Summary of Discussion
Science Advisory Board Meeting

December 6-7, 2005

Participants

Science Advisory Board Members	***Ex Officio* Members**
Arnold Naimark, Chair Linda Lusby (Co-Chair) Keith Bailey Renaldo Battista Mark Goldberg Arminée Kazanjian Andreas Laupacis Renée Lyons Kathryn O'Hara Jacques Simard Stanley Vollant Howard Palley Mamoru Watanabe	Morris Rosenberg Hélène Goulet Pierre-Gerlier Forest Susan Fletcher Ian Potter Alan Bernstein
	Invited Guests Michael Kramer Michael Wolfson
Secretariat Manal Bahubeshi	**Regrets** Hélène Gosselin Marcel Nouvet Karen Dodds Ian Shugart Chantale Cousineau-Mahoney

Boardroom 0115C, Brooke Claxton Building
Tunney's Pasture, Ottawa

Tuesday, December 6, 2005

Preliminary Matters

1. Arnold Naimark, Chair

Arnold Naimark noted the announcement of the new appointees to the Science Advisory Board (SAB); he outlined activities since the SAB retreat in August 2005; he noted the participation of SAB members in the Science Forum in October after which an informal dinner meeting of members was held, and, that the discussion at the meeting was useful in advancing the SAB's ongoing deliberations about the structure and agendas of future SAB meetings, and in identifying other operational issues requiring attention; he informed members that he had initiated bi-weekly teleconferences with the secretariat to facilitate planning of SAB activities and to monitor developments of relevance to the SAB; and, he reported that the teleconference scheduled for November 16, 2005 with representatives of the Healthy Environments and Consumer Safety Branch (HECSB) was held as planned to provide feedback on the Branch's draft research agenda related to Canada's participation in the International Polar Year.

2. Morris Rosenberg, Deputy Minister (DM)

Morris Rosenberg informed the SAB of Diane Gorman's retirement as Assistant Deputy Minister (ADM) and of Helene Goulet's designation as acting ADM and introduced new members of the SAB (Watanabe, Quirion, Lemieux-Charles, Palley, Bornstein); he described the implications for the SAB of the election call and matters pertaining to transition planning. He noted that it is not appropriate for the SAB to provide policy advice to the Minister during the election period. Advice can be provided to the DM and may, as relevant, be factored into transition planning. He also indicated that the SAB should meet with the next Minister as soon as possible to provide the SAB's views of challenges and strategic priorities; and, he indicated the salience of issues related to the Food and Drugs Act such as the use of the Special Access Program in responding to requests for access to expensive drugs for rare diseases.

3. Pierre-Gerlier Forest, Chief Scientist

Pierre-Gerlier Forest noted not only the need to develop a coherent intellectual property policy (IP) with respect to the protection of discoveries made by Health Canada (HC) scientists but also the need for a strategy to promote the development and commercialization of IP; he addressed the desirability of facilitating joint professorships

at universities of Health Canada scientists; he indicated that there is a need to develop a comprehensive database of publications by Health Canada scientists and a Science Publications Policy; he suggested that consideration be given to a whole of government approach to these issues; he reported on the progress of the Federal Science and Technology Policy, nanotechnology, health and the role of the SAB, and on the global HIV vaccine enterprise, 5% challenge, Beyond the Horizons, Canadian Academies of Science; indicated the desirability of expanding the *ex officio* membership of the SAB by adding the Chair of the Pest Management Advisory Committee (PMAC), the Chief Public Health Officer of Canada, the Public Health Agency (PHAC) and the Chair of the Health Canada Research Ethics Board (REB). He also suggested that the Chair of the SAB should be an *ex officio* member of the PMAC.

Discussion

The SAB concurred in the desirability of adding the Chair of the PMAC, the Chair of the Health Canada REB and the Director of the PHAC to the list of *ex officio* members of the SAB.

4. Environment and Health

Children's Health

The SAB received an update from Paul Glover, Director General of the Safe Environments Program of HECSB, on a strategy for Environmental Impacts on the Health of Children (EIHC); and on, the general terms of reference for a task force to provide advice to Health Canada on the establishment of a research centre and a Canadian longitudinal children's study related to EIHC.

The strategy for promoting children's health in relation to environmental risks is, in general terms, to better manage risks and to better understand the relationship between environmental risks and children's health in order to reduce the burden of disease caused by environmental factors. In his presentation, Paul Glover identified initiatives related to both managing risks and filling knowledge gaps. He noted the research capacity in Canada related to environment and health is scattered. An inventory of current capacity is being conducted as a first step in addressing the need for more trained professionals to fill identified gaps in research capacity.

Paul Glover noted that the SAB had, in June 2005, called for the establishment of: a "Pan-Canadian Centre for Research and Innovation on Environment and Health"; and, the formation of a task force to develop a Canadian component of the United States National Children's Study. In response, the HECSB has proposed a centre with a mandate similar to that recommended by the SAB but focused on children's health; and, the formation of a task force to study both the proposal for a centre and the

development of a longitudinal cohort study of children and environmental effects on health.

In discussing the presentation, the SAB offered the following general observations with respect to EIHC:

- The context for Health Canada initiatives related to the environment and children's health should be broadened to include determinants of health in the social environment.
- Children, for the most part, do not exist independently of adults, and their circumstances with respect to both exposure and response to noxious environmental factors are mediated, and modulated, by powerful familial influences (including maternal-child interactions). Strategic initiatives should, therefore, include the familial dimension of the environment-health nexus in children.
- The issues cut across political jurisdictions and therefore a pan-Canadian approach is essential for a comprehensive approach to addressing challenges in filling knowledge gaps and managing risks.

The SAB discussion then turned to three main specific topics: development of a Canadian research centre on children's environmental health; Canada's engagement in a longitudinal cohort study; and, the creation of a task force to address both of these initiatives.

The SAB gave the following feedback to Paul Glover concerning these proposals.

With regard to the proposed Centre:

- The focus of the task force should, at least in the first instance, be on defining the key elements of a "national program of research related to environment and health". Matters pertaining to the mechanism for managing the program (whether it should be managed by one or more centres or through a consortium of agencies; or through an inter-jurisdictional body) should come later.
- The "national program", for reasons cited above, should not deal solely with environment and health in children but include all ages, although, an initial focus on children and other vulnerable segments of the population might be appropriate.
- The "national program" should include research on the social environment with particular emphasis on the interaction between factors in the physical environment and the social environment and their effects on health.

With regard to the Children's Cohort Study:

- Three main options have been identified for pursuing longitudinal studies in children; namely, concentrate resources on participating fully in the United States (U.S.)

cohort study; initiating a major Canadian study with links to the U.S. study or mounting several smaller studies.

- The SAB concluded that further in-depth analysis is required before the best option can be identified. It was noted that there are in fact no firm deadlines for a decision about joining the U.S. study and there is therefore time to undertake the necessary analysis.
- The analysis should include: consideration of building on initiatives already under way; determining whether there are opportunities for a large scale endeavor under the National Science Advisor's "big science" thrust.

With regard to the Task Force:

- The SAB emphasized the need to ensure major portfolio partners are included in the composition of the Task Force (Health Canada, CIHR, PHAC, Statistics Canada).
- Given the variety of special interests within the academic and research community, the Task Force will face a particular challenge in achieving a consensus about priorities.

Radon

Jack Cornett, Director of Health Canada's Radiation Protection Bureau, discussed the application of the Health and Environment Framework to a new radon strategy for Canada.

In 1988, Health Canada and its provincial and territorial counterparts established a guideline for annual average concentration of radon in a normal living area of 800 Becquerels per cubic metre (800 Bq/m^3). Since there is evidence from both North America and Europe that exposures greater than 200 Bq/m^3 are associated with increased risk of lung cancer, Health Canada's Radiation Protection Bureau made a recommendation that the guideline be reduced to 200 $Bq/m^{3.}$ This guideline was supported by a report issued by an Federal/Provincial/Territorial (F/P/T) Radiation Protection Committee Working Group in October 2005. A second Working Group has been established to develop a national strategy for implementation of the revised guideline using the Health and Environment Framework. Health Canada is currently negotiating with provincial and territorial governments to adopt the new guideline.

In discussion the SAB:
- commended Health Canada on its efforts in this area and urged movement to an even lower guideline in the future;
- expressed need for rigor in the conduct of risk assessments and the need for peer review of the methodologies employed and the interpretation of data; and,
- noted that epidemiological data is based on adults and the need for studies involving children.

The ADM of HECSB expressed appreciation of the attention that SAB is dedicating to Health and Environment issues. In response to the SAB's identification of the importance of the social environment as a determinant of health the ADM noted that the focus and authority of the HECSB was on the regulation of risks in the physical environment, but not the social environment.

Canadian Environmental Protection Act (CEPA) Review

The SAB received a briefing note on the pending review of the Canadian Environmental Protection Act describing certain challenges that have limited program efficiency and effectiveness. Two initiatives that may prove beneficial are:

- the inclusion under CEPA of more explicit direction, consistent with current practice, that Health Canada account for environmental impacts on children and vulnerable population in its health risk assessments; and,
- CEPA authorize the Minister of Health to require producers, importers and users to submit information relevant to determining, in relation to human health, if substances meet the criteria in the Act.

The SAB indicated that it would be appropriate for the SAB to have a further update once the review has been completed and an assessment of its findings have been made by Health Canada. The SAB's role in this area has not been clearly defined. It was agreed that the SAB Secretariat would continue to review the status of the issue and notify the SAB where it could make specific contributions.

Wednesday, December 7, 2005

5. Public Health

Vulnerable Populations: Aboriginal Health

The SAB received a presentation from Ian Potter, Assistant Deputy Minister, First Nations and Inuit Health Branch (FNIHB), on the Blueprint on Aboriginal Health tabled at the First Ministers' Meeting on Aboriginal Health on November 24/25, 2005. The SAB was asked to provide perspectives on the role of research in supporting the achievement of the goals laid out in the Blueprint. The over-arching goal may be paraphrased as closing the gap in health status, over the life course, between aboriginal peoples and the general Canadian population. The strategies are: to improve access to and the quality of health services; and, to strengthen the social factors that are conducive to health.

The SAB had concluded, in its discussion in June 2005 (which formed the basis of its advice to the Minister in August 2005), that the research agenda for FNIHB should focus on:

- surveillance and monitoring of health status through development of advanced population surveys including physical measures, databases and analytical techniques;
- evaluation of health service delivery models;
- knowledge translation activities designed to evaluate and translate relevant research data into policy initiatives;
- building research capacity within the aboriginal communities;

the creation and implementation of a code of ethics for conducting research in aboriginal communities; and,

- placing a strong emphasis on research on social factors: pertaining not only to those related to living standards but also to those that determine the effectiveness of social organization and access to services.

Aboriginal health research is facilitated or undertaken by a variety of organizations including: FNIHB, the CIHR Institute of Aboriginal Peoples' Health (including its 8 Aboriginal Capacity and Development Research Environments), the National Aboriginal Health Organization, and the Centre for Aboriginal Health Research (Manitoba). The research activities sponsored by these organizations and by other agencies (e.g. Social Sciences and Humanities Research Council (SSHRC) and the Canadian Health Services Research Foundation (CHSRF)) cover a broad range of issues.

It is the very diversity of these efforts that prompts the SAB to indicate that a key priority for the development of aboriginal health research is the creation of an overarching mechanism (e.g. "Aboriginal Health Research Consortium") to:

- facilitate linkages and networking among existing research agencies and research groups;
- undertake a research gap analysis and identify areas of primary focus (e.g. as noted earlier in the discussion of environment and health, longitudinal studies lack involvement of aboriginal communities);
- identify long and short-term deliverables;
- identify best practices in achieving active involvement of community in identifying issues and developing research approaches;
- develop a research capacity building strategy that includes fostering mechanisms to build capacity to do and use research within aboriginal communities and that creates incentives for "mainstream researchers" to focus on aboriginal health research;
- create and adopt guidelines (ethical and otherwise) for the conduct of health research in aboriginal communities including guidelines on such issues as community involvement, ownership of research data, recognition of traditional knowledge and benefit sharing;
- facilitate data sharing, and the development of linked databases and longitudinal cohort studies; and,
- maintain a current inventory of projects involving aboriginal health research.

SAB members urged that:

- given that major gaps exist in knowledge translation, uptake and implementation, greater emphasis be placed on "action-oriented" or "intervention-oriented" research than on research designed to further refine the scope of already well-defined health problems; and,
- greater emphasis be placed on the serious burden of psychological distress within aboriginal communities.

Ian Potter identified the "take away" messages as the need to do intervention research in a better way and to develop more focus by concentrating on a few areas. He undertook to take away ideas and come back with models for SAB's consideration.

Canadian Strategy for Cancer Control (CSCC)

The SAB received a briefing note on the Strategy indicating that the Public Health Agency of Canada (PHAC) has the lead and stewardship role for chronic disease issues including cancer. It was noted that the PHAC is in on-going dialogue with the CSCC governing council concerning the need to have a cancer strategy that is endorsed by F/P/T governments. The PHAC is establishing a Pan-Canadian Public Health Network that would serve as the body under which "a new specific mechanism for collaborative management of cancer will be established".

The SAB cautioned against an approach to cancer which is exclusively focused on the features of chronic diseases in general. The incidence and prevalence of cancer is so

great and the organization of diagnostic and therapeutic services so specialized as to require a specific cancer strategy in addition to more generic strategies. It is also important to note that the growing complexity and costs of new cancer drugs developed using modern biotechnological techniques will place special burdens both on regulators and health service providers.

National Collaborating Centres (NCCs) for Public Health

Pursuant to a request at an earlier meeting of the SAB, an update on the status of the NCC program in the form of a briefing note was tabled consisting of a program overview (as of September 2005) and a current list of NCCs and their contact persons.

Regulation of Health Products

The SAB's theme area on regulation of health products includes: therapeutics; diagnostics; and, natural health products and foods.

Post-marketing Surveillance

The SAB received a presentation from David Clapin of the Marketed Health Products Directorate on the topic *Strengthening the Evaluation of Real World Safety and Effectiveness.* The presentation identified **two main concepts** (turning experience of patients into objective evidence and, focus both on effectiveness and safety); and, **five strategic principles** (a national centrally coordinated system including key stakeholders and jurisdictions, building capacities at the local level, patient and provider participation, and collaboration).

Most of the discussion centred on the challenges and limitations involved in achieving the goals of generating, gathering, interpreting and applying evidence about real-world safety and effectiveness of a comprehensive range of therapeutic drugs.

- The SAB noted the special challenge of dealing with the complexity of the area and the broad range of stakeholders involved. David Clapin noted the difficulty of establishing linkages, including those within the health portfolio. He advised that a large system map has been developed to demonstrate the number of committees involved and the effort to bring them together.
- The four strategies identified in the presentation to foster a stronger valuation system were deemed to be appropriate as were the 26 individual initiatives related to the strategies. However, there is a need to have a clearer definition of the relative importance or priority attached to the various initiatives, the resources required, the critical path for implementation including specific milestones and deliverables.
- The Chair noted the reference in the presentation to links between the strategies for strengthening real-world safety and effectiveness and the National Pharmaceuticals

Strategy (NPS), and that an update on progress under the NPS would be useful.

The following are additional inputs we received related to this theme.

- Correspondence was received from the Canadian Drug Policy Development Coalition, consisting largely of academic researchers, indicating that the Coalition is promoting a three-pronged "pharmacosurveillance" initiative; namely, the creation of an Expert Advisory Committee to recommend post-market studies, the development of a network of Centres for Pharmaceutical Research, and a knowledge exchange strategy.

- The SAB received correspondence from the Canadian Society for Clinical Pharmacology noting a serious shortage of human resources for the study of therapeutics and urging the development of a remedial strategy based on a detailed human resource study.

- Judith Hall, via correspondence, has suggested that by systematically obtaining samples from patients with severe or fatal adverse drug reactions for detailed DNA analysis in order to identify nucleotide polymorphisms that are associated with such reactions and for which it may be possible to devise screening tests as a guide to therapy.

Expensive Drugs for Rare Diseases

The SAB received a briefing note on the development of research protocols for Fabry's Disease and the Hurler-Schie Syndrome. This is seen as a short term initiative of a broader National Pharmaceutical Strategy. Advice will be sought in due course from the SAB on how such protocols might be applied to other "small population diseases". The SAB will await receipt of the research protocols being developed by the FRSQ or others before venturing an opinion on their broader applicability.

The SAB noted that analogous issues will be raised as a result of developments of expensive specialized therapies, based on pharmacogenomics, targeted at small subsets within groups with "common diseases".

Developments in Science and Technology

Emerging Priorities for S and T Integration

David Blakey, Director of the Environmental Health Science Bureau, presented a report to the SAB on the outcome of the *Beyond the Horizon Workshop* on emerging priorities for S and T integration. Bernard Choi, Senior Research Scientist at the PHAC, participated in the discussion.

The Workshop was undertaken to provide the Deputy Ministers' Committee on Environment and Sustainability with the views of federal scientists on key emerging issues that will require S and T integration. David Blakey's presentation to the SAB included a modified version of the deck presented to the Deputies on September 23, 2005, following which a core group was identified to "map out a more detailed forward plan". The core group includes two persons from Health Canada and one from PHAC. David Blakey touched on the work of the core group which will develop a mechanism leading to S and T integration. Pilot projects are being developed in three core areas: (i) water; (ii) climate change; and (iii) pandemics. Health Canada will be providing input on these projects. There is a four phased approach to moving forward: (i) setting the stage, understanding the topic; (ii) developing funding and governance models (e.g., Canadian Research Technology Initiative model (CRTI)) ; (iii) delivering the science (call for proposals, do peer review, and share information) and, (iv) reviewing progress, evaluate if goals have been accomplished - assess value for resources.

The SAB was impressed by the analytical approach described in the Workshop Report and regarded it as a useful framework for identifying opportunities and imperatives for S and T integration. There is, however, a concern that only applying the framework from a top down perspective (i.e. from a supra-departmental level) may not respond adequately to critical priorities within the health sector. Accordingly, complementary mechanisms need to be fostered within Health Canada to apply the framework to: (a) determine the challenges in the health sector that require significant S and T integration with other departments and agencies; and (b) devise an action plan to implement the necessary integration or collaboration.

During the discussion, the SAB noted that the following:

- There was relatively little focus on the health care system its renewal and links to be established with innovation. David Blakey observed that there were other issues identified but it was impossible to capture everything. The general thrust that emerged was related environment and sustainability.
- Given the breadth of the phenomena being contemplated there is value in more recognition of the importance of international partnerships.
- It would be desirable to link the outcome of the workshop to the CSTA's work and its upcoming paper on the management of S and T in the 21st Century.
- It was also suggested that working on broad thematic areas (such as water) might take too long and it may be easier to work on a specific problem in an integrated way.

David Blakey observed that the resource issue is a major sticking point. The premise of the workshop was identifying initiatives within existing resources. However, the Working Group felt that delivering on mandate and undertaking mission critical work needs new incremental resources. He also observed that there is a need to truly breakdown barriers between departments, but sharing physical resources and co-

locating scientists from different departments is threatening to some departments.

Bernard Choi observed that the workshop was a huge undertaking. He noted that there was difficulty in standardizing language. A more structured approach for the workshop would have been preferred in which issues would be characterized as important/non-important and urgent/non-urgent.

Emerging Technologies: Nanotechnology

Nanotechnology, genomics/proteomics/metabolomics, high capacity computing, imaging, human machine interfaces, robotics/automation, remote and *in situ* sensing are among the emerging technologies identified in the *Beyond the Horizon* Report. Individually and through convergences among them, these technologies have significant actual and potential applications in the health sector.

The SAB wishes to stay abreast of developments related to emerging technologies insofar as their implications for science-based policy and for scientific development within Health Canada are concerned. With this in mind, the SAB received a briefing note on nanotechnology.

Although Canada does not presently have a comprehensive nanotechnology strategy, a national strategy on research in nanotechnology is being formulated with the involvement of the National Science Advisor and the Prime Minister's Advisory Committee on Science and Technology.

The most salient issue for Health Canada is how its regulatory processes will be impacted by applications of nanotechnology that create environmental hazards to health (e.g. respiratory effects of air born nanoparticles), or that embed nanomaterials in products that are consumed by, or applied to, the human body for therapeutic, diagnostic or other purposes. A nanotechnology working group has been formed in Health Canada to study the foregoing matters and their implications for the regulatory framework and for additional research to support risk assessments. The SAB looks forward to being briefed from time to time on developments in these respects.

The Secretariat will maintain contact with the Nanotechnology Working Group in its development of an issue identification and options paper. The SAB will be notified when the paper is available and a review is needed.

Health Innovation

The link between innovation in the health sector and economic/industrial development

has been a topic of considerable interest lately. The topic has been addressed by the Canadian Biotechnology Advisory Committee (CBAC) in its report on *Biotechnology and the Health of Canadians*, by Health Innovation Canada and in a recent proposal to establish a Canadian Health Industries Partnership (CHIP). The SAB indicated that its particular interest at this time is to gain a better understanding of the developments underway within government in response to the recent report on Smart Regulation. This matter will be reviewed at a future meeting of the SAB

Canadian Academies of Science and the Canadian Academy of Health Sciences

The Chair briefed the SAB on conversations he had with Paul Armstrong, President of the Canadian Academy of Health Sciences, concerning potential intersection of interests between the SAB and the CAHS. In particular, the SAB might recommend to the Minister that Health Canada undertake to sponsor in-depth studies of certain matters. The Minister could, if he/she accepted the recommendation, engage the CAHS to conduct the study or studies the terms of reference of which would be developed by the ministry in consultation with the SAB.

The SAB noted that it had not been consulted on the health related topics being considered for reference to the Canadian Academies of Science under the terms of the agreement between the CAS and Industry Canada on the implementation of the funding appropriated for scientific assessments to be carried out by the CAS.

6. SAB Operations

The SAB reviewed several matters pertaining to its internal operations.

Conflicts of Interest Guidelines

The SAB endorsed the guidelines on conflicts of interest (see Annex 1). They have been designed specifically for internal SAB purposes and as a complement to existing Health Canada guidelines. Members will be asked to identify interests under the guidelines on an annual basis and at any time there has been a change in their circumstances.

Evaluation of SAB Performance

The SAB endorsed the recommendations on the Valuation of the SAB's Advice (see

Annex 2). The Chair will invite members to indicate their interest in being part of a small steering committee to work with the Secretariat in the development of an Impact Evaluation Framework.

Implications of the Lobbyist Registration Act

The Chief Scientist indicated he is exploring the implications for members of SAB of the Lobbyist Registration Act and that he will report on his findings at a future meeting.

Correspondence

The SAB indicated concurrence in the Chair's view about handling of correspondence addressed directly to the SAB or its Chair from persons or organizations outside of Health Canada and other federal departments and agencies. The correspondent will be advised that the SAB provides its advice to the Minister in confidence, and that while the content of the correspondence will be noted, the SAB does not interact with persons or bodies external to the government.

Future Meetings

There was general agreement that further adjustments to the agenda format for future meetings are required.

- Sufficient time should be allocated at the end of each half-day session for the SAB to identify the specific observations and recommendations it wishes to convey on the topics discussed during that session.
- Miscellaneous topics included in agenda materials for information only should not normally be debated.

The Chair undertook to revise the agenda formats taking these and other matters into account.

The dates of future meetings were confirmed as follows:

February 28, March 1, 2006; and, May 9, 10, 2006.

Annexes
- SAB Internal Guidelines on Conflict of Interest
- Valuation of SAB's Advice

Annex 1

Health Canada Science Advisory Board

Declaration of Interest by Board Members

Preamble

There may be circumstances in which members of the Science Advisory Board (SAB), or entities from which members are not at arm's length, are engaged in providing services to Health Canada other than those associated with their Board membership. Such engagements may constitute a conflict of interest or of commitment.

On the one hand, to require individuals to discontinue such engagements would be detrimental to Health Canada's desire to recruit highly qualified individuals to serve on the SAB. On the other hand, it is important for SAB members to be aware of the contextual factors that may influence the tenor of the participation of their colleagues in the SAB's deliberations and the advice it gives to the Minister.

Proposal

It is proposed that the SAB adopt a policy of disclosure of interest by Board members whereby:

(a) members notify the Chair of the Board of any engagements they, or entities from which members are not at arm's length, have with Health Canada other than those associated with their Board membership at the inception of the policy and whenever there is a change in engagement;

(b) all members are provided with a listing of all such engagements at the inception of the policy and with an updated listing whenever there has been a change in engagement;

(c) the Chair, when reviewing the agenda at the beginning of each SAB meeting, will ask Board members to declare any special interests related to particular items on the agenda;

(d) Board members will normally not be constrained from participating fully in the deliberations of the Board on matters in which they have a declared interest unless they wish to refrain or the Chair believes such participation would be problematic; and,

(e) the policy itself is reviewed after 12 months to determine if it requires modification.

Annex 2

Health Canada Science Advisory Board

Valuation of the SAB's Advice

Preamble

The SAB conveys its advice to Health Canada in two ways. It provides advice formally to the Minister (normally in writing) and to officials who bring matters to the SAB (normally in oral form during the course of discussion).

In order to evaluate its effectiveness as an advisory body, the SAB has sought feedback from Health Canada on the effect of its advice on departmental policies, procedures and programs. Such feedback has been sparse and non-systematic. The SAB has indicated its desire for a formal, systematic process to provide the information it requires for self-evaluation.

Before designing such a process, the SAB should develop a clear sense of what constitutes advice and what criteria should be used in assessing its value.

Observations

The question of what constitutes advice may be considered from the perspectives of both the giver and the receiver. The giver often thinks of advice primarily as a call upon the receiver to take a specific decision; in other words, the focus tends to be on recommendations for action. This leads one to judge the effectiveness of the advice by the extent to which the receiver has accepted and acted upon the recommendations.

However, the receiver may not only be advised (i.e. informed) by recommendations for action but also by the methods of analysis used by the advisor, the evidence adduced in support of arguments on various sides of an issue, a delineation of the limitations of knowledge, exposure of hidden assumptions, an articulation of the values dimensions of what are presumed to be a 'strictly scientific' questions, the level of certainty that can be attached to projections of outcomes of actions, the level of consensus, the breadth of perspective, etc. To judge the effectiveness of these elements of advice is complex and depends on gaining an appreciation of the degree to which they have influenced the thinking and the work of the receiver.

The breadth of impact of an advisor or advisory body depends not only on the quality and relevance of the advice but also on the mandate of the advisor. Thus, the breadth of impact of an advisory body that reports publicly may be greater than of a body that provides its advice in confidence because the informational and analytical components of the advice may influence the thinking and work of entities other than the primary receiver of the advice.

Governments are often confronted by streams of advice from groups with competing legitimate interests. The degree to which governments respond to the advice of a body such as the SAB may be conditioned by the input they receive from other bodies.

Conclusion

In light of the foregoing observations, the SAB should consider developing an appropriately nuanced "Impact Evaluation Framework" to be used in assessing the effectiveness of the SAB's advice. The process for applying the Framework should be as simple as possible in order to encourage compliance.

Recommendation

It is recommend that:

- the SAB consider the development of an "Impact Evaluation Framework" that reflects an organized approach to evaluation that *inter alia* reflects the various elements of advice identified in the first two observations listed above; and,
- if approved, the SAB shall establish a small steering committee to work with the Secretariat in the development of the Framework (and a plan to "test drive" it) for review and comment by the SAB prior to implementation.