition labeling, fortification of foods, nutrient content claims). These initiatives are close to completion.

Priority 1.A.2

Develop partnerships, both regulatory and non-regulatory, at national and international levels that will harmonize and enhance operations.

Accomplishments

- conducted research on antimicrobial resistance, involving HPB's Bureau of Microbial Hazards and Bureau of Veterinary Drugs and the University of Guelph. This project included policy making, research and surveillance in collaboration

with other federal departments, other academia and industry. Consultation on a policy to ensure prudent use of antimicrobials has been initiated and a Steering Group on the Non-human Use of Antimicrobials is being established;

- planned nutrition research in partnership with officials from Manitoba and British Columbia and implemented adult food consumption surveys. A child and youth nutrition survey protocol was implemented to collect dietary information on school-aged children in Quebec.

Priority 1.A.3

Enhance health surveillance systems in Canada.

Accomplishments

- conducted research to characterize the extent of antimicrobial resistance in various organisms. Surveillance systems are being developed to determine the use of antimicrobials in livestock and the incidence of antimicrobial organisms in food and animals;
- conducted a survey in Whitehorse on possible contaminants in country foods. Survey results indicate that the levels of polychlorinated biphenyls (PCBs) and organochlorines in country foods are similar to those from southern Canada and do not represent any risk to the consumer. Evaluation of data on metals and other contaminants will be conducted once the analyses have been completed.

Service Line B: Therapeutic Product Regulation (TPR)

Objective

To ensure that the drugs, medical devices, and other therapeutic products available to Canadians are safe, effective and of high quality. Health Canada also provides legislative policy and support to law enforcement activities in the control of illicit drugs.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Gross expenditures	49.4	78.1	72.3
Expected revenue	(32.5)	(34.7)	(31.9)
Net expenditures	16.9	43.4	40.4*

* This represents 15.1 percent of the Management of Risks to Health actual spending.

Background

Health Canada licenses drugs, medical devices and other therapeutic products for clinical trials and general use, and regulates establishments that make, import, distribute, package or test these products. As well as monitoring use, investigating reported problems and taking corrective measures, the Department provides legislative policy support for its activities and analytical services to help law enforcement agencies control illicit drugs. Finally, it sets the Canadian regulatory frameworks for therapeutic products and works toward the harmonization of Canadian standards and activities with international counterparts.

For further information please see the Therapeutic Products Program (TPP) Web site at

< http://www.hc-sc.gc.ca./hpb-dgps/therapeut/htmleng/ >.

Priority 1.B.1

Develop partnerships, both regulatory and non-regulatory, at national and international levels that will harmonize and enhance operations.

Accomplishments

- developed and implemented a framework for TPP participation in international harmonization of regulatory operations by establishing a program-wide international strategy and a Steering Committee on Harmonization and International Cooperation;
- established a working group to coordinate the implementation of internationally harmonized standards within the TPP;

- established a committee to coordinate the Medical Devices Bureau's involvement in the global harmonization task force with Canada as the co-chair;
- worked within the Pan American Steering Committee on Drug Harmonization to recommend and oversee Pan American harmonization activities and initiatives. Within this forum, the TPP has a leading role concerning the issues related to the regulatory classification of products;
- signed, and began implementation of Mutual Recognition Agreements (MRAs) with the European Community and Switzerland. The MRAs cover both drug and medical device sectors;
- designed and put in place an information management/technology framework for the TPP, including an internationally harmonized framework for electronic submissions from industry.

Priority 1.B.2

Modernize the regulatory framework of the Canadian blood system, taking into account the recommendations of the Krever Commission.

Accomplishments

Reviewed and improved regulation of the Canadian blood system, taking into account the recommendations of the Krever Commission. This was done by:

- effecting the transition of responsibility from the Canadian Red Cross to the Canadian Blood Services and to Héma-Québec;
- obtaining additional funding for blood regulation;
- providing support to the activities of the National Blood Safety Council;
- revising and consulting on national policy on Creutzfeldt-Jakob Disease and on blood donations;
- establishing a consumer sounding board on blood regulation.

Priority 1.B.3

Modernize the regulatory framework for natural health products (including herbal remedies, functional foods and nutraceuticals); and introduce new regulatory frameworks for medical devices, product licensing, and tissues and organs, including xenotransplants.

Accomplishments

- created, and supported the Advisory Panel on Natural Health Products, whose report to the Standing Committee on Health (SCH) was the basis of the SCH recommendations that natural health products be regulated for safety, quality and efficacy;
- established an Office of Natural Health Products to operate within HPB and be functional by January 2000. A Transition Team has been formed to ensure timely implementation of the Standing Committee recommendations;
- promulgated new regulations for medical devices on May 7, 1998 after an extensive consultation process with all stakeholders;

- proposed a new system for regulating drug products (Version III of the Product Licensing Framework), and circulated it to stakeholders in June 1998;
- published 10 regulatory amendments to the Food and Drug Regulations in *Canada Gazette*, Part II, and 15 in Part I;
- continued policy development work associated with a new standards-based regulatory framework for the safety of tissues and organs for transplantation and blood establishments (e.g. hospital blood banks). Milestones included the completion of a draft standard for tissues and organs by an Expert Working Group which will be transformed into a National Standard of Canada and partial completion of a standard for blood establishments. The report of the National Forum on Xenotransplantation was released for public consultation and a public engagement strategy created;
- developed a framework for a medical marijuana research program.

Service Line C: Environmental Health (EH)

Objective

To improve safety and safe use of products, and reduce health risks by identifying, assessing and managing the risks and benefits of natural and human-made environments while contributing to sustainable development.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Gross expenditures	53.9	53.7	56.7
Expected revenue	(2.9)	(3.3)	(2.0)
Net expenditures	51.0	50.4	54.7*

* This represents 20.4 percent of the Management of Risks to Health actual spending.

Background

The Environmental Health Program (EHP) maintains an environmental health protection infrastructure that includes development and administration of regulatory frameworks and agreements related to natural environments, and safe living and working environments. It monitors compliance with the frameworks and undertakes surveillance activities to identify, assess and manage health risks associated with natural and technological environments and the use of consumer and commercial products. It provides advice on environmental factors that influence health and safety to enable Canadians to interact safely in their work and living environments. It also develops procedures to respond to potentially hazardous situations related to the environment. The program operates under several pieces of legislation, including the *Hazardous Products Act,* the *Tobacco Act,* the *Radiation Emitting Devices Act,* the *Canadian Environmental Protection Act,* the *Canadian Environmental Assessment Act,* and the *Food and Drugs Act*.

For further details see the EHP Web site at

< http://www.hc-sc.gc.ca./ehp/ehd/ >.

Priority 1.C.1

Improve risk management frameworks by developing updated guidelines, policies and programs addressing new considerations and information, and incorporating a decision making process that includes an informed public.

Accomplishments

- assessed, managed and reported on human exposure and the health effects of environmental contaminants in the St. Lawrence River Basin, Fraser Valley, the Great Lakes and in Canada's North. Participated in federal, provincial and international level efforts. As a result of this work, the Department was better able to assess current contaminant levels, improve its risk management practices, increase its focus and identify high risk populations, develop and implement human exposure guidelines, and identify persistent organic pollutants;

Continuing Relevance - Scientific Evidence

- **chemical products** are linked to 50,000 poisonings and 20 deaths annually;
- **indoor air pollution** requires critical attention since pollutants released indoors are 1,000 times more likely to reach people's lungs.

- progressed towards reducing the incidence of water-borne disease and reducing exposure to leachable contaminants through research activities in the areas of waterborne diseases and their monitoring, analytical technology and water treatment processes;
- monitored and studied the effects of air pollution on respiratory diseases, heart disease, reproductive health and birth defects at community levels, and prepared a review of their impacts on the quality of life. The aim of this work is to improve risk assessment of indoor and outdoor air environments, have better informed, more effective and more efficient departmental risk management activities with respect to air quality and identify populations at risk;
- monitored compliance with the *Hazardous Products Act* and Regulations through cyclical enforcement activities, investigated complaints, was active in developing the new *Consumer Chemicals and Containers Regulations*, a strategy initiative to reduce lead levels in children's products and a voluntary standard for furniture, revised the Cosmetic Products Regulations as part of the *Food and Drugs Act*, educated manufacturers, importers, other government agencies and private laboratories in cigarette lighter standards, tested children's vinyl toys to determine the presence and extent of phthalate content. This work leads to an increased focus on, and regulatory efforts in high risk areas, increased efficiency in the regulatory process and fewer hazardous chemicals and products reaching the marketplace;
- monitored and reported on the higher exposures to persistant organic pollutants and toxic metals levels for northern Canadian Aboriginal peoples and possible impacts on age groups to support need for controls. Examined need for development of North American Regional Action Plans for these contaminants;
- provided occupational dosimetry monitoring services to over 12,500 client groups representing over 90,000 Canadian workers. Provided access to the registry to other regulatory authorities including the Atomic Energy Control Board and provincial regulators;

- assessed risks to human health for some 1,000 chemicals and biological agents under the *Canadian Environmental Protection Act (CEPA)*, instituted risk reduction strategies for selected agents, and worked on implementing the new *CEPA*.

Priority 1.C.2

Modernize the regulatory framework for risk management.

Accomplishments

- worked to produce guidelines for drinking and recreational water quality and legislation and regulations on drinking water materials based on health-based performance standards;
- preparing revised cosmetic products regulations as part of the Food and Drugs Act. When adopted in year 2000 these regulations will provide a more effective means of ensuring the safety of cosmetics ingredients;
- proposed Tobacco (Reporting) Regulations which are intended to expand the list of reportable ingredients and emissions, and will apply to all classes of tobacco products. To this end, a HPB Information Letter was published on June 10, 1998 soliciting comments on regulatory proposals. Comments were analyzed and, as a result, the regulatory text is being drafted by the Department of Justice's Regulations Section. Publication in *Canada Gazette*, Part I is expected in fall 1999;
- proposed Tobacco (Labeling) Regulations which will increase the number of ingredients and emissions that must be declared on packaging, in order to increase consumers' awareness and concern about the hazardous nature of tobacco products, and require the display of graphics in the health messages. In January 1999 a consultation paper *Proposed New Labeling Requirements for Tobacco Products* was published and distributed to industry and interested parties to solicit their comments. Regulatory proposals are being developed and publication in *Canada Gazette*, Part I is expected in fall 1999;
- proposed Tobacco (Promotion) Regulations which may impact the advertising and sponsorship promotion of tobacco products and accessories. The aim is to protect Canadians (especially young people) from inducements to use tobacco. In January 1999 a consultation paper *Options for Tobacco Promotion*

Program Performance - Outcomes

- elimination of lead in gasoline and consumer products contributed to 95% decrease in lead levels in children's blood;
- surveillance, education, R&D lead to 90% reduction in ionizing radiation exposures of nuclear workers;
- injury-related deaths in children dropped from 31.5 to 20.6 per 100,000 from 1981 to 1992.

Regulations was published and distributed to industry and interested parties to solicit their comments. Regulatory proposals are being developed and publication in *Canada Gazette*, Part I is expected in 1999-2000.

Priority 1.C.3

Enhance health surveillance systems through expanded access to hospital-reported injury data.

Accomplishments

- conducted in-depth epidemiological and causal analysis of hospital-reported injuries related to consumer products. Gained new access to hospital-reported injuries data base for causal and trend analysis.

Priority 1.C.4

Improve Health Canada's own core scientific activities in research and public health.

Accomplishments

- incorporated the Toxic Substances Management Policy (TSMP) into the EH management strategies. This initiative supports strategic and applied research efforts in five priority areas: persistent organic pollutants, metals in the environment, endocrine disrupting chemicals, urban air pollutants and cumulative effects of toxic substances and unites Canadian research scientists in the private sector, universities, organizations and government. Results will provide evidence to be used in making policy to reduce human health and environmental risks associated with toxic substances.

Service Line D: Disease Prevention and Control (DPC)

Objective

To enable the Department to evaluate the efficacy and effectiveness of various prevention, screening/diagnosis, treatment and palliation methodologies for a wide range of human diseases.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Net expenditures	39.5	38.8	38.4*

* This represents 14.4 percent of the Management of Risks to Health actual spending.

Background

The Department's Disease Prevention and Control strategy includes the following activities:

- surveillance, investigation and targeted research to assess the risks of a wide range of human diseases and injuries;
- identification of options for public health intervention through effective leadership and collaboration with various governments and organizations;
- evaluation of disease prevention and control interventions.

Disease prevention and control activities are developed and carried out within a strategic partnership framework that includes the provinces and territories, non-government organizations, voluntary health organizations, international agencies and Branches within Health Canada such as HPB, HPPB and MSB. For further information please see the Laboratory Centre for Disease Control Web site at

< http://www.hc-sc.gc.ca/hpb/lcdc/hp_eng.html >.

Priority 1.D.1

Improve risk management frameworks by developing and updating guidelines, policies and programs addressing new considerations and information, and incorporating a decision-making process that includes an informed public.

Accomplishments

- provided increased access in electronic and print form to evidence-based public health information by renewing the LCDC Web site to provide additional information. Information also continues to be provided through *Canadian Communicable Disease Reports* and through the provision of guidelines and other information concerning infectious, communicable and chronic diseases in electronic and print formats. Made a commitment to provide new tropical

health and quarantine information for the benefit of international travellers. This information is provided through a variety of approaches including the publication of guidelines, fax link and Web site postings,

< http://www.hc-sc.gc.ca./hpb/lcdc/osh/tmp_e.html >

and the provision of *International Travel Health Information: Guidelines for Health Professionals* to Canadian health professionals.

Priority 1.D.2

Develop partnerships, both regulatory and non-regulatory, at national and international levels that will harmonize and enhance operations.

Accomplishments

- expanded the national migration medicine strategy into a collaborative effort with the US, the UK and Australia to develop a decision-analytic health risk assessment model for the screening of migrant applicants for infectious diseases. To date, work has been undertaken to determine the impact of screening versus not screening immigrants for HIV/AIDS, tuberculosis and Hepatitis B. The project will continue until 2000. The work to enhance the activity concerning travel medicine continues to evolve, as does the development of a national strategy for the prevention and control of tuberculosis.

Priority 1.D.3

Modernize the regulatory framework for risk management.

Accomplishments

- undertook a major legislative initiative to update and revise the *Quarantine Act* and Regulations.

Priority 1.D.4

Enhance health surveillance systems.

Accomplishments

- completed development of an effective integrated surveillance system to provide epidemiological and laboratory data on the changing patterns of blood-borne infections including HIV/AIDS. In addition, four HIV cluster outbreaks were investigated;
- established an extensive surveillance and laboratory program to address antimicrobial resistance in microorganisms such as tuberculosis and nosocomes (hospital derived infection). The objective is to investigate, monitor and control the emergence of antibiotic-resistant microorganisms such as methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant *Enterococci*;

- reached agreement with the Coalition of Cancer Surveillance on a set of standards for the registration of data on progress of cancers and developed a set of core indicators for the screening of cervical cancers. The standards and core indicators are designed to ensure that the women of Canada are provided with a standard approach to cervical cancer examination. They will also ensure that data on cervical cancers is consistent across Canada;
- developed a research agenda for blood-borne pathogens and a comprehensive surveillance and investigation system for tracking blood-borne diseases by establishing the organizational structure to:
  a) eliminate the transmission of blood-borne pathogens in the Canadian blood supply;
  b) reduce the incidence of existing blood-borne infections in the Canadian population;
  c) detect emerging blood-borne infections.

The annual Economic Burden of Infectious & Chronic Diseases

- economic burden of illness in Canada is approximately $160 billion;
- direct costs for treatment of disease are about $72 billion;
- about 60% of these direct costs can be allocated to 18 disease categories;
- of the total costs, approximately $3 billion is associated with infectious/ parasitic disease and blood-borne disease;
- the remainder are associated with treatment and indirect cost for chronic diseases such as cardiovascular disease, cancer and injuries.

Service Line E: Occupational Health and Safety Agency (OHSA)

Objective

To provide a broad range of direct occupational and public health and safety services and advice to all levels of the public sector, as well as federally regulated and non-government organizations. To continue to work with other parts of Health Canada to protect the health of the Canadian population from incoming quarantinable diseases. To protect the health of visiting VIPs in Canada.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Gross expenditures	29.9	26.2	24.7
Expected revenue	(6.2)	(6.2)	(4.1)
Net expenditures	23.7	20.0	20.6*

* This represents 7.7 percent of the Management of Risks to Health actual spending.

Background

OHSA staff inspecting safety equipment.

The Occupational Health and Safety Agency (OHSA) has primary responsibility for this service line. Its objectives are to provide a broad range of direct occupational health and safety services and advice to public sector customers to assist them in protecting and promoting the occupational health and safety of their employees. These services include medical assessments and examinations, industrial hygiene investigations and surveillance, occupational health nursing, employee assistance services, and health education and training. OHSA works in partnership with customers to oversee workplace health and safety for public sector, federally regulated industries and non-government organizations.

In the area of quarantine services, OHSA's work must meet the requirements of the Canadian *Quarantine Act*, the World Health Organization International Health Regulations, and the Human Pathogens Importation Regulations of the *Department of Health Act*. For its VIP service, OHSA works within the Geneva Convention under which a host country is responsible for providing health care to visiting dignitaries during their official visits. OHSA plans and coordinates medical contingency and emergency plans, determines the level, extent and availability of medical care, and provides food inspection services.

For further information please see the OHSA Web site at

< http://www.hc-sc.gc.ca./ohsa/nehsi.htm >.

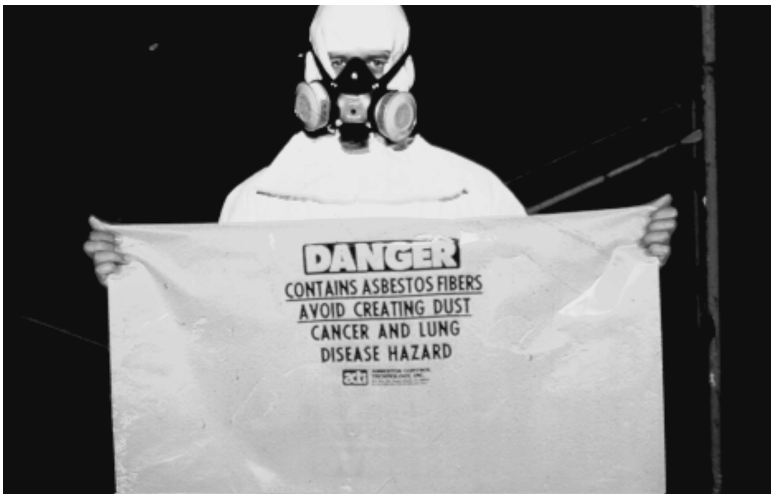
Priority 1.E.1

Convert some Health Canada operations to Special Operating Agency (SOA) status and develop partnerships, both regulatory and non-regulatory, at national and international levels that will harmonize and enhance operations.

Accomplishments

- continued to move OHSA toward full SOA status and full cost recovery. At the request of customer departments, a transition period has begun. Revision of documentation, including the business plan and framework has commenced. Initial discussions with Treasury Board are under way;
- moved the Quarantine Program to cost recovery for the deratification inspection program which has saved the international shipping industry substantial amounts of money. Prior to cost recovery being implemented, the program was provided from 8 am until 4 pm weekdays in designated (typically large) ports only. Now it is provided during daylight hours, seven days a week. Vessel operating costs range between $10,000 and $25,000 per day plus dockside fees of $2,000. A weekend enforced port stay while waiting for a deratification certificate could cost a vessel $55,000 plus two days loss of revenue. With deratification fees set at $445 in designated ports, the savings are substantial. Agents and owners continue to comment on the efficiency of this service and the way the service has improved with cost recovery;
- began recovering costs associated with the provision of the cruise ship inspection program as of April 1, 1998. The inspections are provided in compliance with a World Health Organization international agreement to ensure the protection of the traveling public as well as citizens in the ports of call;
- worked to harmonize inspection and outbreak response services for food and water-borne illness with those of the US. OHSA developed service standards in partnership with industry and has made a commitment to industry to meet these standards. A customer satisfaction questionnaire was developed to receive immediate feedback on the inspection service provided. In addition, a yearly review meeting is set up with industry to evaluate OHSA's efforts and to discuss a fee schedule for the following period;

- managed one major food-borne outbreak and provided the operational arm during a land-based respiratory illness outbreak. OHSA worked cooperatively with ship operators by letting industry take the forefront in preparing cleansing plans, media lines etc. while ensuring that health standards were met and offering expert advice when necessary. This worked particularly well and received high praise from industry. As well, staff involved received a Deputy Minister's Award for their efforts during the outbreak;



An OHSA staff member involved in asbestos removal.

- co-ordinated the private sector traumatic stress services provided to the recovery crews on behalf of the Transportation Safety Board through its regional office and the traumatic stress management and employee assistance services when Swissair Flight 111 crashed in the ocean off Nova Scotia. In the words of the Minister: *"When Swissair Flight 111 crashed off the coast of Peggy's Cove, a virtual army of volunteers, fishers, law enforcement officials, the military, government departments and agencies quickly swung into action. You were a part of, and a very critical part of that response. You were there to provide counseling and support, in many ways, to those working on the massive recovery operation. You were there in the first hours and through the first 100 days. And, many of you I know, continue to provide caring and support. As Minister of Health, I am extremely proud of your accomplishments, carried out under such stressful and demanding circumstances. I am honoured to have professionals of your caliber working with my Department."* For their efforts staff received the Deputy Minister's Award for Team Excellence.

Service Line F: Emergency Services (ES)

Objective

To support health care and social service systems when disasters occur.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Gross expenditures	2.6	2.8	2.9
Expected revenue	(0.1)	(0.1)	(0.0)
Net expenditures	2.5	2.7	2.9*

* This represents 1.1 percent of the Management of Risks to Health actual spending.

Background

Health Canada carries out the following activities in support of this service line:

- maintains a stockpile of goods and equipment needed to respond to natural disasters, such as floods or earthquakes. Periodic reviews are made of emergency stockpile requirements, and improvements are made accordingly;
- plans for emergencies through consultations with federal and provincial partners on the health component of national plans, and on issues such as heavy urban search and rescue operations;
- provides support to municipal and provincial health and social service systems when disasters occur;
- develops a program to support emergency workers, as well as conducts training and education activities.

For further information please see the Emergency Services Web site at

< http://www.hc-sc.gc.ca./msb/emergency/index_e.htm >.

Priority 1.F.1

Improve the risk management framework of the Emergency Services Program by reorganizing and restructuring i.e. changing focus from responding to nuclear war to preparing for natural and man-made disasters.

Accomplishments

- developed a new threat and risk assessment tool;
- completed a major review of the national emergency supply system and made recommendations for a refurbishment and reconfiguration process to ensure that the system will continue to meet the needs of Canadians affected by disasters;

- revised and updated training standards and resource materials for courses in emergency health and social services planning for the community. These national standards have been provided to the provincial emergency health and social services directors.

Priority 1.F.2

Develop partnerships, both regulatory and non-regulatory, at national and international levels that will harmonize and enhance operations.

Accomplishments

- continued to support the provinces in their response to a variety of disasters such as forest fires, floods, etc. Also active with other branches of Health Canada, notably the Laboratory Centre for Disease Control, and with Canadian immigration officials in coordinating the provision of family support workers to assist the Kosovo refugees;
- completed a review, with input from provincial emergency health and social services, of the priorities for, and the contents of, the stockpile of emergency supplies based on the lessons learned from the Saguenay flood of 1996, the Manitoba flood of 1997, and the Ontario and Quebec ice storm of 1998;
- completed writing of course training standards; a pilot course was evaluated; resource materials were developed and shared with provincial emergency health and social services; and additional training requirements were identified during the stockpile review.

Service Line G: Pest Management (PM)

Objective

To protect human health and the environment by minimizing the risks associated with pest control products, while enabling access to pest management tools, namely, these products and sustainable pest management strategies.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Gross expenditures	24.4	25.7	26.3
Expected revenue	(10.4)	(7.5)	(7.8)
Net expenditures	14.0	18.2	18.5*

* This represents 6.9 percent of the Management of Risks to Health actual spending.

Background

Established in 1995, the Pest Management Regulatory Agency (PMRA) consolidates resources and responsibilities for federal pest management regulation. The mandate of the PMRA goes beyond health protection and includes the protection of the environment from risks posed by pesticides. The PMRA administers the *Pest Control Products Act* (*PCPA*). Its functions include new product evaluation, registered product evaluation, compliance and support for sustainable pest management.

For further information see the PMRA Web site at

< http://www.hc-sc.gc.ca/pmra-arla/qcont-e.html >.

Priority 1.G.1

Establish a risk management decision process to protect health, safety and the environment from the risks of pesticides through the use of sound, progressive science, including innovative approaches to sustainable pest management.

Accomplishments

- worked closely with the US Environmental Protection Agency (EPA) to develop and implement, in both the US and Canada, new risk assessment approaches and methods in light of the more stringent health-based safety standards for pesticide residues in foods established under the US *Food Quality Protection Act* of 1996;

- developed a proposal for the re-evaluation of all pesticides registered up to December 31, 1994 by the end of 2005-2006. This re-evaluation is necessary in order to assess and reconfirm the acceptability of older pesticides in the light of modern technology and scientific standards;
- completed the special review of carbofuran. Registration of granular formulations of carbofuran was suspended because they present potential high risk of harm to songbirds, small mammals and a wide variety of avian scavengers in the Canadian prairies;
- introduced requirements with respect to good laboratory practices to promote the quality and international acceptability of data generated in Canada to support pesticide registration submissions;
- as a first step in creating a national data base on products, active ingredients and location of use, the National Pesticide Sales Data Base Working Group, comprising federal and provincial regulators and industry and non-government organization representatives, conducted a pilot collection of sales data for organo-phosphorus and carbamate pesticides and is now examining models for pesticide classification that could be used for public outputs;
- developed the administrative monetary penalties process which is ready for implementation pending the promulgation of regulations;
- conducted over 2,000 investigations, inspections and consultations to promote and verify compliance with the *PCPA.* Compliance activities are coordinated regionally with provincial and territorial governments and other federal departments. Agreements were signed with eight provinces to formalize a collaborative approach to pesticide compliance programs.

Priority 1.G.2

Develop partnerships, both regulatory and non-regulatory, at national and international levels that will harmonize and enhance operations and meet the needs of Canadians for an open, transparent and participatory regulatory process and for timely access to new, safer pest control products.

Accomplishments

- established the Pest Management Advisory Council (PMAC) to provide a forum for stakeholders to develop advice on policies and issues relating to the federal pest management regulatory system. The Council's membership includes environmental, health, labour and consumer groups, academics and pesticide manufacturers and users;
- prepared proposed amendments to the *Pest Control Products Act (PCPA)* and Regulations to establish a modern, open and transparent risk management framework in law. The legislative proposals were discussed with PMAC in November 1998, February 1999 and May 1999. The Council's advice to the Minister of Health on whether or not to proceed will be submitted in September 1999;

- the Federal-Provincial-Territorial Committee on Pest Management and Pesticides continued to collaborate on programs, policies and issues related to pest management. The Economic Management Advisory Committee (EMAC) of pesticide manufacturers and users continued to provide strategic advice on streamlining operations and reducing costs;
- reduced the 1995 backlog of 1,000 complex pesticide submissions to 17 in 1998-1999. Significant scientific issues must be addressed in order to complete the remaining 17 submissions;
- received approximately 2,000 new applications respecting pest control products, and made regulatory decisions on approximately 2,200. For complex submissions to register new pesticides or for new uses of registered pesticides, PMRA met the performance standard for the review of these submissions more than 90 percent of the time;
- formalized the user requested minor use registration program to enable user groups to encourage pesticide companies to seek registration for products already registered in the US or other OECD countries that due to potential low volume of sales might otherwise not be registered. The first two products to be registered under this program were Retain, a pre-harvest drop control agent for apples, and Upbeet, the first product available in Canada for the control of velvetleaf in sugar beets. The first pheromone to fight insect damage to cranberries was accepted for consideration under the program;
- gave simultaneous registrations from the PMRA and the US EPA to the first jointly reviewed herbicide;
- an international cooperative pilot project including Canada, the US, Australia and the European Union resulted in the PMRA and the EPA accepting a herbicide for the control of wild oats and certain broadleaf weeds in wheat for registration;
- received the first application for a joint review by Canada, US, and Mexico using the recently developed standard OECD format.

Priority 1.G.3

To effectively manage the human and financial resources of the PMRA..

Accomplishments

- released a comparative analysis and assessment of performance, program cost and cost recovery of PMRA against regulatory programs in the US, the UK and Australia, conducted by an independent consultant. Although the PMRA's performance standard for complex submissions is longer than that of the UK or Australia, its performance standard for joint reviews conducted with the US EPA is better than the average performance of the other three countries. The study found that for registration activities, PMRA's relative efficiency (i.e. weighted output relative to cost) is essentially comparable to that of the US and is slightly lower than in the UK and Australia. The study pointed out that PMRA's level of cost recovery is in range with the others but that Canada lags behind other countries in re-evaluation of older pesticides;

- initiated a project to compare review processes using the world's first agrochemical product submission in Web browser-based format, as well as the same submission in Canada's first official computer-aided dossier and data supply format and in the traditional hard copy format;
- international harmonization and electronic submission and review processes will contribute to meeting the goal of a 40 percent reduction in the direct cost of reviewing submissions for new products over the period 1997-1998 to 2002-2003. The cumulative reduction as of March 31, 1999 (end of second year) is 23 percent.

Sustainable Development

Establish partnerships with stakeholders for the development of sustainable pest management solutions.

- strengthened policy frameworks that support sustainability by finalizing an implementation strategy to formalize the application of the Toxic Substances Management Policy under the *Pest Control Products Act*;
- used the new joint review process developed under NAFTA to complete registration of the first jointly reviewed reduced-risk chemical, saving time and money. Simultaneous registration in May 1998, gave Canadian and US fruit growers equal access to the fungicide Cyprodinil (Vangard®), a newer, safer product for use on apples. For this achievement, the Public Service Award of Excellence was awarded to the Joint Review Team for Cyprodinil;
- the first pheromone for use in forestry in Canada, and the first that could be used against the destructive Eastern Pine Shoot Borer, was the subject of a joint review with the US. Pheromones are important tools in integrated pest management (IPM), a sustainable approach to pest management, combining biological, cultural, physical, and chemical tools to manage pests so that the benefits of pest control are maximized and the health and environmental risks are minimized;
- published the document *Integrated Pest Management (IPM) in Food Processing: Adapting to the Phase Out of Methyl Bromide* on behalf of the Methyl Bromide Industry Government Working Group, completing one of PMRA's IPM partnership projects. These projects, currently under way for potatoes, canola, apples, cranberries, aquaculture, spruce budworm and urban landscapes, coordinate the development of voluntary, national IPM strategies in cooperation with a range of partners including grower organizations, manufacturers, other federal government departments, provinces, research establishments and other non-government organizations;
- continued participation on the OECD Risk Reduction Steering Committee to develop risk indicators for pesticides and completed some critical first steps toward the development of regulatory approaches for evaluating endocrine disruption. Both activities will enhance regulatory processes that are based on the principles of sustainable development.

Service Line H: Canadian Blood Secretariat (CBS)

Objective

To provide Health Canada with a blood system policy, planning, and coordination capacity to ensure the Department's regulatory, surveillance, and blood governance program functions are coordinated in the best interests of all key players in the blood system.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Net expenditures	38.2	54.2	52.3*

* This represents 19.5 percent of the Management of Risks to Health actual spending.

Background

The Canadian Blood Secretariat was created out of the Blood Inquiry Secretariat in 1997 and given the mandate to coordinate the strengthening of Health Canada's blood surveillance and regulatory programs in accordance with the findings of the Commission of Inquiry on the Blood System in Canada (the Krever Inquiry). This includes planning and coordinating Health Canada's implementation of Justice Krever's recommendations, and developing and coordinating the strategic planning of the federal, provincial and territorial initiative on blood system governance.

For further information on the Government's actions on the Krever Commission recommendations please see the Health Canada Web site at

< http://www.hc-sc.gc.ca/main/hc/web/english/archives/releases/9889bke1.htm >

Priority 1.H.1

Improve the the risk management framework for blood and blood products by supporting the federal role with the provinces and other health partners in the Blood System Governance Initiative.

Accomplishments

- supported the federal role with the provinces and other health partners in the Blood System Governance Initiative by financing the transition period as the Canadian Blood Services and Héma-Québec took over the operation of the Canadian blood system from the Canadian Red Cross Society;
- developed a comprehensive national health risk management strategy for blood and promoted and financed blood research;

- continued to provide a collaborative focus for federal, provincial and territorial agencies, health institutions, private organizations and consumer interest groups in Canada within the context of a restructured national blood system.

Priority 1.H.2

Modernize the regulatory framework for risk management of the blood system to address the findings of the Krever Inquiry, and restore faith in the blood system in the wake of the Krever Inquiry.

Accomplishments

Become the departmental focal point for coordinating the implementation of Justice Krever's recommendations. This work included:

- coordinating the implementation of recommendations directed at Health Canada in Justice Krever's interim and final reports; representing the federal government on a federal-provincial-territorial working group that provided a report on responses to Justice Krever's non-Hepatitis C assistance recommendations;
- seeking new resources to enhance Canada's blood safety program and outlining blood regulatory and surveillance policy direction in consultation with the TPP and LCDC;
- developing a national focus and coordination for dealing with operational policy issues related to blood, blood products, tissues and organs;
- assisting in the development of a national research and development agenda for blood-borne pathogens;
- assisting in the development of a national and international consensus on controlling and preventing transmission of blood-borne pathogens;
- assisting in the development of a comprehensive surveillance and investigation (hemo-vigilance) capability for dealing with blood-borne pathogens, including prions and HIV/AIDS.

Priority 1.H.3

Improve Health Canada's own public health activities by providing support to the National Blood Safety Council (NBSC).

Accomplishments

- provided administrative, financial, secretarial, logistical and policy support to the NBSC, which was established to advise the Minister on matters of blood safety, and particularly on issues relating to blood regulation and national disease surveillance;
- supported the NBSC in hosting national open forums on blood-related topics such as *Methods of Reducing the Risk of Transmitting Viruses by Blood Components,* and *Shortages of Intravenous Immune Globulins and Other Plasma Products*.

Priority 1.H.4

Support litigation on blood issues by reviewing the Report of the Task Force on Compensation for Victims of Hepatitis C and making recommendations to the Minister.

Accomplishments

- provided records management, policy and administrative support to Justice Canada in negotiations and litigation relating to blood-borne diseases such as Hepatitis C, HIV and Creutzfeldt-Jakob Disease on behalf of Health Canada;
- coordinated responses to discovery undertakings, assisted in identifying witnesses (experts and deponents), represented Health Canada on the blood litigation group teleconferences, developed and maintained an extensive repository of departmental documents, files and material relating to the Krever Inquiry, the ongoing RCMP investigations, and other blood-related issues.

Business Line 2: Promotion of Population Health (PPH)

Objective

To promote population health through action on the social and behavioural determinants of health.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Net expenditures	207.8	202.8	201.6*

* This represents 10.1 percent of the Department's actual spending.

Background

Health Canada has adopted a population-health approach to maintaining and improving the health of Canadians. This approach recognizes that many factors in addition to the health care system strongly influence the health of individuals and population groups. It promotes disease prevention and individual and social action, and focuses on a range of factors and the way they interact in determining the health and well-being of Canadians. The framework of this approach features three life stages: childhood and youth, early to mid-adulthood, and later life. Within this life-cycle approach, Health Canada can take action on the broad range of determinants of health, as well as on priority health issues Canadians expect their government to address (e.g. substance abuse, HIV/AIDS, cancer and heart disease). More details can be found at the health promotion Web site at

The determinants of health are:

- healthy child development
- health services
- personal health practices and coping skills
- social support networks
- biology and genetic history
- education
- employment and working conditions
- physical and social environments
- income and social status
- gender
- culture

< http://www.hc-sc.gc.ca./hppb/hpo/ >

or through *Wired Health*, the monthly health promotion magazine

< http://www.hc-sc.gc.ca./hppb/wired/ >.

Priority 2.1

Improved health and health care through public empowerment, consumer participation and better informed Canadians.

Accomplishments

- developed the *Blueprint to Promote a Population Health Approach in Canada* to provide the Department with a direction for action and leadership on population health in six strategic areas:
  - furthering development of the theoretical framework;
  - stimulating application to the public policy process;
  - improving the availability of evidence (data, information, knowledge);
  - developing a better understanding through marketing and education;
  - implementing population health initiatives for mobilization;
  - developing the organizational infrastructure to sustain the approach through institutionalization.
- designed frameworks and guidelines to assist government policy planners and stakeholders in developing and reviewing policies and programs using a population health approach;
- completed, in partnership with Canada Mortgage and Housing Corporation, the first phase of a three-phase study to identify the health impacts of housing. The information from this study will give the Department the ability to promote understanding in other federal departments about the health impact of their policies and programs and to appraise how findings from this study can be applied to health impact analysis;
- completed, in partnership with Statistics Canada, the Canadian Institute for Health Information, the Federal-Provincial-Territorial Advisory Committee on Population Health and a pan-Canadian network of health researchers, the demonstration phase of the Canadian Population Health Initiative and secured resources for it;
- increased international research on the determinants of health through the development and support of research projects and analytical papers with national and international partners, facilitated the World Health Organization, European Region's adoption of population health concepts, and provided a consolidation of lessons learned about how population health ideas can be advanced within, and acted upon by, the restructuring of health systems in Canada;
- managed, in partnership with the Federal-Provincial-Territorial Advisory Committee on Population Health, Statistics Canada, and the Canadian Institute for Health Information, the development of the *Second Report on the Health of Canadians*. This Report provides benchmark information for assessing progress in improving the health status of Canadians and is an important resource document for policy makers, practitioners, researchers and the public who want to understand and address challenges to health;

- worked with the provinces and territories to identify national goals in areas such as affordable health services and the reduction of preventable illness. These goals will enable policy makers across the country to monitor the health of Canadians;
- increased community capacity for action on or across the determinants of health by supporting time-limited projects sponsored by voluntary, non-profit, non-government organizations through the Population Health Fund. In 1998-1999, the Fund sponsored approximately 350 community-based projects. Evaluation results from these projects are not anticipated until 2002;
- launched the Canadian Strategy on HIV/AIDS. Key achievements in 1998-1999 included:
  - development of a performance reporting framework which serves as the basis for annual reporting to Treasury Board;
  - establishment of funding guidelines to support capacity building among Aboriginal communities;
  - convening of a national working group on rehabilitation in collaboration with Strategy partners.

> In collaboration with the BC Council for Families, Health Canada sponsored the Work Life Project, an innovative, multi-sectoral initiative to address the links among health, wellness and the workplace. This Population Health Fund project brings together governments, business, labour, and community groups to develop healthy workplaces for today's "sandwich generation" – employees who have growing responsibility for care of both their children and senior parents.

- developed an integrated approach to the prevention and control of breast cancer by working with the provinces, territories, cancer agencies, major stakeholders and Canadian women;
- reached a consensus on the objectives for the public education component of the tobacco control initiative through consultations with provinces, territories and key non-government organizations. In line with the objectives, the Department worked to increase public awareness, knowledge and support for tobacco control measures through a variety of programs and social marketing activities;
- conducted policy forums and information sessions on issues surrounding abuse which led to the identification of best practices and gaps in information that will, in turn, further the federal role on the issue of family violence;
- released *Canada's Physical Activity Guide to Healthy Living* in 1998-1999 as well as completing the first year of a five year benchmark study to track the physical activity levels of Canadians. The information from this study will give the Department the ability to track improvements in the fitness and health of Canadians;

- hosted an international event on youth and drugs in Banff, Alberta. The report from the meeting, containing recommendations from youth from more than 22 countries, was submitted to the United Nations General Assembly Special Session on the World Drug Problem;
- released *Canada's Food Guide to Healthy Eating-Focus on Children 6 - 12*: *Background for Educators and Communicators*. This document provides ideas and information on *Canada's Food Guide to Healthy Eating* for educators, communicators and leaders working with children six to twelve years of age. To read *Canada's Food Guide*, see

  < http://www.hc-sc.gc.ca/hppb/nutrition/pube/foodguid/foodguide.html >;

Satisfied?

In 1998-1999, 99% of the users of the National Clearinghouse on Family Violence indicated that the Clearinghouse provides a useful service; 97% found it easy to get materials; 99% were pleased with the service provided by staff; 51.2% of clients accessed the Clearinghouse through the Internet.

< http://www.hc-sc.gc.ca./hppb/familyviolence/index.html >

- helped to increase the ability of professionals to respond to youth mental health issues, through the development of *Mauve*, a CD-ROM. The CD-ROM is a communications tool designed by youth themselves which covers such topics as life, love, school, friendship, family, depression, suicide, drug abuse, school drop-out and delinquency. Counselors, educators and other professionals are using this tool to help stimulate reflection and re-establish dialogue with youth;
- signed 11 agreements with the provinces and territories for the provision of alcohol and drug treatment and rehabilitation programs and services. This federal-provincial-territorial work will improve accessibility to effective substance abuse treatment and rehabilitation programs and services and enhance national sharing of information, research findings and best practices in substance abuse treatment and rehabilitation programs.

Priority 2.2

Targeted initiatives to prevent disease and injury, and to cope with an aging population. For the Seniors Web site, see

< http://www.hc-sc.gc.ca./seniors-aines/ >.

Accomplishments

- implemented, in collaboration with provinces and territories and other federal government departments and agencies, the *Plan of Action for the International Year of Older Persons*;

- provided, through the Population Health Fund, additional support in the range of $4 million to approximately 50 national and regional projects to enhance awareness of seniors and aging issues in Canada;
- published a supplement to the Canadian Medical Association Journal entitled *Seniors' Heart Health*. This document provides information on the risk factors for cardiovascular disease among seniors and examines knowledge and awareness of seniors regarding these factors;
- identified risk factors most closely associated with decreasing bone mass density and increased fractures by supporting the analysis of the data of the *Canadian Multicentre Osteoporosis Study*;
- disseminated to various stakeholders across the country *A Participator Evaluation Guide: How are Health Reforms Affecting Seniors* to assist seniors' groups, service providers and others to evaluate the impact of health reforms on the availability, accessibility and quality of health care for seniors and their families.

Priority 2.3

Optimal child development.

Accomplishments

- completed a review of regional and local evaluations to capture and share the results from community-based projects. These results were compiled in a workbook entitled *Learning to Action: The Community Action Plan for Children (CAPC)/Canada Prenatal Nutrition Program (CPNP) Experience*. For example, *Learning to Action* captures best practices and lessons learned in the area of effective training and supervision for CAPC projects that provide parental support and education. A workshop was subsequently held with regional program consultants who have, in turn, trained CAPC and CPNP project staff;

> There are 450 CAPC projects across Canada. On average, 67,000 children and their parents/caregivers participate in CAPC programs each week. More than half of CAPC households have incomes of less than $20,000 and 38% of CAPC parents reported that they were lone parents.

- consulted with over 400 stakeholders on the development and implementation of the Centres of Excellence for Children's Well-Being initiative. The Centres' role will be to undertake research, policy work and communication activities that enhance the understanding of, and promote action on the critical factors for healthy child development;
- provided a leadership role in working with all levels of government and health care stakeholders to develop programs that support healthy birth outcomes for at-risk pregnant women. Early evaluation results indicate that the projects are reaching women who fit the demographic profile targeted by the program;

- in partnership with Justice Canada, coordinated information for *Canada's Progress Report to the United Nations on the Rights of the Child*.

Priority 2.4

Leadership on population health and accountability to the public.

Accomplishments

- increased awareness to reduce deaths related to non-communicable diseases such as breast, cervical, and prostate cancer, cardiovascular disease, high blood pressure and diabetes through the development of clinical practice guidelines, professional education initiatives, and public education activities;

> Nearly 36% of the women in CPNP projects are less than 20 years old; 45% reported a monthly household income of $1,000 or less and 38% are single.

- increased awareness of the benefits of active living and other healthy practices at work through Canada's Healthy Workplace Award Program;
- released the second edition of the *Guide to Federal Programs and Services for Children and Youth* which provides information on programs administered by the federal government. This document lists 72 programs and contact information for each program;
- formalized the Interdepartmental Coordinating Committee on HIV/AIDS. The Committee has compiled an inventory of federal activities being undertaken to address HIV/AIDS to facilitate the identification of opportunities for collaboration among federal government departments.

Sustainable Development

- developed a Web site based on the principles of community-based social marketing that offers tools, case studies and a planning guide to help individuals and communities take actions and adopt habits that promote sustainable development

  < http://www.hc-sc.gc.ca/hppb/socialmarketing/ >;
- convened workshops to increase awareness among professionals about how active transportation (any form of human-powered transportation such as walking, cycling, in-line skating) can meet the goals of transportation, health and the environment;
- completed a marketing campaign to increase public awareness about the health, safety and environmental issues related to school transportation;
- worked with non-government organizations and the Canadian Federation of Municipalities to develop and disseminate a directory of active transportation programs and resource materials.

Accountability for Key Results

Primary Responsibility:

Assistant Deputy Minister – Health Promotion and Programs Branch

Co-Responsibility:

Assistant Deputy Minister – Information, Analysis and Connectivity Branch

Business Line 3: Aboriginal Health (AH)

Objective

To assist Aboriginal communities and people in addressing health inequalities and disease threats and in attaining a level of health comparable to that of other Canadians, and to ensure the availability of, or access to, health services for registered First Nations people and Inuit.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Gross expenditures	1,093.8	1,072.6	1,067.3
Expected revenue	(9.9)	(9.1)	(6.7)
Net expenditures	1,083.9	1,063.5	1,060.6*

* This represents 53.2 percent of the Department's actual spending.

Background

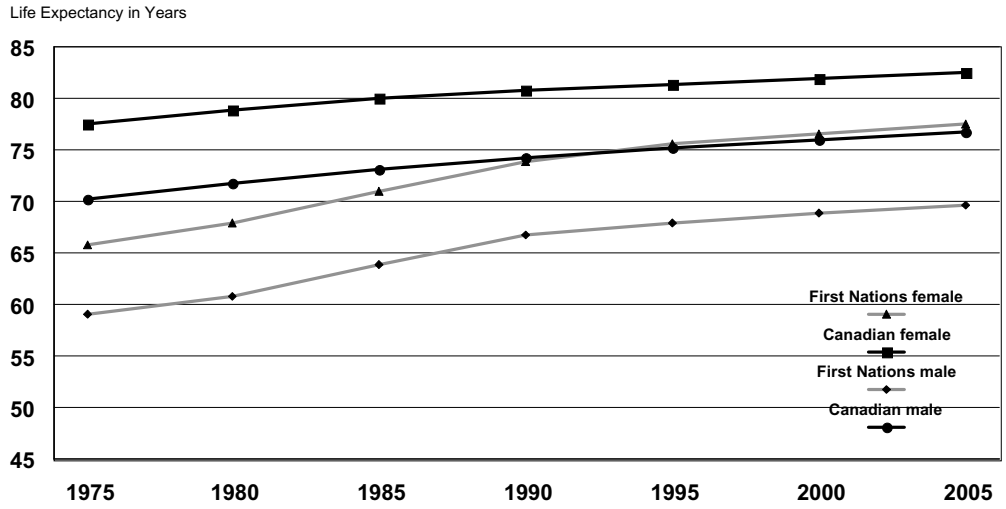
Serious health inequalities persist in the Aboriginal population. For example, rates of diabetes, tuberculosis, suicide and smoking are much higher than for the Canadian population at large. Research suggests that First Nations and Inuit children may be at increased risk for infectious diseases, are significantly younger and have longer than average periods of hospitalization and are more likely to be admitted to an intensive care unit compared to non-Native children. The Aboriginal birth rate is twice the Canadian average and the people 10 years younger than the general population - these factors are expected to drive up costs. Coupled with ongoing provincial health reforms, the rising costs of health care, socio-economic factors such as inadequate housing and low employment rates, there is growing pressure on resources that are already strained. Self-government and the transfer of health care services to First Nations and Inuit communities should pave the way for better health among First Nations and Inuit people. To improve the health status of First Nations and Inuit, the Department is striving to:

- increase the life expectancy for First Nations people to overall Canadian levels (see Figure 3);
- reduce the infant mortality rate (see Figure 4);
- reduce the rates of disease, injury and suicide to the national average (see Figures 5 and 6).

For further details, see the Medical Services Branch Web site at

< http://www.hc-sc.gc.ca/msb/about_e.htm >.

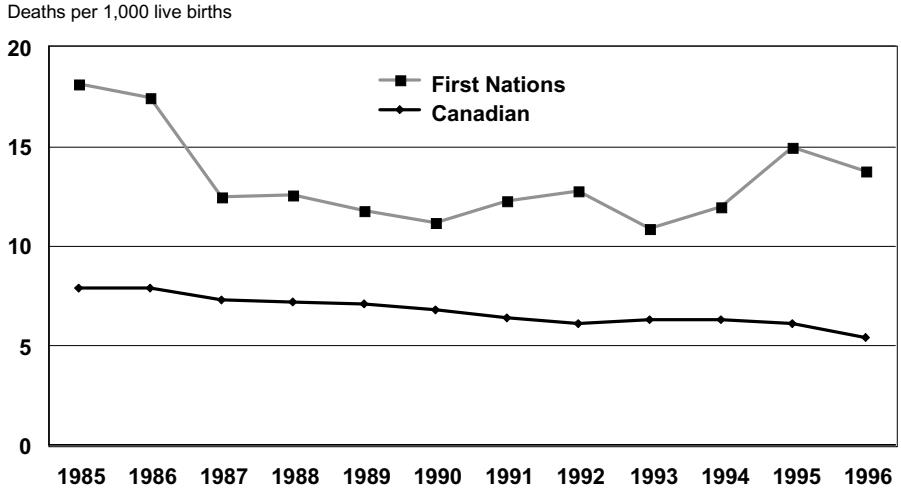
Projected Life Expectancy at Birth by Sex among First Nations and Canadian Populations, 1975 - 2005



Source: Population Projections of Registered Indians, 1996 - 2021, DIAND 1998

Figure 3

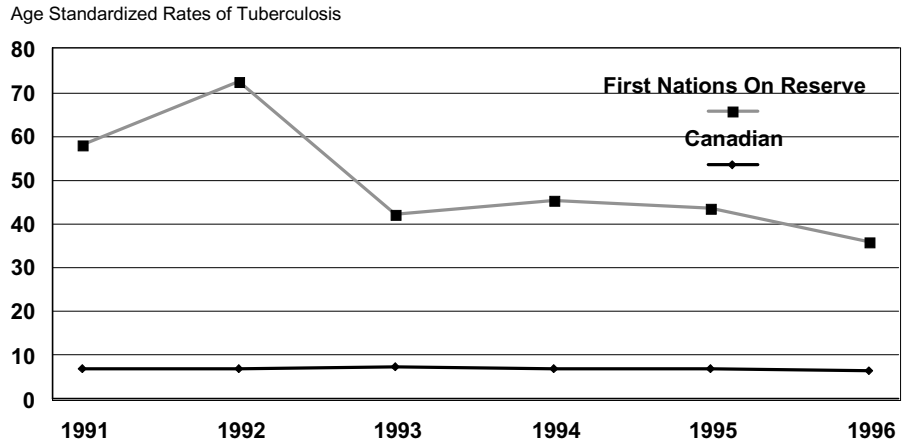
Infant Mortality Rates Among First Nations* and the Canadian Population 1985 - 1996



Source: Medical Services Branch and Statistics Canada
*British Columbia data were not included in the rates for 1985 and 1986. Rates since 1987 no longer include NWT First Nations because of the transfer of health services to the Government of the NWT.
*Rates for 1995 and 1996 do not include the Atlantic region because no data were available.

Figure 4

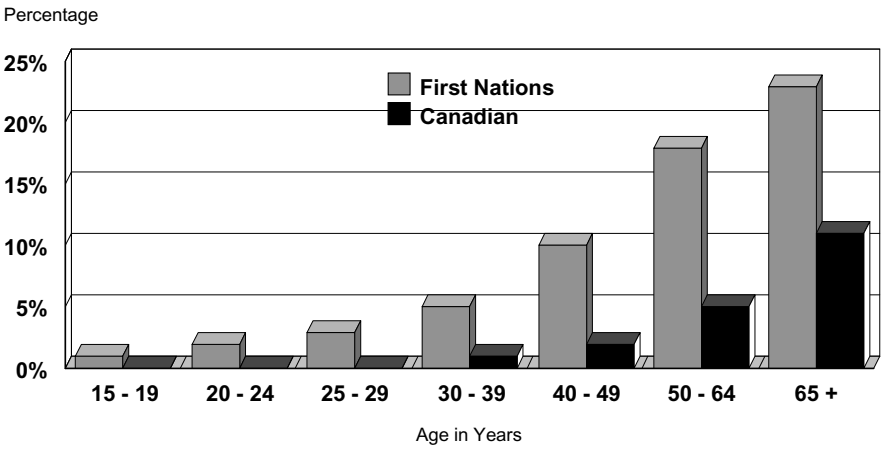
Age Standardized Rates of Tuberculosis among First Nations On Reserve and the Canadian Population 1991 - 1996



Numerator data from LCDC; denominator data from DIAND

Figure 5

Percentage of People with Diabetes by Age among First Nations and the Canadian Population



Source: Aboriginal Peoples Survey (1991); National Population Health Survey (1994)

Figure 6

Priority 3.1

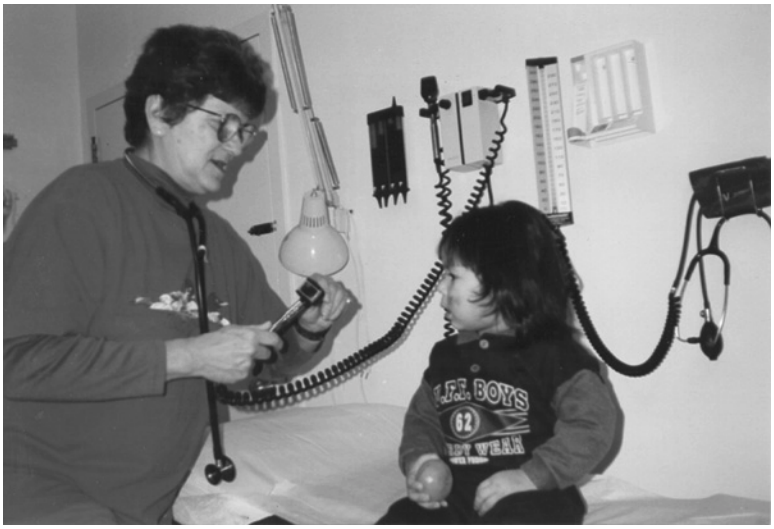
Work to eliminate the health inequalities gap between Aboriginal people and the general public.

A community health nurse in a health centre introduces First Nations clients to available prevention and promotion health services.

Accomplishments

Aboriginal people take a holistic view of health, one that includes physical, social, emotional and spiritual well-being. The focus is not on the individual alone, but on the family and community as well. This approach underlies the community-based programs provided by Health Canada to the First Nations people living on reserve and to the Inuit. Over the reporting period, Health Canada:

- consulted Canada-wide with First Nations, Inuit, Metis and urban Aboriginal people to identify First Nations' and Inuit needs and priorities with respect to diabetes care and management. These findings will be used in the development and implementation of the Aboriginal Diabetes Initiative announced in the 1999 budget;
- developed a national nurse recruitment and retention strategy to be implemented in 1999. Nurse recruitment activities were expanded in an attempt to address immediate critical shortages;
- approved 289 projects in the first year of the expansion of the Aboriginal Head Start (AHS) program to First



A community health nurse in a nursing station prepares to examine the ear of a young patient.

Nations children living on reserve. This program addresses the needs of young Aboriginal children and their families. It prepares Aboriginal children up to six years of age for school by meeting their intellectual, emotional, spiritual, and physical needs. The urban and northern communities component increased the number of trainers in order to enhance AHS projects. A national evaluation and research framework were developed. The Department has also developed an accountability framework which will be used for implementing the Auditor General's recommendations;

- worked with a joint steering committee comprised of the Assembly of First Nations, the Inuit Tapirisat of Canada, the Native Women's Association of Canada, the Metis National Council and the Congress of Aboriginal Peoples to develop a design framework for an Aboriginal Health Institute. This Institute will create networks in areas of health research, information, traditional healing and capacity building. Plans are to move forward for implementation of the Institute in the fall of 1999;
- developed a framework for the telehealth project and completed the needs assessment process. Proposals from telehealth vendor companies are now being reviewed;
- developed and implemented a First Nations Health Information System in 151 health facilities located in First Nations and Inuit communities. This system will be used for conducting health and program surveillance activities to identify trends and emerging issues.

The Non-Insured Health Benefits (NIHB) Program provides supplementary health benefits to more than 650,000 First Nations, Inuit and Innu. NIHB benefits meet medical or dental needs not covered by provincial services or other health plans - prescription and over-the-counter drugs, medical supplies and equipment, dental services, vision care, mental health counseling, and transportation to medical services. Health Canada is constantly working to make the plan more cost effective and responsive to the health needs of clients. Over the reporting period, the Department has:

NIHB Expenditures by Benefits 1998-1999 ($ millions)

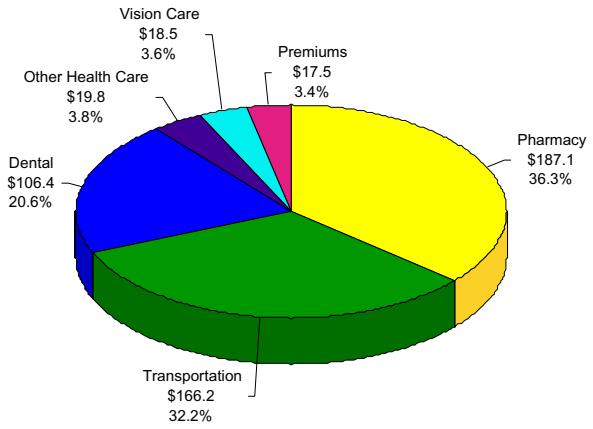


Figure 7

- accelerated the use of automated management systems to increase plan efficiency for all benefits;

- strived for universal provider operations in a real time claim adjudication point of service;
- developed and implemented management strategies to optimize utilization of available budgets. These have limited overall NIHB expenditure growth to 1.6 percent over the past year. Of particular note is the success in managing the pharmacy benefit where a growth rate of 0 percent per capita was achieved at a time when double digit growth rates are common among other drug benefit plans;
- set market value provider fees in all regions;
- put in place additional cost management measures in the drug and dental programs, while protecting service delivery;
- updated the NIHB National Program Directives.

Priority 3.2

Continue to build an effective, sustainable and Aboriginally-controlled health system.

Accomplishments

Increasingly, Health Canada is moving away from directly providing health services to First Nations peoples and to the Inuit. In view of facilitating the takeover of these health services by First Nations and Inuit, Health Canada has:

- worked to improve the focus and linkages to Indian and Northern Affairs Canada's self-government efforts in the broader context of the federal policy Gathering Strength;
- begun work on the development of the necessary frameworks and authorities needed to support self-government negotiations;
- provided relevant data, facts and models as appropriate to assist First Nations and Inuit communities pursuing self-government in health. Six out of 14 Yukon First Nations have reached a Program and Services Transfer Agreement for community-based health services as part of their self-government arrangements under the framework of the umbrella final agreement;
- played an advisory role in the implementation of the new government of Nunavut;
- initiated discussions with Inuit and First Nations organizations in the three territories in support of a tripartite approach to First Nations and Inuit health;
- to date, 344 First Nations and Inuit communities are involved in the transfer process;
- signed 211 agreements which transfer health services under First Nations and Inuit communities' responsibility;
- jointly developed and implemented, with Indian and Northern Affairs Canada, the Canada/First Nations multi-departmental funding agreement.

The NIHB's renewed mandate focuses on transferring the program to First Nations and Inuit control. In keeping with this mandate, the Department:

NIHB Annual Expenditures (1988-1989 to 1998-1999)

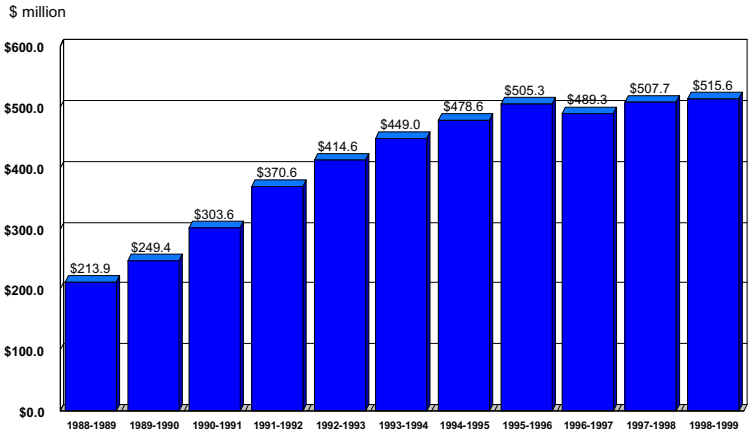


Figure 8

- transferred the responsibility for the NIHB health information claims processing system to First Canadian Health Management Corporation Inc., an Aboriginal joint venture. The new claims processing system has improved the capacity to manage pharmacy and medical supply and equipment benefits through a refined and intensified health provider audit program. This program reviews all NIHB claims in order to detect inappropriate health provider claims. A new part of the program is the next day on line audit component, which reviews health provider claims on line and reverses all claims that are deemed inappropriate based on NIHB criteria;
- continued to establish mechanisms with First Nations and Inuit organizations to ensure ongoing input into the management of benefits provided under the NIHB program and to support the transfer of the NIHB program to First Nations control. Sixteen pilot projects for the provision of transportation, vision care, medical supplies and equipment, and dental benefits have been approved.

Health Canada continues to work towards the transfer of its remaining departmental hospitals to First Nations and Inuit control, with the exception of one which is scheduled to close. During the 1998-1999 period, the Department:

- continued negotiations regarding hospital replacement in Inuvik (NT) and renovations for the Baffin General Hospital in Iqaluit (Nunavut);
- undertook a study on the future of the Norway House facility in Manitoba;
- continued discussions with First Nations about alternative use of Manitoba's Percy E. Moore facility;
- reached an agreement between the Department, the province of Ontario, the town of Sioux Lookout and the Nishnawbe-Aski Nation to proceed with the amalgamation of the federal Sioux Lookout Zone Hospital and the provincial hospital located in Sioux Lookout, ON;
- made progress towards health assessment planning for hospital services and negotiation for a new hospital service agreement in Moose Factory, ON;
- negotiated the closure of the Blood Indian Hospital in Alberta.

Sustainable Development

Objective

To work with Aboriginal peoples in order that their knowledge and experience can strengthen Health Canada's approach to sustainable development.

Background

Health Canada recognizes the special relationship that First Nations and Inuit people have with the environment. Under the Aboriginal Health business line, the Department works with First Nations and Inuit people to link sustainable development with Aboriginal concepts of health and the environment.

The building of a sustainable, well integrated system with the ultimate goal of First Nations and Inuit control of their health services will be achieved through the development of strong relationships and partnerships with First Nations and Inuit. The Department also, through environmental and health programs and initiatives, actively pursues goals related to sustainable development and Aboriginal health, in partnership with First Nations and Inuit people.

Accomplishments

- continued support of First Nations project proposals for research and analytical assessments of environmental contaminants;
- included, as appropriate, environmental clauses in agreements with First Nations and Inuit communities;
- completed the drinking water safety program, enabling more than 100 Aboriginal communities to operate their own water quality monitoring systems. A protocol for the identification and clean-up of mould in First Nations housing was completed, and is now being used by environmental health officers in the field. The "training the trainers" program on the transportation of dangerous goods and biomedical waste was also re-evaluated, to ensure that transportation of these hazardous items is done in an efficient, safe and sustainable fashion;
- concluded the nine year EAGLE project (Effects on Aboriginals from the Great Lakes Environment). The Lesser Slave Lake health study also came to a close, and meetings were held to discuss the results with the communities. By surveying eating patterns and levels of contaminants in tissue, communities have been able to provide high quality information for health protection strategies. These two studies will serve as a model for future surveillance, monitoring, and research conducted in Aboriginal communities;
- created an environmental management system data base to make it possible for environmental health officers and facility managers across the country to report contamination. Together with First Nations, completed a framework for the management of fuel tank systems and fuel impacted soils. A spill response mechanism was developed, and petroleum-hydrocarbon contaminated soil at Bearskin Lake, ON was remediated.

Accountability for Key Results

Primary Responsibility:

Assistant Deputy Minister- Medical Services Branch

Co-Responsibility:

Assistant Deputy Minister - Health Promotion and Programs Branch

Business Line 4: Health System Support and Renewal (HSSR)

Objective

To ensure the long-term sustainability of a health system having significant national character.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Net expenditures	82.0	34.8	30.6*

* This represents 1.5 percent of the Department's actual spending.

Background

The preservation and modernization of the Canadian medicare system in a constantly changing landscape is the main concern of the Health System Support and Renewal (HSSR) business line. While provincial and territorial governments are responsible for the delivery of health care, the federal government is charged with ensuring that Medicare services across Canada follow the principles and provisions of the *Canada Health Act (CHA)*, and creating a national consensus on how to: ease financial pressure on the public and private sectors; maintain universal access to appropriate health care; and achieve a better balance among health care, disease prevention and health protection and promotion.

Priority 4.1

Access to health services that are consistent with the principles of the *CHA:* universality, portability, accessibility, public administration and comprehensiveness.

Accomplishments

- negotiated with Manitoba the cessation of facility fees for insured services at private clinics. As a result, deductions from Canada Health and Social Transfer (CHST) payments to Manitoba were stopped in December 1998. Also, during the review period, a number of issues related to possible non-compliance in other areas of Canada were identified. Consultations with provincial and territorial officials resulted in some of these issues being rectified.

Priority 4.2

Renewed and modernized health system in cooperation with the provinces and territories.

Accomplishments

- worked with the provinces and territories to explore innovative approaches (including the use of information systems) to improve and support a more integrated health system;
- finalized the approval, announcement and signing of Health Transition Fund (HTF) contribution agreements for the first round of funding (44 projects), which began in 1997-1998. These projects included a national evaluation of the cost effectiveness of home care, as well as pilot projects on telemedicine technology aimed at improving health care delivery to rural and remote communities;

> The HTF has provided funding for projects that are developing new information on key topics such as:
>
> - the cost-effectiveness of home care;
> - home care needs in First Nations and Inuit communities, and in rural communities;
> - the need for palliative care services.

- completed the final round of HTF project selection. This process included bilateral work with the provinces and territories, and a competition for $10 million for national projects. By the end of the 1998-1999 fiscal year, the first full year of operation for the HTF, another 88 projects had been approved while a number of others were in the approval process. As one example, a project was developed to test tools for the management of waiting lists. Given the long-term duration of most projects, results from projects will, for the most part, become available in the summer and fall of 2000. No further rounds of funding are planned;
- released, in the summer of 1998, reports from the Conference on National Approaches to Pharmacare and the National Conference on Home Care, co-hosted with Saskatchewan and Nova Scotia, respectively. These documents, together with important evidence generated through other HTF projects, help to inform stakeholders in the health care system about key developments and issues in these priority areas. To facilitate information dissemination, the Department has created a Web site listing HTF projects and reports

  < http://www.hc-sc.gc.ca/htf-fass/ >;
- agreed, through the Federal-Provincial-Territorial Conference of Ministers of Health, to a set of future directions and key priorities in the health sector to guide the collaborative work of the two levels of government as they work towards improving the health system and the health status of Canadians.

Priority 4.3

Improved balance among care, treatment, prevention and promotion, and improved cost effectiveness of the health system.

Accomplishments

- worked with the provinces and territories to promote adoption of common standards, planning tools, terminology and reporting systems for home care and to increase knowledge about best practices in order to develop a proposal for future investments based on evidence; developed tools with provincial and territorial governments and stakeholders to improve the affordability and sustainability of existing drug plans such as the National Drug Utilization Information System, to promote fair and reasonable prices for all drugs, improved dissemination and uptake of selected clinical practice guidelines and increased sharing of drug evaluation information between jurisdictions;
- created a focal point for collaboration with the provinces, territories and other partners to facilitate the development of the home and community care sector as an integral component of a coordinated and comprehensive health care system for Canadians;
- supported the development of a series of research projects, in collaboration with provincial and territorial partners, to improve available knowledge about continuing care and home and community care. This work focused on projected client needs, performance indicators for continuing care, demographic and epidemiological trends and financial incentives and disincentives in continuing care;
- held a series of national roundtables to identify key partners and priorities for future action in areas of policy, knowledge and infrastructure development to ensure that the home and community care sector evolves to meet the growing and changing needs of Canadians. The roundtables emphasized the importance of a partnership approach to home and community care in Canada;
- developed discussion papers to provide:
  - information on suggested values and building blocks to guide future development of home care;
  - a synthesis of provincial and territorial home care programs;
  - an overview of human resource issues in home care.
- launched initial steps to collaborate with Human Resources Development Canada to undertake a national home care labour sector study to ultimately make recommendations to improve labour issues in Canada;
- collaborated with the provinces, territories and other health stakeholders through the Federal-Provincial-Territorial Pharmaceutical Issues Committee to improve Canadians' access to medically necessary drugs by enhancing the affordability of Canada's current range of pharmaceutical insurance programs. This work has focused on drug prices, drug utilization and opportunities for achieving system efficiencies, and includes the following:
  - The Federal-Provincial-Territorial Task Force on Pharmaceutical Prices completed an examination of price and expenditure trends, price levels and cost drivers as they relate to prescription drugs in the six provinces participating in the study. The task force also conducted an inter-provincial price comparison of drug products;

- The Federal-Provincial-Territorial Task Force on Drug Utilization and the Canadian Medical Association jointly sponsored a roundtable on best practices as a step towards developing a collaborative pan-Canadian strategy on prescribing practices.

The benefits to Canadians from these initiatives are better pharmaceutical prices and improved prescribing practices.

- developed national approaches to Medicare renewal issues such as waiting lists, practice guidelines and health care professional resources. The Department's work toward this commitment to date is illustrated by the progress made on the following initiatives:
  - funded a research synthesis project to determine the nature, extent and characteristics of waiting lists for needed health care services. The study concluded that the creation and management of waiting lists are ad hoc and vary greatly among physicians based on individual approaches and criteria. As a result, in September 1998, the Minister announced a $2 million, 18-month project to develop and test new standardized tools and systems for the prioritization of patient needs and waiting list management for selected health care procedures;
  - recently funded (in collaboration with the Federal-Provincial-Territorial Working Group on Regionalization, Performance Indicators and Outcomes) two research synthesis studies on existing frameworks and approaches in Canada and selected OECD countries, to ensure public accountability for health system performance and associated health outcomes.

The expected outcomes of all these projects will be improved access to and quality of health care.

Accountability for Key Results

Primary Responsibility:

Assistant Deputy Minister - Policy and Consultation Branch

Co-Responsibility:

Assistant Deputy Minister - Health Promotion and Programs Branch

Assistant Deputy Minister - Information, Analysis and Connectivity Branch

Business Line 5: Health Policy, Planning and Information (HPPI)

Objective

To foster strategic and evidence-based decision making within Health Canada and to promote evidence-based decision making in the Canadian health system and by Canadians themselves.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Net expenditures	110.1	288.4	288.1*

* This represents 14.5 percent of the Department's actual spending.

Background

The Health Policy, Planning and Information (HPPI) business line plays four key roles:

- helps develop national and major health programs, policies and strategic plans;
- helps promote the wide-ranging research needed to support Canada's health needs;
- promotes the development and application of innovative information systems and technologies in the health sector;
- makes health policy decision makers accountable for the effectiveness of their decisions in promoting better health.

In order to achieve its objectives, Health Canada undertook a structural initiative in November 1998 to establish the Information, Analysis and Connectivity Branch (IACB) in order to improve the generation and use of health-related information and research and to strengthen the Department's analytical foundations. Through the IACB, the Department improves the analytical basis of decision making; develops the long-range strategic framework and policies that establish, direct and redirect the involvement of the federal government in health-research policy and health-policy research; develops the creative use of the information highway in the health sector; and, in cooperation with the provinces and territories, the private sector and international partners, provides advice, expertise and assistance with respect to information management and information technology, planning and operations.

Priority 5.1

Provide first-rate national health surveillance and health research information that is accessible to all Canadians.

Accomplishments

- supported research projects and related activities by providing funding through the Canadian Health Services Research Foundation (CHSRF), the Population Health Institute, and the National Health Research and Development Program. For example, the Department is co-sponsoring, with CHSRF, a project by McMaster University's Centre for Health Economics and Policy Analysis on "Values in Canadian Health Policy: What Are We Talking About?". The project provides a conceptual framework to help policy makers distinguish types of values among patients and caregivers and develop tools for researching and discussing those issues in a more focused way;
- co-sponsored with the Canadian Institute for Health Information and the Health Action Lobby the project, "The Evolution of Public and Private Health Care Spending in Canada, 1960 to 1997." The objective was to examine private sector health expenditures, clarify relationships between public and private sector expenditures, and identify data and information gaps in order to establish future research priorities. The benefit of this project is that it will help to advance our understanding of the public/private dynamics in the health sector, and provide a basis for future directions in policy research and analysis on this subject;
- implemented the health infostructure support program, providing $8.7 million funding for 36 innovative projects, involving more than 30 health delivery organizations throughout Canada, in financial partnership with private sector companies which are contributing $2.2 million;
- continued to support Health Canada's infostructure initiatives (First Nations Health Information System, National Health Surveillance System and the Canadian Health Network) including scoping, governance structure, consultation/partnership strategy and other important issues such as privacy, security, liability and intellectual property. These initiatives as announced in the 1999 Budget are supported by $102 million in new funding over three years;

- released the final report of the Advisory Council on Health Infostructure, *Canada Health Infoway: Paths to Better Health*. The Council made 39 recommendations relating to health information for the general public, telehealth, ensuring access, legislative mechanisms for ensuring privacy and an Aboriginal Health Infostructure. A response to this report is due in the fall of 1999;
- launched an initiative to create the Canadian Institutes of Health Research (CIHR) as announced in the 1999 Budget. The CIHR is now led by a 34 member interim Governing Council appointed by the Minister and is supported by a recently established Transition Secretariat;

- provided $95 million to the Canadian Institute for Health Information to lead a pan-Canadian, integrated effort to improve data-gathering and information exchange that will be part of the Health Information Roadmap. Public reports will be produced on the health of Canadians and on the efficiency, effectiveness and responsiveness of the health care system, allowing Canadians to become informed partners in it.

Priority 5.2

In the area of health policy and planning Health Canada:

Accomplishments

- continued to work closely with the Federal-Provincial-Territorial Working Group on Continuing Care to develop new approaches for improving Canada's health system. To date, the Working Group has completed preliminary development of an analytical framework which will project the continuing care needs of Canadians to the year 2041. Other issues to be addressed include: performance indicators for continuing care, public/private service mix in continuing care, quantitative analysis of demographic and epidemiological trends on continuing care needs, research into the cost effectiveness of home care, and financial incentives and disincentives in continuing care. The benefits to Canadians of this initiative are a more integrated, cost-effective and efficient health system;
- conducted research on issues such as health determinants, health care access and utilization, and gender inclusive approaches to research and health service evaluation through the five Centres of Excellence for Women's Health program. This work contributes to closing a long-standing research gap about women's health, and to developing a base of information about how sex and gender link with other determinants of health to affect health status. The program continues until 2002 and a mid-point evaluation is being conducted. The work of the Centres of Excellence for Women's Health will contribute to making the Canadian health system more responsive to women's distinctive health needs by providing research and knowledge on issues such as mental health, substance abuse, sexual and reproductive health, access to health services, health protection, the role of social support networks and the impact of health system reforms;

> Although living 6.3 years longer than men, women only enjoy 1.5 more disability-free years of life.
>
> **Report on the Health of Canadians, September 1996**

- established a departmental Women's Health Strategy

  < http://www.hc-sc.gc.ca./datapcb/datawhb/womenstrat.htm >

  to ensure that the health system will be more responsive to women's health issues and needs. The Strategy will assess federal policies and programs on women's health, including every new Health Canada program or policy, for their potential impact on women's health. One of the benefits of this initiative is that

the Department is able to share information and actively collaborate with international organizations, such as the United Nations, World Health Organization and the Pan American Health Organization, in focusing on women's health;

- established ongoing communication and consultation mechanisms to ensure inclusion of key players in the policy development process. As part of this process, the Department has initiated dialogue and consultation, through roundtables, presentations and meetings with provincial and territorial governments and key stakeholders including service providers, home care providers, and representatives of professional organizations. The outcome of this process is that the development of departmental policies, for example, policies on the future enhancement and expansion of the home and community care sectors, will have benefited from the involvement of many groups of Canadians;

> At Health Canada, our commitment is to involve Canadians in key departmental policy development through effective consultation and communication.

- released the final report of the National Conference on Health Infostructure which was co-hosted with Alberta Health and which brought together some 300 people from various sectors, including First Nations and Inuit, and international representatives to discuss the development of a Canadian Health Infostructure (CHI);
- carried out developmental work, in collaboration with provincial and territorial counterparts, leading toward the establishment of a formal mechanism for federal-provincial-territorial collaboration on health infostructure matters;
- established working groups, through the federal-provincial-territorial health chief information officer's forum, on Y2K, privacy, security, and standards. These led to the establishment of the Canadian Year 2000 National Clearinghouse for Health which involved negotiating a $4.5 million federal-provincial-territorial initiative. The privacy working group is working toward a harmonized regime for privacy. The security working group is developing a national secure communications network and the standards working group is defining a framework for the standards business model in Canada;

- in advancing the telehealth priority:
  - developed terms of reference for a national telehealth task force;
  - supported the establishment of the Canadian Society for Telehealth;
  - provided support for participation in a G7/G8 special projects forum on telemedicine from an international global perspective;
  - undertook policy research and collaborative activities to identify the potential of and define the field of tele-home care, including the organization with CANARIE, of a consultation workshop.

Accountability for Key Results

Primary Responsibility:

Assistant Deputy Minister - Information, Analysis and Connectivity Branch

Co-Responsibility:

Assistant Deputy Minister - Policy and Consultation Branch

Assistant Deputy Minister - Health Promotion and Programs Branch

Assistant Deputy Minister - Health Protection Branch

Assistant Deputy Minister - Medical Services Branch

Regional Directors General

Business Line 6: Corporate Services (CS)

Objective

To support the delivery of Health Canada's programs through the provision of administrative services, and through the provision of advice and direction to senior management regarding the effective and efficient use of resources.

Financial Information

(millions of dollars)

	1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
Gross expenditures	89.5	157.1	147.3
Expected revenue	(1.3)	(1.3)	(1.2)
Net expenditures	88.2	155.8	146.1*

* This represents 7.3 percent of the Department's actual spending.

Background

Corporate Services provides a complete line of administrative services across the Department:

- financial planning, systems, and administration;
- human resource planning, development, and operations;
- information management, including information technology;
- asset management, including the acquisition of goods and services;
- occupational health, safety and security;
- Ministerial and Deputy Ministerial correspondence.

In addition, Corporate Services supports the overall management of the Department's resources by:

- providing functional direction and advice to program managers;
- integrating resource options, assessments, plans and reports;
- promoting modern comptrollership practices;
- undertaking internal audits.

Priority 6.1

Support the ongoing strengthening of Health Canada's work force.

Accomplishments

- completed assessments of all positions in key groups in scientific, economic and program functions to identify staffing needs over the coming years;
- developed, in partnership with the Public Service Commission, an automated inventory of approximately 1,800 available people for staffing key science positions, as required;
- actively participated, in partnership with the Public Service Commission, in campaigns to recruit post-secondary graduates, especially for positions in economics and nursing;
- established pilot career development programs for junior and intermediate level officers and introduced a Department-wide Management Development Program to strengthen the capabilities of those identified as having senior management potential.

Priority 6.2

Ensure that human resource strategies incorporate official languages and employment equity objectives**.**

Accomplishments

- completed a review of staffing processes to identify operating practices and organizational cultures that create barriers to employment equity, and initiated corrective action where appropriate;
- established a fund for supporting language training across the Department;
- successfully implemented the second year action plan for the staffing of persons in a visible minority.

Priority 6.3

Enhance the Department's capabilities to manage its financial resources**.**

Accomplishments

- implemented, on March 31, 1999, the Systems, Applications, Products (SAP) integrated financial and matériel management system which is Y2K compliant and which will strengthen the Department's capabilities for horizontal reporting and accrual accounting, as well as the integration of financial and performance information, in accordance with the government-wide Financial Information Strategy;
- made effective use of information technologies in managing financial resources, including the introduction of additional hardware, software and support services with the implementation of the SAP system.

Priority 6.4

Make effective use of information technologies.

Accomplishments

- became the first member department of the government-wide Public Key Infrastructure initiative. This is a significant milestone in Health Canada's Secure Electronic Delivery initiative which provides common information technology (IT) security solutions for electronic service delivery and facilitates the sharing of systems and information between the Department and both public and private organizations;
- revised and disseminated the Department's records management policy which provides direction concerning the life cycle of departmental information assets;
- established an IT planning and preparedness capacity to undertake strategic IT and architecture planning and development initiatives, including the full testing of new technologies prior to their introduction on the Department's Enterprise Network.

Priority 6.5

Improve the Department's capabilities to manage its assets.

Accomplishments

- implemented a procurement module for the SAP system, as well as electronic access to Health Canada's matériel management policies, to improve the efficiency of processes for purchasing and managing the Department's physical assets;
- developed and introduced, in accordance with commitments made in Health Canada's 1997 Sustainable Development Strategy, an Environmental Management System which will support the reduction of adverse impacts of Departmental operations on the environment;
- supported the government-wide Procurement Strategy for Aboriginal Businesses through various initiatives, including the establishment of an Aboriginal supplier inventory for the Department.

Accountability for Key Results

Primary Responsibility:

Senior Assistant Deputy Minister - Corporate Services Branch

Co-Responsibility:

Assistant Deputy Minister - Information, Analysis and Connectivity Branch

Regional Directors General

Director Internal Audit

SECTION IV: CONSOLIDATED REPORTING

Year 2000 (Y2K) Readiness

Year 2000 Project

The mandate of Health Canada's Year 2000 project directorate is to establish a focal point for coordination of Year 2000 activities under way at all levels within Health Canada and to provide leadership, where required, by:

- implementing the management infrastructure to ensure the Department meets its Year 2000 commitments;
- developing clear, consistent messages with respect to the Department's Year 2000 undertakings;
- monitoring departmental systems readiness including government-wide mission critical systems in Medical Services Branch and Health Protection Branch, department-wide mission critical systems, embedded systems and preparing departmental contingency plans;
- working with branches to provide support and to identify gaps/areas of potential risk and progress against plans;
- collecting, analyzing and providing information to the National Contingency Planning Group Year 2000 on: the readiness of hospitals and other health care facilities; the Department's regulatory responsibilities; and, in cooperation with Environment Canada, on water and sewage treatment facilities;
- advising departmental executive management on progress against plans;
- providing linkages to central agencies.

Accomplishments

Departmental Preparedness

- by March 31, 1999, the overall readiness of Health Canada's government-wide mission critical information technology systems was 92 percent complete and that of its embedded systems was 82 percent complete, a combined index of 88 percent;

- the overall readiness of department-wide mission critical systems was at 88 percent on March 31, 1999;
- developed overview and governance structure, risk analysis and contingency plans for business functions and business continuity plans;
- prepared departmental and agency contingency and business resumption plans and associated training and testing.

Regulatory Responsibilities (medical devices, blood and drugs) with Health Protection Branch

- contacted over 2,000 manufacturers of medical devices. Responses indicated a generally high level of commitment on their part to address Year 2000 compliance issues;
- posted non-responding manufacturers on the Therapeutic Products Programme Web site

  < http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/y2k_md.html >;
- co-operated with provincial and territorial governments to disseminate the information to health care institutions;
- conducted audits of blood supply companies - Canadian Blood Services (CBS) and Héma-Québec;
- developed a critical list of drugs/manufacturers.

National Contingency Coordination

- developed a survey, agreed to by the provinces and territories, for the purpose of collecting Year 2000-related data on the readiness and contingency planning of hospitals and other health care facilities (health care sector);
- established collaborative working relationships with the provinces and territories;
- created a data base for the storage and processing of the survey data; established protocols for electronic transmission of the data to the National Contingency Planning Group;
- submitted preliminary Year 2000 readiness data related to the health care sector to the National Contingency Planning Group, as well as data on medical devices, the blood system and pharmaceuticals for input to the March 1999 National Infrastructure Risk Assessment.

Communications

- developed a corporate communications strategy and implementation plan aligned with Treasury Board communications;
- prepared a series of fact sheets - "Y2K and Your Health" and a generic brochure; developed a wide and varied distribution strategy including federal-provincial-territorial colleagues and health sector associations; developed a Health Canada Y2K Web site

  < http://www.hc-sc.gc.ca/2000/ >

  and provided information to the Government of Canada 1-800 Y2K enquiry line;
- completed fact sheets on topics including: medical devices, therapeutic drugs, radiation emitting devices and seniors.

Matériel Management

Health Canada's Matériel Management Division is responsible for assisting and advising on the acquisition of matériel and services required to meet departmental program initiatives. In addition, it prepares assets for the implementation of new systems, processes and or initiatives and improves the efficiency of processes for purchasing and managing the Department's physical assets. The following examples support this mandate:

- completed a vetting and conversion process of Health Canada's data base of 72,000 assets to eliminate non critical assets from inclusion in the planned implementation of SAP;
- implemented a procurement module for the SAP system;
- implemented, in Lotus Notes, a Matériel Management Policy Center data base which serves as a reference in the areas of contracting, fleet, assets and inventory management;
- provided ongoing support of the government-wide Procurement Strategy for Aboriginal Businesses through various initiatives including the establishment of an Aboriginal supplier inventory for the Department and a Health Canada Aboriginal Informatics Technology Showcase.

Sustainable Development Strategies

As sustainable development thinking is integrated more fully into all aspects of the Department's activities, it becomes increasingly difficult to report on the breadth of progress. This section highlights the more prominent activities that are providing Canadians with a healthier, more sustainable future. Detailed reporting of progress on the revised targets in the Department's 1997 Sustainable Development Strategy can be found in the *Report on Progress for 1997-1998* on the Health Canada Web site.

< http://www.hc-sc.gc.ca./susdevdur/health_e.htm >

Highlights include:

- creation of an Office of Sustainable Development, providing resources for interbranch coordination and identifying more quantifiable targets;
- developing a department-wide culture surrounding population health/ sustainable development that acknowledges and focuses on all the social, cultural, economic and environmental determinants of health;
- implementing an Environmental Management System that ensures we manage operations in a manner that minimizes risks to human health and the environment, meets or exceeds applicable legislation and standards, and continually strives to reduce any negative environmental impacts associated with departmental decision making, activities, and physical operations;
- redeveloping the departmental health surveillance system by making it more efficient, internationally responsive, comprehensive, accessible and respectful of provincial/territorial needs and responsibilities;
- increasing stakeholder advice and information through advisory groups (e.g. Pest Management Advisory Council established in 1998), public consultations on a range of issues which affect Canadians, and developing an Office of Consumer Affairs and Public Involvement;
- taking those persons or groups who may face additional health risks (e.g. children, pregnant women and Aboriginal people) more fully into account in our pre- and post-market evaluation of products and chemicals under the *PCPA*[1], *CEPA*[2], *HPA*[3], *FDA*[4], *REDA*[5], *CEAA*[6];
- reworking the departmental risk assessment/risk management process to be more science based, comprehensive and responsive to sustainability issues;
- seeking partnerships and preparing international agreements to solve complex global problems which have direct impacts on the health of Canadians, such as bio-diversity, climate change and the long range transport of persistent organic pollutants (POPs);
- working with stakeholders to develop risk reduction strategies for dangerous substances, including contaminants of concern (e.g. supporting the adoption of Integrated Pest Management, work on North American Regional Action Plans for persistent organic pollutants and metals, bio-regional initiatives and the Strategic Options Process under the Toxic Substances Management Policy);

- developing, reviewing and revising health policies and legislation to ensure they meet the needs of a healthy Canada (e.g. the emerging Pest Management Regulatory Agency Risk Reduction Policy, renewing *CEPA*, the Federal Nuclear Emergency Plan, and the proposed Drinking Water Materials Safety Act).

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1 *Pest Control Products Act*
2 *Canadian Environmental Protection Act*
3 *Hazardous Products Act*
4 *Food and Drugs Act*
5 *Radiation Emitting Devices Act*
6 *Canadian Environmental Assessment Act*

Regulatory Initiatives

Health Canada continues to update and revise its regulatory system to more efficiently safeguard health, safety and the environment. The Department's initiatives protect the well-being of Canadians by managing risks associated with food, tobacco, the natural and work environments, and therapeutic, pest control, consumer and industrial products.

This section on Regulatory Initiatives covers the period January 1998 to March 1999.This is due to a change of reporting from a calendar year to the fiscal year. It integrates the legislative and regulatory initiatives identified in the 1997 Federal Regulatory Plan and other departmental publications. It reports on some Regulatory Initiatives proposed in the 1998 Report on Plans and Priorities.

Major Legislative/Regulatory Initiatives

Purpose of Regulatory / Legislative Initiative	Expected Result	Performance Measurement Criteria	Outcome
Food and Drug Regulations (Good Manufacturing Practices [GMP] for Foods) Second Reading of the Canada Food Safety and Inspection Bill is expected in fall 1999.	These GMPs would establish minimum manufacturing and distribution requirements considered essential for the safety of food products in Canada. The GMPs would provide a basis for harmonization of regulatory requirements across federal, provincial and territorial jurisdictions and with the *General Principles of Food Hygiene* as elaborated by the Codex Alimentarius Commission.	The progress of the food industry in establishing measures conforming with the GMPs, along the entire continuum of production, manufacturing and retailing of foods would be measured through the inspection, compliance and enforcement activities of the Canadian Food Inspection Agency (CFIA).	The GMPs have been developed but the regulations have been delayed due to the formation of the CFIA and the legislative renewal process under way in Health Canada and the CFIA. It has been suggested that the proposed GMPs be incorporated into the consolidated federal food regulations under the proposed Canada Food Safety and Inspection Act.

Major Legislative/Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Result	Performance Measurement Criteria	Outcome
Food and Drug Regulations (Nutrient Content Claims) Regulations are being drafted for publication in *Canada Gazette,* Part I.	To provide the consumer with nutrient content claims that - are consistent, accurate and non-misleading; - are based on health criteria and support dietary guidance; - are not in conflict with health and safety issues, but still take into account economic and trade considerations.	Reduced number of submissions on nutrition claims and reduced levels of compliance activity.	The outcomes of this initiative will not be seen until after these regulations have been published in *Canada Gazette*, Part II.
Food and Drug Regulations (Revision of Division 16 - Food Additive Tables) Amendments have been included in the Canada Food Safety & Inspection Bill which will permit these revisions to proceed.	The new approach will give industry greater choice in the use of food additives, while continuing to ensure public safety.	Reduced food additive submission activity, reduced amendment of food standards, and a reduced number of compliance actions.	Contract is being planned to respond to and rectify deficiencies identified by Legal Services. Outcomes will begin to accrue one year following publication of Schedule of Amendments in *Canada Gazette*, Part II.
Food and Drug Regulations (Blood) Awaiting finalization of CSA standards for Blood	Health Canada is proposing to introduce new regulations and update others to ensure the safety of blood and blood components as well as tissue and organ transplants, including xenotransplants.	Determination of the performance measurement criteria will be established once the final format and content of the regulations are known.	The outcomes of this initiative will not be seen until after these regulations have been completed and published.

Major Legislative/Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Result	Performance Measurement Criteria	Outcome
Pest Control Products Regulations Amendments to the Regulations under the *Pest Control Products Act* are currently being drafted to update existing Regulations, and make provision for new matters to be included in the proposed new *Pest Control Products Act.*	Passage of the amended *Pest Control Products Act* will require changes to the regulations in the areas of public participation, access to information supporting pesticide registrations, registration types, protection of proprietary rights to data, reporting of adverse effects and a national pesticide data base.	Determination of the performance measurement criteria will be established once the final format and content of the regulations are known.	The outcomes of this initiative will not be seen until after these regulations have been completed and published.
Tobacco (Labeling) Regulations Regulatory proposals are being developed and publication in *Canada Gazette*, Part I is expected in fall 1999.	The proposal will increase the number of ingredients and emissions that must be declared on packaging, in order to increase consumers' awareness and concern about the hazardous nature of tobacco products; and require the display of graphics in the health messages. A consultation paper *Proposed New Labeling Requirements for Tobacco Products* was published and distributed to industry and interested parties in January 1999 to solicit their comments.	Determination of the performance measurement criteria will be established once the final format and content of the regulations are known.	The outcomes of this initiative will not be seen until after these regulations have been completed and published.

Major Legislative/Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Result	Performance Measurement Criteria	Outcome
Tobacco (Promotion) Regulations Regulatory proposals are being developed and publication in *Canada Gazette*, Part I is expected in 1999-2000.	New regulations will be proposed that may impact the advertising and sponsorship promotion of tobacco products and accessories. The aim is to protect Canadians (especially young people) from inducements to use tobacco. A consultation paper *Options for Tobacco Promotion Regulations* was published and distributed to industry and interested parties in January 1999 to solicit their comments.	Determination of the performance measurement criteria will be established once the final format and content of the regulations are known.	The outcomes of this initiative will not be seen until after these regulations have been completed and published.
Tobacco (Reporting) Regulations Publication in *Canada Gazette*, Part I is expected in fall 1999.	The proposal is intended to expand the list of reportable ingredients and emissions, and will apply to all classes of tobacco products. To this end, a Health Protection Branch Information Letter was published on June 10, 1998 soliciting comments on these regulatory proposals. Comments were analyzed and, as a result, the regulatory text is being drafted by the Regulations Section (Justice Canada).	Determination of the performance measurement criteria will be established once the final format and content of the regulations are known.	The outcomes of this initiative will not be seen until after these regulations have been completed and published.

SECTION V: FINANCIAL PERFORMANCE

Financial Performance Overview

The following financial summary tables are presented to provide an overview of Health Canada's 1998-1999 resource utilization along with prior years' comparative information. Again this year, Health Canada has strived to utilize resources in the most effective and efficient way possible, in an effort to ensure Canadians receive value for resources expended.

Overall in 1998-1999, Health Canada did not have significant lapses. A surplus of $20.3M or one percent of the authorities in operating resources did occur, while $4.6M in contributions or one quarter of one percent in contributions lapsed. These lapses were primarily attributable to delays encountered during the year in the start-up of new initiatives and the scheduling of payments of contributions to provincial and territorial governments, and to non-profit organizations in the health or social services field.

Financial Summary Tables

FINANCIAL TABLE 1
Summary of Voted Appropriations

Financial Requirements by Authority (millions of dollars)

Vote		1998-1999 Planned Spending	1998-1999 Total Authorities	1998-1999 Actual Spending
	Health Canada			
1	Operating expenditures	917.5	1,020.2	**1,008.3**
5	Grants and Contributions	821.0	925.5	**920.9**
(S)	Minister of Health - Salary and motor car allowance	0.1	0.1	**0.1**
(S)	Contributions to employee benefit plans	62.2	62.8	**62.8**
(S)	Payments for insured health services and extended health care services	-	2.4	**2.4**
(S)	Spending of proceeds from the disposal of surplus Crown assets	-	0.3	**0.3**
	Total Department	**1,800.8**	**2,011.3**	**1,994.8**

Planned Spending are those reported in the 1998-1999 Report on Plans and Priorities.

Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

Actual Spending are those reported in the Public Accounts.

FINANCIAL TABLE 2 Comparison of Total Planned Spending to Actual Spending

(millions of dollars)

Business Lines	FTEs*	Operating	Capital	Voted Grants & Contributions	Subtotal: Gross Voted Expenditures	Statutory Grants & Contributions	Total Gross Expenditures	Less: Respendable Revenues	Total Net Expenditures
Management of Risks to Health	2,922	244.7	-	38.4	283.1	-	283.1	(54.3)	228.8
(Total authorities)	*2,900*	*276.4*	-	*42.7*	*319.1*	-	*319.1*	*(53.1)*	*266.0*
(Actuals)	**2,900**	**271.9**	**-**	**42.7**	**314.6**	**-**	**314.6**	**(46.8)**	**267.8**
Promotion of Population Health	502	78.6	-	129.2	207.8	-	207.8	-	207.8
(Total authorities)	*506*	*68.1*	-	*134.7*	*202.8*	-	*202.8*	-	*202.8*
(Actuals)	**506**	**67.0**	-	**134.6**	**201.6**	-	**201.6**	-	**201.6**
Aboriginal Health	1,312	566.0	-	527.8	1,093.8	-	1,093.8	(9.9)	1,083.9
(Total authorities)	*1,263*	*567.4*	-	*505.2*	*1,072.6*	-	*1,072.6*	*(9.1)*	*1,063.5*
(Actuals)	**1,263**	**562.1**	**-**	**505.2**	**1,067.3**	**-**	**1,067.3**	**(6.7)**	**1,060.6**
Health System Support and Renewal	64	28.8	-	53.2	82.0	-	82.0	-	82.0
(Total authorities)	*64*	*6.1*	-	*26.3*	*32.4*	2.4	*34.8*	-	*34.8*
(Actuals)	**64**	**6.4**	**-**	**21.8**	**28.2**	**2.4**	**30.6**	**-**	**30.6**
Health Policy, Planning and Information	566	57.4	-	52.7	110.1	-	110.1	-	110.1
(Total authorities)	*676*	*102.5*	-	*185.9*	*288.4*	-	*288.4*	-	*288.4*
(Actuals)	**676**	**102.2**	**-**	**185.9**	**288.1**	**-**	**288.1**	**-**	**288.1**
Corporate Services	603	69.8	-	19.7	89.5	-	89.5	(1.3)	88.2
(Total authorities)	*729*	*121.9*	*4.4*	*30.8*	*157.1*	-	*157.1*	*(1.3)*	*155.8*
(Actuals)	**729**	**112.3**	**4.2**	**30.8**	**147.3**	**-**	**147.3**	**(1.2)**	**146.1**
Total	5,969.0	1,045.3	-	821.0	1,866.3	0.0	1,866.3	(65.5)	1,800.8
(Total authorities)	*6,138.0*	*1,142.4*	*4.4*	*925.6*	*2,072.4*	*2.4*	*2,074.8*	*(63.5)*	*2,011.3*
(Actuals)	**6,138.0**	**1,121.9**	**4.2**	**921.0**	**2,047.1**	**2.4**	**2,049.5**	**(54.7)**	**1,994.8**

Note:

Numbers in italics denote Total Authorities for 1998-1999 (Main and Supplementary Estimates and other authorities).

Bolded numbers denote actual expenditures/revenues in 1998-1999.

Non-Respendable Revenues: These revenues were formerly called "Revenues Credited to the Consolidated Revenue Fund". They are not available to be spent by the Department but are available to the Government.

* Full-Time Equivalents (FTEs)

Other Revenues and Expenditures	
Non-Respendable Revenues	(10.5)
(Total authorities)	*(10.5)*
(Actuals)	**(15.9)**
Cost of services provided by other departments	51.2
(Total authorities)	*51.2*
(Actuals)	**49.0**
Net cost of the program	1,841.5
(Total authorities)	*2,052.0*
(Actuals)	**2,027.9**

FINANCIAL TABLE 3
Historical Comparison of Total Planned Spending to Actual Spending

Business Lines	Actual Spending 1996-97	Actual Spending 1997-98	Planned Spending 1998-99	Total Authorities 1998-99	Actual Spending 1998-99
Management of Risks to Health	198.7	180.3	228.8	266.0	**267.8**
Promotion of Population Health	167.2	175.1	207.8	202.8	**201.6**
Aboriginal Health	1,003.4	1,026.8	1,083.9	1,063.4	**1,060.5**
Health System Support and Renewal	(92.0)*	14.6	82.0	34.8	**30.7**
Health Policy, Planning and Information	103.8	114.3	110.1	288.4	**288.1**
Corporate Services	130.7	131.7	88.2	155.9	**146.1**
Total	**1,511.8**	**1,642.8**	**1,800.8**	**2,011.3**	**1,994.8**

Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

* Beginning in 1996-97, the Established Programs Financing payments are reported under a new statutory authority under the Ministry of Finance. The amount reported in 1996-97 represents recoveries of federal tax point abatements under the contracting-out arrangements.

FINANCIAL TABLE 4 Resource Requirements by Organization and Business Line

Comparison of 1998-1999 Planned Spending and Total Authorities to Actual Expenditures by Organization and Business Line (millions of dollars)

	Management of Risks to Health	Promotion of Population Health	Aboriginal Health	Health System Support and Renewal	Health Policy, Planning and Information	Corporate Services	Total
Health Protection	186.2	-	-	-	7.4	-	193.6
(Total authorities)	*222.8*	-	-	-	*17.4*	-	*240.2*
(Actuals)	**223.6**	**-**	**-**	**-**	**17.5**	**-**	**241.1**
Pest Management Regulatory Agency	14.0	-	-	-	-	-	14.0
(Total authorities)	*18.2*	-	-	-	-	-	*18.2*
(Actuals)	**18.5**	**-**	**-**	**-**	**-**	**-**	**18.5**
Health Promotion and Programs	2.4	207.8	22.1	2.7	14.2	-	249.2
(Total authorities)	*2.3*	*202.8*	*22.6*	*3.4*	*14.2*	-	*245.3*
(Actuals)	**2.2**	**201.6**	**22.2**	**3.7**	**14.2**	**-**	**243.9**
Medical Services	2.5	-	1,061.8	-	-	-	1,064.3
(Total authorities)	*2.7*	-	*1,040.9*	-	-	-	*1,043.6*
(Actuals)	**2.9**	**-**	**1,038.4**	**-**	**-**	**-**	**1,041.3**
Occupational Health and Safety Agency	23.7	-	-	-	-	-	23.7
(Total authorities)	*20.0*	-	-	-	-	-	*20.0*
(Actuals)	**20.6**	**-**	**-**	**-**	**-**	**-**	**20.6**
Policy and Consultation	-	-	-	79.3	67.7	-	147.0
(Total authorities)	-	-	-	*31.4*	*231.4*	-	*262.8*
(Actuals)	**-**	**-**	**-**	**26.9**	**231.4**	**-**	**258.3**
Corporate Services	-	-	-	-	20.8	88.2	109.0
(Total authorities)	-	-	-	-	*25.4*	*155.8*	*181.2*
(Actuals)	**-**	**-**	**-**	**-**	**25.0**	**146.1**	**171.1**
Total Planned Spending	228.8	207.8	1,083.9	82.0	110.1	88.2	1,800.8
(Total authorities)	*266.0*	*202.8*	*1,063.5*	*34.8*	*288.4*	*155.8*	*2,011.3*
(Actuals)	**267.8**	**201.6**	**1,060.6**	**30.6**	**288.1**	**146.1**	**1,994.8**
% of Total	**13.4%**	**10.1%**	**53.2%**	**1.5%**	**14.5%**	**7.3%**	**100%**

Note:

Numbers in italics denote Total Authorities for 1998-1999 (Main and Supplementary Estimates and other authorities).

Bolded numbers denote actual expenditures/revenues in 1998-1999.

Due to rounding, figures may not add to totals shown.

FINANCIAL TABLE 5
Respendable Revenues

(millions of dollars)

Business Lines/ Service Lines	Actual Revenues 1996-97	Actual Revenues 1997-98	Planned Revenues 1998-99	Total Authorities 1998-99	Actual Revenues 1998-99
Management of Risks to Health					
Food Safety, Quality and Nutrition	0.9	0.7	2.2	1.3	**1.0**
Therapeutic Product Regulation	24.8	35.5	32.5	34.8	**31.8**
Environmental Health	3.7	2.2	3.0	3.2	**2.0**
Occupational Health and Safety Agency	1.1	2.7	6.1	6.2	**4.1**
Pest Management Regulatory Agency	0.3	7.4	10.4	7.5	**7.8**
Emergency Services	0.1	0.1	0.1	0.1	**0.1**
Aboriginal Health					
Indian and Inuit Health	9.6	7.0	9.9	9.1	**6.7**
Corporate Services	1.0	1.3	1.3	1.3	**1.2**
Total Respendable Revenues	**41.5**	**56.9**	**65.5**	**63.5**	**54.7**

Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

Respendable Revenues: These revenues were formerly called "Revenues Credited to the Vote" and are available for spending by the Department.

FINANCIAL TABLE 6
Non-Respendable Revenues

(millions of dollars)

Main Classification and Source	Actual Revenues 1996-97	Actual Revenues 1997-98	Planned Revenues 1998-99	Total Authorities 1998-99	Actual Revenues 1998-99
Tax revenues					
Goods and services tax	0.5	-	-	-	**0.2**
Non-tax revenues:					
Refund of expenditures	12.0	10.4	-	-	**6.3**
Food and drug analysis fees	-	-	1.2	1.2	-
Service fees	6.0	2.6	6.4	6.4	**2.1**
Pharmacy and dietary revenues	0.1	-	2.7	2.7	-
Proceeds from the disposal of surplus Crown assets	0.7	0.3	-	-	**0.3**
Miscellaneous non-tax revenues including contaminated monies*	8.9	7.4	0.2	0.2	**7.0**
Total Non-Respendable Revenues	**28.2**	**20.7**	**10.5**	**10.5**	**15.9**

* Contaminated monies only. Seizure revenues through Public Works and Government Services.

Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

Non-Respendable Revenues: These revenues were formerly called "Revenues Credited to the Consolidated Revenue Fund". They are not available to be spent by the Department but are available to the Government.

FINANCIAL TABLE 7
Statutory Payments

(millions of dollars)

Business Lines	Actual Spending 1996-97	Actual Spending 1997-98	Planned Spending 1998-99	Total Authorities 1998-99	Actual Spending 1998-99
Health System Support and Renewal	(96.0)*	10.4	0.0	2.4	**2.4**
Total Statutory Payments	**(96.0)***	**10.4**	**0.0**	**2.4**	**2.4**

Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

* Beginning in 1996-97, the Established Programs Financing payments are reported under a new statutory authority under the Ministry of Finance. The amount reported in 1996-97 represents recoveries of federal tax point abatements under the contracting-out arrangements.

FINANCIAL TABLE 8 Transfer Payments

(millions of dollars)

Business Lines	Actual Spending 1996-97	Actual Spending 1997-98	Planned Spending 1998-99	Total Authorities 1998-99	Actual Spending 1998-99
Grants					
Management of Risks to Health	0.1	0.1	0.1	30.1	**30.1**
Promotion of Population Health	10.4	10.4	5.6	15.8	**15.8**
Aboriginal Health	1.5	0.6	0.5	0.0	**0.0**
Health Policy, Planning and Information	12.9	23.0	11.2	167.1	**167.1**
Total Grants	**24.9**	**34.1**	**17.4**	**213.0**	**213.0**
Contributions					
Management of Risks to Health	1.3	8.5	38.3	12.6	**12.6**
Promotion of Population Health	108.7	110.4	123.6	118.9	**118.8**
Aboriginal Health	432.7	461.8	527.3	505.2	**505.1**
Health System Support and Renewal	(96.0)*	10.4	53.2	28.7	**24.2**
Health Policy, Planning and Information	35.8	26.0	41.5	18.8	**18.8**
Corporate Services	36.6	33.2	19.7	30.8	**30.8**
Total Contributions	**519.1**	**650.3**	**803.6**	**715.0**	**710.3**
Total Transfer Payments	**544.0***	**684.4**	**821.0**	**928.0**	**923.3**

Table includes Statutory Payments.

Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

* Beginning in 1996-97, the Established Programs Financing payments are reported under a new statutory authority under the Ministry of Finance. The amount reported in 1996-97 represents recoveries of federal tax point abatements under the contracting-out arrangements.

FINANCIAL TABLE 9
Capital Spending by Business Line

(millions of dollars)

Business Lines	Actual Spending 1996-97	Actual Spending 1997-98	Planned Spending 1998-99	Total Authorities 1998-99	Actual Spending 1998-99
Management of Risks to Health	4.5	-	-	-	-
Promotion of Population Health	0.1	-	-	-	-
Aboriginal Health	9.4	-	-	-	-
Health Policy, Planning and Information	1.1	-	-	-	-
Corporate Services	16.0	9.3	4.1	4.4	**4.2**
Total Capital Spending	**31.1**	**9.3**	**4.1**	**4.4**	**4.2**

Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

FINANCIAL TABLE 10
Contingent Liabilities

In addition to nearly 244 individual claims, 11 class action claims have been commenced against the Government with allegations of negligence for infections transmitted through blood and blood products. Because of the complexity involved in determining any federal obligation, particularly in relation to Hepatitis C claims which represent the majority of cases, a reliable estimate of potential liability cannot be made at this time.

SECTION VI: OTHER INFORMATION

Departmental Contacts

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References

Health Canada documents can be ordered from:

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Ottawa, Ontario
K1A 0K9

Telephone:	(613) 954-5995
Fax:	(613) 941-5366
Toll free from across Canada:	1-800-267-1245

The following are examples of documents available.

Reports:

A New Approach to Health Research for the 21st Century
Aboriginal Health in Canada
Canada Health Action: Building on the Legacy
Canada Health Infoway
Canada's Alcohol and Other Drugs Survey: Preview 1995
Horizons One — Older Canadians' Alcohol and Other Drug Use
Horizons Two — Canadian Women's Alcohol and Other Drug Use
Horizons Three — Young Canadians' Alcohol and Other Drug Use
How Effective are Alcohol and Other Drug Treatment Programs
Nutrition for a Healthy Pregnancy
Various reports on Mental Health

Books, brochures, kits and posters on the following subjects:

AIDS
Alcohol and Drug Abuse
Children
Family Violence
Fitness
Health and the Environment
Heart Health
Maternity and Newborn Care
Mental Health
Native Issues
Nutrition and Food Safety
Product Safety
Seniors
Tobacco

Listing of Statutes and Regulations

Statutes and Regulations Currently in Force

1. *Canada Health Act*, R.S.C. 1985, c. C-6
2. *Canadian Environmental Protection Act*, R.S.C. 1985, c. 16 (4th Supp.)
3. *Controlled Drugs and Substances Act*, R.S.C. 1985, c. C-38.8
4. *Department of Health Act*, R.S.C. 1985, c. H-3.2
5. *Financial Administration Act*, R.S.C. 1985, c. F-11
6. *Food and Drugs Act*, R.S.C. 1985, c. F-27
7. *Hazardous Products Act*, R.S.C. 1985, c. H-3
8. *Patent Act*, R.S.C. 1985, c. P-4
9. *Pest Control Products Act*, R.S.C. 1985, c. P-9
10. *Quarantine Act*, R.S.C. 1985, c. Q-1
11. *Tobacco Act*, R.S.C. 1985, c. T-11.5
12. *Canadian Centre on Substance Abuse Act*, R.S.C. 1985, c. 49 (4th Supp.)
13. Regulation under the *Department of National Health and Welfare Act* repealed and replaced by *Department of Health Act*, R.S.C. 1985, c. H-3.2
    - *Potable Water on Common Carriers*, C.R.C. 1978, c. 1105
14. Regulation under the *Department of National Health and Welfare Act* repealed and replaced by *Department of Health Act*, R.S.C. 1985, c. H-3.2
    - *Human Pathogens Importation Regulations*, SOR/94-558
15. *Fitness and Amateur Sport Act*, R.S.C. 1985, c. F-25
16. *Medical Research Council Act*, R.S.C. 1985, c. M-4
17. *Queen Elizabeth II Canadian Research Fund Act*, R.S.C. 1970, c. Q-1
18. *Radiation Emitting Devices Act*, R.S.C. 1985, c. R-1
19. *Hazardous Materials Information Review Act*, R.S.C. 1985, c. H-2.7
20. *Pesticide Residue Compensation Act*, R.S.C. 1985, c. P-10

Statutes Administered by Other Ministers in which the Minister of Health plays an Advisory or Consultative Role

21. *Atomic Control Act*, R.S.C. 1985, c. A-16
22. *Broadcasting Act*, R.S.C. 1985, c. B-9.01
23. *Canada Labour Code*, R.S.C. 1985, c. L-2
24. *Canada Medical Act*, R.S.C. 1952, c. 27

25. *Canada Shipping Act*, R.S.C. 1985, c. S-9
    - *Ships' Crews Food and Catering Regulations*, C.R.C. 1978, c. 1480
26. *Canadian Food Inspection Agency Act*, R.S.C. 1985, c. C-16.5
27. *Emergency Preparedness Act*, R.S.C. 1985, c. 6 (4th Supp.)
28. *Energy Supplies Emergency Act*, R.S.C. 1985, c. E-9
29. *Excise Tax Act*, R.S.C. 1985, c. E-15
30. *Federal-Provincial Fiscal Arrangements Act*, R.S.C. 1985, c. F-8
31. *Feeds Act*, R.S.C. 1985, c. F-9
32. *Immigration Act*, R.S.C. 1985, c. I-2
33. *National Parks Act*, R.S.C. 1985, c. N-14
34. *Trade Marks Act*, R.S.C. 1985, c. T-13

Bills Pending

35. Act respecting Drinking Water Materials Safety (Bill C-14)
36. Canada Food Safety and Inspection Act (Bill C-80)

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