



ESTIMATES

Health Canada

2001-2002
Estimates

Part III – Report on Plans and Priorities

Canada

The Estimates Documents

Each year, the government prepares Estimates in support of its request to Parliament for authority to spend public monies. This request is formalized through the tabling of appropriation bills in Parliament. The Estimates, which are tabled in the House of Commons by the President of the Treasury Board, consist of three parts:

Part I – The Government Expenditure Plan provides an overview of federal spending and summarizes both the relationship of the key elements of the Main Estimates to the Expenditure Plan (as set out in the Budget).

Part II – The Main Estimates directly support the *Appropriation Act*. The Main Estimates identify the spending authorities (votes) and amounts to be included in subsequent appropriation bills. Parliament will be asked to approve these votes to enable the government to proceed with its spending plans. Parts I and II of the Estimates are tabled concurrently on or before 1 March.

Part III – Departmental Expenditure Plans which is divided into two components:

- (1) **Reports on Plans and Priorities (RPPs)** are individual expenditure plans for each department and agency (excluding Crown corporations). These reports provide increased levels of detail on a business line basis and contain information on objectives, initiatives and planned results, including links to related resource requirements over a three-year period. The RPPs also provide details on human resource requirements, major capital projects, grants and contributions, and net program costs. They are tabled in Parliament by the President of the Treasury Board on behalf of the ministers who preside over the departments and agencies identified in Schedules I, I.1 and II of the *Financial Administration Act*. These documents are to be tabled on or before 31 March and referred to committees, which then report back to the House of Commons pursuant to Standing Order 81(4).
- (2) **Departmental Performance Reports (DPRs)** are individual department and agency accounts of accomplishments achieved against planned performance expectations as set out in respective RPPs. These Performance Reports, which cover the most recently completed fiscal year, are tabled in Parliament in the fall by the President of the Treasury Board on behalf of the ministers who preside over the departments and agencies identified in Schedules I, I.1 and II of the *Financial Administration Act*.

The Estimates, along with the Minister of Finance's Budget, reflect the government's annual budget planning and resource allocation priorities. In combination with the subsequent reporting of financial results in the Public Accounts and of accomplishments achieved in Departmental Performance Reports, this material helps Parliament hold the government to account for the allocation and management of public funds.

As part of its ongoing efforts to streamline reporting requirements, the Treasury Board of Canada Secretariat has requested that Health Canada and thirteen other departments explore alternative reporting structures to this year's *Report on Plans and Priorities*. It has, therefore, exempted the department from the usual guidelines for the preparation of this report.

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Available in Canada through your local bookseller or by mail from Canadian Government Publishing (PWGSC)
Ottawa, Canada K1A 0S9

Telephone: 1-800-635-7943
Internet site: <http://publications.pwgsc.gc.ca>

Catalogue No. BT31-2/2002-III-29

ISBN 0-660-61467-7

HEALTH CANADA

2001-2002
Estimates

Report on Plans and Priorities

Allan Rock
Minister of Health



The mission of Health Canada is to help the people of Canada maintain and improve their health.

photo: Health Canada

Table of Contents

Section 1 : Messages	7
Minister's Message	8
Management Representation	10
Executive Summary	11
Section II : Departmental Overview	17
2.1 What's New	18
2.2 Mandate, Roles and Responsibilities	21
2.3 Departmental Objectives and Priorities	24
2.4 Planning Context and Emerging Health Issues	26
2.5 Organization of Health Canada	28
2.6 Departmental Planned Spending	32
Section III : Plans, Results, Activities and Resources	33
Summary Table: Commitments to Canadians	34
3.1 Business Line 1: Health Care Policy	37
3.2 Business Line 2: Health Promotion and Protection	43
Service Line A: Population and Public Health	46
Service Line B: Health Products and Food	54
Service Line C: Healthy Environments and Consumer Safety	60
Service Line D: Pest Management Regulation	67
3.3 Business Line 3: First Nations and Inuit Health	72
3.4 Business Line 4: Information and Knowledge Management	78
3.5 Business Line 5: Departmental Management and Administration	83
Section IV : Joint Initiatives	87
4.1 Horizontal Initiatives	88
4.2 Collective Initiatives	96
4.3 Summary of Proposed Major Legislative / Regulatory Initiatives	100
Section V : Financial Information	105
Table 5.1: Net Cost of Program for 2001-2002	106
Table 5.2: Crosswalk between Old and New Business Lines - Net Forecast Spending 2000-2001	107
Table 5.3: Source of Respendable Revenues	108

Table 5.4: Source of Non-Respendable Revenues	109
Table 5.5: Summary of Transfer Payments	110
Table 5.6: Details on Transfer Payments, 2001-2002 Planned Spending.....	111
Section VI : Other Information	121
6.1 Statutes and Regulations	122
6.2 Departmental Contacts	124
6.3 References	126
Index	128

Section 1

Messages



photo: Health Canada

Minister's Message



While the *Health Canada Report on Plans and Priorities* focuses on the 2001-2002 fiscal year, it is a snapshot of a much longer-term plan. Its initiatives are steps towards a larger vision of improving the health of Canadians and strengthening our health system.

The recent Speech from the Throne captured this sense of a “stronger, ever more inclusive Canada”, one that secures “a higher quality of life for all Canadians.” Many of its key themes are central to our approach to transforming Canada’s health system over the next 25 years – and to ensuring that all Canadians achieve the best possible health. The Government of Canada is making steady progress towards this goal, and many improvements will be noticeable sooner rather than later.

In setting its priorities for the coming year, Health Canada has also drawn inspiration from the

September 2000 First Ministers’ Agreement on Health. In the Agreement on Health, Canada’s First Ministers restated their commitment to the five principles of Medicare and agreed to collaborate on innovative approaches that will go far towards ensuring our health care system can meet the new and emerging challenges of the 21st century. Further, the Government of Canada has provided substantially increased funding for Medicare and early childhood development.

The Government of Canada is working with its provincial and territorial partners towards a health care system where front-line services are more fully organized around the needs of the people who use them. A system in which information and communications technology ensures that even people in our most remote regions have access to skilled health experts similar to that enjoyed by citizens of our largest cities.

We are already laying the foundations for thorough tracking and public reporting of results in the health care system, as part of a clear plan for accountability, clarity and constant improvement. And we are committed to ensuring the system remains faithful to the principles of the *Canada Health Act* – truly accessible to those who need its services.

The need to safeguard Canadians from toxic substances and environmental contaminants is ever more apparent. That is why the Government of Canada is strengthening laws, research efforts and other measures for health protection. In particular, we are putting standards in place that recognize the special vulnerabilities of children.

Additionally, an increasing emphasis is being placed on proactive measures that help people achieve the best possible health, long before they need to resort regularly to health care services. We are taking steps to ensure that all Canadian children get off to the best start possible in life. And supports are being put in place to help parents and to enhance childhood development.

At all stages in life, Canadians should have easy access to the information they need to make effective health choices. Investments in health promotion and disease prevention not only help most Canadians to live longer, healthier lives, but can also be targeted at people who are most at risk of health problems. Canada is committed to ensuring that quality health services are available to all its citizens, and to making measurable strides in addressing the health challenges facing Aboriginal people.

No single government will achieve all this. Rather, the Government of Canada will achieve these goals for the health of its citizens by working cooperatively with the provinces and the territories, with First Nations and Inuit peoples, with health professionals, with researchers and voluntary organizations – and above all with Canadians who believe that improving the health of our citizens is one of the most important commitments any government can make.

A handwritten signature in black ink that reads "Allan Rock". The signature is written in a cursive, flowing style.

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

Management Representation

Report on Plans and Priorities 2001-2002

I submit, for tabling in Parliament, the *2001-2002 Report on Plans and Priorities* (RPP) for Health Canada.

To the best of my knowledge the information:

- accurately portrays the Department's mandate, priorities, strategies and planned results;
- is consistent with the disclosure principles contained in the *Guidelines for Preparing a Report on Plans and Priorities*;
- is comprehensive and accurate; and
- is based on sound underlying departmental information and management systems.

I am satisfied as to the quality assurance processes and procedures used for the RPP's production.

The Planning, Reporting and Accountability Structure (PRAS) on which this document is based has been approved by Treasury Board Ministers and is the basis for accountability for the results achieved with the resources and authorities provided.



Ian Shugart
Assistant Deputy Minister
Health Policy and Communications Branch
March 2001

Executive Summary

Section II – Departmental Overview

Healthy citizens are the cornerstone of a strong and prosperous society. The Government of Canada is committed to working with its provincial and territorial partners, and the many stakeholders in the health field, to ensure that quality health services are available to all Canadians, that our country continues to be a leader in innovative health research, and that the full range of factors that influence the health of our citizens are addressed. Health Canada is the key vehicle for achieving the Government's objectives in this area. The Department's mission statement – "to help the people of Canada maintain and improve their health" – summarizes the Government's commitment.

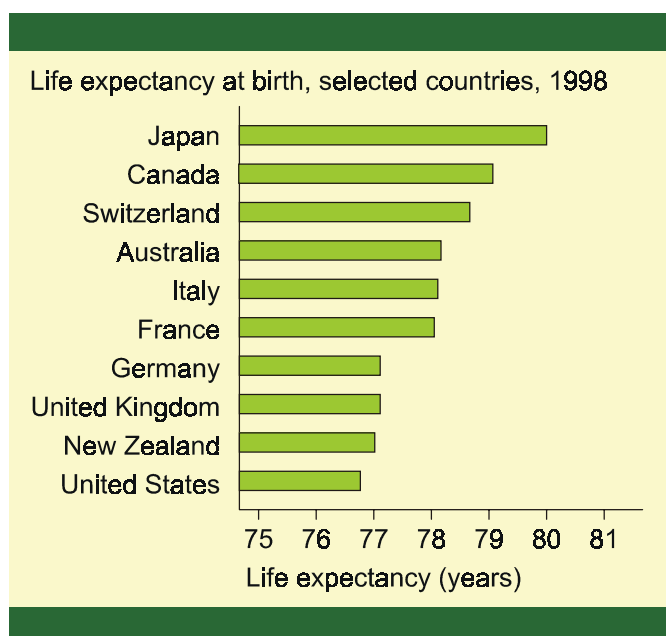
Health Canada works to realize its mission and to achieve government-wide and departmental goals through three main business lines:

- Health Care Policy;
- Health Promotion and Protection; and
- First Nations and Inuit Health.

Two additional business lines support this work: Information and Knowledge Management; and Departmental Management and Administration. Regional operations are an important aspect of Health Canada's organizational structure across these business lines. In order to serve Canadians directly and ensure that programs are adapted to local needs, the Department now has six main regional offices across the country that employ about 40 percent of its workforce.

Just as good health is the product of many factors coming together in a person's life, the results that Health Canada achieves are often the product of collaboration with a number of partners and stakeholders. The Department works with other federal departments, provincial and territorial governments, professional health organizations, non-government and community-based organizations with an interest in health issues, international organizations, and the voluntary sector.

Compared to citizens of other countries, Canadians are very healthy



Source: 2000 Human Development Report, UNDP

Based on Government priorities and its assessment of the challenges facing the health of Canadians, Health Canada has identified four corporate priorities for 2001-2002. These are:

- support for the renewal of Canada's health care system;
- the development of new strategies to protect the safety of Canadians by managing the risks and benefits linked to the products and devices that Health Canada regulates;
- the development of a health framework that strategically addresses the full range of factors influencing the health of Canadians, and is compatible with Canada's commitment to sustainable development; and
- the elaboration of First Nations and Inuit health promotion and prevention strategies, as well as an effective, efficient, sustainable and accountable health care delivery system for First Nations and Inuit.

Section III – Plans, Results, Activities and Resources

Business Line 1: Health Care Policy

Resources, 2001-2002:

Net Planned Spending: \$295.2 million (11.2% of the total)

Full-Time Equivalents (FTEs): 353

Summary:

In collaboration with the provinces and territories, Health Canada exercises a leadership role in renewing Canada's system of health care and upholding the five principles of the *Canada Health Act*, which reflect the values Canadians cherish. These principles are universality, accessibility, comprehensiveness, portability and public administration.

When the First Ministers finalized their Agreement on Health in September 2000, they set the stage for a new business line priority for 2001-2002. The Department will lead the design and delivery of the new Primary Health Care Transition Fund, consistent with the commitment to innovation and reform in primary health care that First Ministers made. This work will focus on Canadians' first point of contact with the health care system.

Virtually all developed countries are exploring health care system innovations and Canada is working with a number of international partners to identify strategies for addressing common issues. A good example of this will be Health Canada's organization of a conference on accountability and performance measurement in health systems, to be co-sponsored by the Organization for Economic Cooperation and Development (OECD).

Business Line 2: Health Promotion and Protection

Resources, 2001-2002:

Net Planned Spending: \$743.6 million (28.1% of the total)

Full-Time Equivalents (FTEs): 4,169

Summary:

This business line deals with activities that promote and protect the health of Canadians. It includes health promotion, injury prevention, disease prevention and control, substance abuse prevention and control, tobacco control, safe living and working environments, and the safety of many products, including food, health products (e.g. drugs and medical devices), pest control products, and consumer products.

All four interrelated service lines: 1) population and public health; 2) health products and food; 3) healthy environments and consumer safety; and 4) pest management regulation, share a commitment to providing Canadians with the information and tools they need to make informed health decisions, and to support sustainable development.

The safety of Canadians and the management of risks that affect them are goals of many of the laws for which Health Canada is responsible. In an era of globalization, when new products are developed and made available more quickly, the Department recognizes that it must develop new strategies to fulfil its responsibilities effectively. In this vein, Health Canada will explore increased sharing of scientific information with regulators in other countries as one way to meet safety goals while managing risks efficiently. It will take action through new policies and programming on environmental pollution, tobacco use, substance abuse, and the promotion of healthy working environments.

Another corporate priority is the development of health framework, essentially a comprehensive strategy for health promotion and prevention initiatives. This is based on the common understanding that steps to renew our system of health care must be complemented by initiatives to prevent illness and injury in the first place. For example, people reduce the likelihood of many diseases through healthy eating, not smoking, and regular exercise. This comprehensive strategy should, over time, help to improve the health of Canadians and reduce the burden on the health care system.

Business Line 3: First Nations and Inuit Health

Resources, 2001-2002:

Net Planned Spending: \$1,323.6 million (50% of the total)

Full-Time Equivalents (FTEs): 1,414

Summary:

Consistent with overall Government commitments to First Nations and Inuit people, Health Canada works towards sustainable health services and programs for First Nations and Inuit communities and individuals. These services address health inequalities and disease threats, so that First Nations and Inuit people may attain a level of health comparable with that of other

Canadians. Services are elaborated within a context of First Nations and Inuit autonomy and control, and in collaboration with the provinces and territories.

The priorities under this business line begin with the fundamental need to address the many pressures facing the delivery of health services to First Nations and Inuit people. The costs of health services are increasing rapidly. There is a shortage of health practitioners to serve these communities. The First Nations and Inuit population is growing at twice the national average rate, and is at higher risk of illness and early death. Health Canada will work towards strategies to respond to these challenges as it aims for a First Nations and Inuit health care system that is effective, efficient, accountable and sustainable.

The Department will also emphasize health promotion and disease prevention among First Nations and Inuit people. The needs of children will be a special focus, as will mental health. Moreover, as the Speech from the Throne indicated, addressing diseases such as diabetes and tuberculosis will be a priority.

Business Line 4: Information and Knowledge Management

Resources, 2001-2002:

Net Planned Spending: \$172.1 million (6.5% of the total)

Full-Time Equivalents (FTEs): 635

Summary:

In support of the other business lines, the primary objective of Information and Knowledge Management is more effective use of information technologies and more and better health research, contributing to a health system that delivers better health outcomes. Work to date has helped to identify a series of major priorities under this business line for 2001-2002.

One priority will be implementing, in collaboration with other partners, projects that will test ways to improve Canadians' access to health information and health care. Telemedicine initiatives are one such example. A second priority will be providing Canadians with easier access to reliable health information through changes to the Government of Canada Internet site.

In line with the Government's Speech from the Throne commitment to further expand its support for health research, Health Canada will work with other partners to develop a long-range strategic health research policy framework to guide federal involvement in health research policy. In tandem with the Department's work with the Canadian Institutes of Health Research, this should bring about an integrated program of national health research.

Business Line 5: Departmental Management and Administration

Resources, 2001-2002:

Net Planned Spending: \$111.7 million (4.2% of the total)

Full-Time Equivalents (FTEs): 747

Summary:

Providing modern financial information for program managers for day-to-day analysis and decisions is one aspect of modern comptrollership provided by this business line. Another supporting activity is promoting increased coordination of departmental programs and services through Regional Offices as unified client service centres. As well, it advocates the coordination and cohesion of program activity and issues throughout the Regions and Branches, provides traditional audit functions, and imbues overall strategic direction of departmental scientific activities through the Office of the Chief Scientist.

Section IV – Joint Initiatives

The Government has moved increasingly to comprehensive strategies that bring together the contributions and perspectives of many departments and agencies. Because of the importance of health to Canadians, Health Canada is deeply involved in many of these horizontal policy and program initiatives, which often offer opportunities to achieve departmental goals in innovative ways.

Health Canada is committed to a series of horizontal initiatives, including ones related to improved accountability, modern comptrollership, Government On-Line, sustainable development, and the use of gender-based analysis.

The Government On-Line commitment is very important to Health Canada because of the importance of health information to citizens and personnel in the health sector. Departmental involvement in the Government On-Line initiative is expected to ensure that Canadians have full access to Health Canada information and services. The program will also support linkages with other health partners, including provincial and territorial governments, professional associations and community groups.

Children's issues are an important policy field for collaborative work among departments and with the provinces and territories. Health Canada has already begun work - in concert with Human Resources Development Canada, the Department of Indian Affairs and Northern Development and provincial and territorial governments - on four action areas identified by First Ministers in their September 2000 agreement on Early Childhood Development. These are: promoting healthy pregnancy, birth and infancy; improving parenting and family supports; strengthening early childhood development, learning and care; and strengthening community supports.

The Department has set out its regulatory plan for 2001-2002. The regulations proposed include one covering the use of marijuana for medical purposes, and another establishing standardized labelling requirements for nutritional information on food products.

Section V – Financial Information

In the year 2001-2002, Health Canada activities are projected to require gross expenditures of \$2.7 billion.

A total of \$1.2 billion (44.9% of the departmental budget) is spent on transfer payments, that is, grants and contributions.

Details are provided on the grant and contribution programs associated with each business line (Table 5.6). For example, with a budget of \$22.5 million in 2001-2002, contributions towards Aboriginal Head Start On-Reserve will support First Nations communities in early childhood development activities including pre-school needs and attention to nutritional requirements.

Section II

Departmental Overview

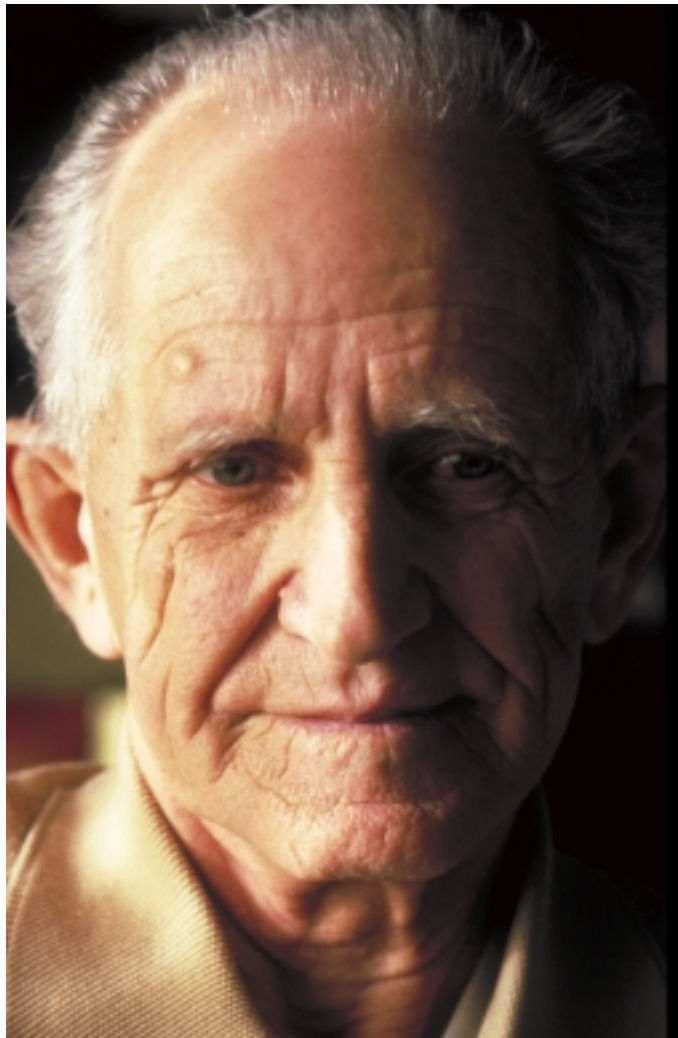


photo: Health Canada

2.1 What's New

Canada is in the midst of a long-term shift that will reshape our entire health system for the better. Canadians will benefit as better, more strategically aligned services are developed to address the key factors that influence health. That work is taking shape now and in 2001-2002, Health Canada will take important steps to advance it further – in collaboration with other governments, First Nations and Inuit communities and with an extensive range of other stakeholders.

That shift will mean stronger, sustainable and more accountable health care services. It is already underscoring the essential roles that more effective health promotion and disease and injury prevention activities have in improving the health of all Canadians – and especially those who traditionally face poorer health, such as Aboriginal people and children in low-income families. The power of information and communications technologies is helping to break down barriers between people and the information they need. It is making it easier than ever for researchers to combine their forces and to get new ideas into practice quickly.

In particular, three developments will have important influences on how the Government of Canada meets its commitment to improve the health of Canadians in 2001-2002 and beyond. They are the First Ministers' Agreement on Health, the first full year of operations for the Canadian Institutes of Health Research (CIHR), and the organizational realignment of Health Canada.

The First Ministers' Agreement on Health

On September 11, 2000, First Ministers reached a historic and unanimous consensus on a comprehensive and forward-looking Agreement on Health.¹ First Ministers agreed on key goals, principles and specific priorities to sustain and modernize Canada's publicly-funded health care system to meet the immediate and long-term health needs of Canadians in the 21st century, while continuing to support the principles of Medicare.

In support of the Agreement, an additional \$18.9 billion was committed to the provinces and territories for the five year period 2001-2002 to 2005-2006, through the Canada Health and Social Transfer. In addition, beginning in 2000-2001, the Government of Canada is investing an extra \$1 billion for the upgrade and purchase of new medical equipment, and \$500 million to support the development and use of information technology, such as electronic patient records. Over the four year period 2001-2002 to 2004-2005, a further \$800 million will be invested to support innovation and reform in primary health care – Canadians' first point of contact with the health care system.



Canadians will have publicly-funded health services that provide quality health care and that promote the health and well-being of Canadians in a cost-effective and fair manner.

Vision adopted by Canada's First Ministers, September 11, 2000

¹ More details on the First Ministers' Agreement are available at < www.hc-sc.gc.ca/english/new_prescription.htm >.

First Ministers, appreciating the need for a more innovative and effective health care system, agreed to collaborate on specific priorities in the health system. These priorities include: improving primary health care; collaborating in the development of a Canada-wide health information structure or “infostructure”, and enhancement of technologies, such as electronic health records and telehealth; developing approaches to improve the working conditions of doctors, nurses and other health personnel; and working together to ensure Canadians have continuing access to new, appropriate, and cost-effective drugs. First Ministers also committed to strengthen investment in health promotion – that is, health education and strategies to prevent illness – to address such issues as the many factors that determine health status, the need for disease prevention, and public health.

Critical to achieving the vision and priorities is the First Ministers' commitment in the Agreement on Health to improved accountability to Canadians. This builds on the 1999 Social Union Framework Agreement commitments by federal, provincial and territorial governments to strengthen transparency and accountability to Canadians.² Health Canada will work with its counterparts in the provinces and territories and with outside experts to develop a reporting framework on results. That reporting will be built around indicators, which will be comparable across Canada, covering:

- health status (e.g. average life expectancy);
- health outcomes (e.g. improved quality of life); and
- quality of service (e.g. waiting times for key diagnostic and treatment services).

Health Canada will play a central role, on behalf of the Government of Canada, in ongoing collaboration with the provinces and territories and with stakeholders to achieve the goals set out in the Agreement on Health.

In another agreement concluded at the same meeting, First Ministers also committed to actions on Early Childhood Development.³ Under this agreement, the Government of Canada will work with the provinces, territories, and stakeholders to help Canada's children get the best possible start in life. This will be a central element in meeting the commitment in the 2001 Speech from the Throne that “no Canadian child suffers the debilitating effects of poverty.” Priorities include the promotion of healthy pregnancy and birth; improved support to parents and families; stronger early childhood development and care; and more support to communities. The Government of Canada announced a \$2.2 billion increase over five years to the Canada Health and Social Transfer specifically for this initiative.

² The Government of Quebec did not sign the Social Union Framework Agreement. See also < www.hc-sc.gc.ca/english/archives/releases/1999/agebk6.htm >.

³ While sharing the same concerns on early childhood development, Quebec does not adhere to the FPT document.

Full Operation of the Canadian Institutes of Health Research

The CIHR became operational during 2000-2001.⁴ It was created by the Government of Canada with a legislated mandate to support research according to international standards of excellence, and to translate new knowledge into improved health for Canadians, more effective health services and products, and a strengthened health care system. Essential to this mandate is the support of the full spectrum of research, from biomedical and clinical research, to research into the social, cultural and environmental factors that influence health, as well as research on the organization of health care services. Because of the start-up process associated with establishing and organizing the CIHR, 2001-2002 will mark the first full year of operations.

The CIHR is an independent agency that reports to Parliament through the Minister of Health. Health Canada will therefore work closely with it, sharing ideas on how best to organize an integrated, innovative health research agenda for Canada. Health Canada efforts will help to ensure a coherent Government-wide approach to setting health research priorities. They will foster stronger linkages among members of the outside research community, government scientists, and those who draw on research for policy and program development purposes, including Federal/Provincial/Territorial (FPT) partners and various stakeholders.

Realigning Health Canada to Better Serve Canadians

During 2000-2001, Health Canada undertook a realignment of its organization. In essence, the realignment will ensure that Health Canada has the internal structure needed to address the factors affecting Canadians' health in the 21st century, and to optimize the health status of Canadians. Designed to foster more collaborative work across the Department, it will help ensure that Canadians receive the best possible service from Health Canada, with the clearest links to health priorities. Among the changes, two new Regional Director General's offices have been established; there are now six main regional offices which are essential in linking the department across the country in a way that tailors Departmental programs to local conditions. This realignment will continue to unfold in 2001-2002.⁵



Health Fact⁶

In 1996, the average life expectancy of Canadians was 78.6 years – males, 75.7 years and females, 81.4 years. Sixty-three percent of adult Canadians rate their health as either excellent or very good, and only nine percent rate their health as fair or poor.

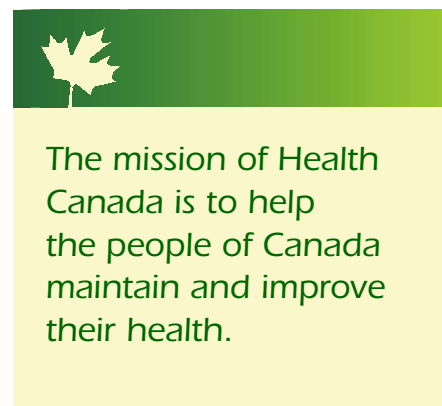
⁴ More details on the CIHR can be found at < www.cihr.ca >.

⁵ Section 2.5 provides further detail on the new organization of Health Canada. Table 5.2 compares 2000-2001 resource allocation by business line for both old and new structures. Other information on the Health Canada realignment is available at < www.hc-sc.gc.ca/english/archives/releases/2000/2000_68ebk1.htm >.

⁶ A variety of Health Facts are presented throughout this report, taken from *Toward a Healthy Future: Second Report on the Health of Canadians*. This compendium of health research and statistics was prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health (Public Works and Government Services Canada, Cat H39-468/1999E).

2.2 Mandate, Roles and Responsibilities

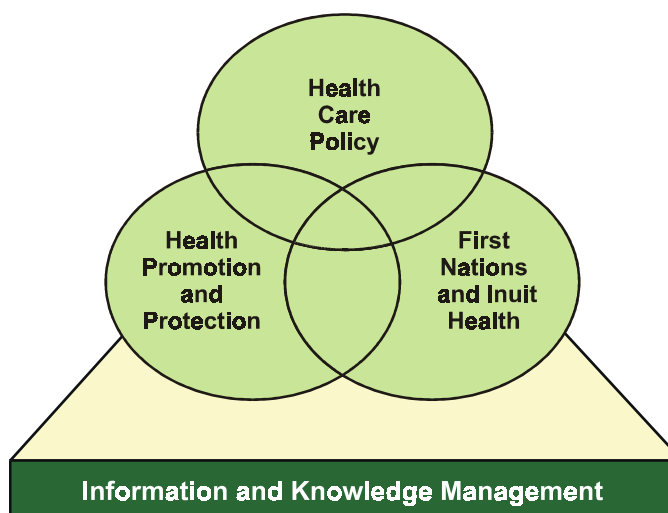
Health Canada's formal mandate is set out in the *Department of Health Act* and summarized in the mission statement at right. That mission statement matches the long-term vision of a Canada in which all citizens enjoy the best possible health, throughout long and healthy lives. The mission is reflected in improved policies and programs, and in attention to the needs of Canadians whose health is most at risk.



The Department derives much of its formal mandate from the responsibilities that Parliament has given to it through legislation such as the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Controlled Drugs and Substances Act*. Section VI contains the full list of legislation administered by the Minister of Health.

More generally, the Government of Canada has given Health Canada a mandate that reflects the high priority that Canadians place on health. Good health is a fundamental goal that Canadians share for themselves, their families, people in their communities and across this country. Health is a public policy priority because Canada benefits economically and socially when the largest number of its citizens enjoy good health.

The Department's responsibilities for improving Canadians' health are carried out through leadership, funding, regulation and the provision of services. As the diagram shows, Health Canada has three primary business lines: Health Care Policy, Health Promotion and Protection, and First Nations and Inuit Health, all supported by a fourth business line, Information and Knowledge Management.



Management. A fifth business line, not shown on the diagram but important to the support of the whole Department, is Departmental Management and Administration.

Health Care Policy – This business line incorporates Health Canada's activities to provide national leadership and work collaboratively with the provinces and territories to renew Canada's health care system. This work is guided by the public demand for a strong health care system that is truly centred on the needs and interests of Canadians, is accountable, innovative and effective and that reflects the five principles of the *Canada Health Act*.

Health Promotion and Protection – This business line incorporates Health Canada's proactive work to preserve the health of Canadians. It includes services and programs related to health

promotion, injury prevention, disease prevention and control, food safety, safe health products (including drugs and medical devices), safe and effective pest control products, safe living and working environments, tobacco control, and safe consumer products. Health Canada administers much of its key legislation under this business line, including the *Food and Drugs Act*, the *Pest Control Products Act*, the *Tobacco Act*, and the *Quarantine Act*. The business line is delivered through four service lines: 1) population and public health; 2) health products and food; 3) healthy environments and consumer safety; and 4) pest management regulation.

First Nations and Inuit Health – Health Canada works to help First Nations and Inuit, as a unique clientele with a historic relationship with the Government of Canada, to attain a level of health comparable with that of other Canadians. In collaboration with the provinces and territories, Health Canada provides access to quality services and programs that address health inequalities and disease threats, in a manner that supports First Nations and Inuit autonomy and control. Health Canada also provides health services on-reserve, as well as primary care and emergency services in isolated reserves where provincial services are not readily available. Health Canada provides funding to the governments of the Northwest Territories and Nunavut to deliver health programs for First Nations and Inuit. In the Yukon, some First Nations deliver health programs under self-government agreements, while programs for the remaining First Nations continue to be managed by Health Canada.

Information and Knowledge Management – This business line supports the objectives of the other business lines, as well as the health system at large. Its primary objective is a health system that delivers better health outcomes through more effective use of information technologies and more and better health research. It also supports the effective use of a base of timely, accessible and reliable health information and analysis for evidence-based decision-making and for better public accountability for the programs and services provided to Canadians by Health Canada.



The five principles of the Canada Health Act:

- Universality
- Accessibility
- Comprehensiveness
- Portability
- Public Administration

Business Lines at Health Canada: Accountability and Resources

Business Line	Primary Accountability (under the Deputy Minister and Associate Deputy Minister)	Net Planned Spending 2001-2002 \$ million Full-Time Equivalents (FTEs)
1. Health Care Policy	Assistant Deputy Minister (ADM), Health Policy and Communications Branch	\$295.2 FTEs: 353
2. Health Promotion and Protection Service Lines: a) Population and Public Health b) Health Products and Food c) Healthy Environments and Consumer Safety d) Pest Management Regulation	ADM, Population and Public Health Branch ADM, Health Products and Food Branch ADM, Healthy Environments and Consumer Safety Branch Executive Director, Pest Management Regulatory Agency	\$743.6 FTEs: 4,169 \$438.6 FTEs: 1,150 \$144.3 FTEs: 1,684 \$139.3 FTEs: 1,051 \$21.4 FTEs: 284
3. First Nations and Inuit Health	ADM, First Nations and Inuit Health Branch	\$1,323.6 FTEs: 1,414
4. Information and Knowledge Management	ADM, Information, Analysis and Connectivity Branch	\$172.1 FTEs: 635
5. Departmental Management and Administration	Senior ADM, Corporate Services Branch	\$111.7 FTEs: 747

Note: Due to rounding, figures may not add to totals shown

2.3 Departmental Objectives and Priorities

Health Canada has identified four corporate priorities for 2001-2002, each of them horizontal and connected to all of the Department's business lines. These priorities fit within the context of the longer-term vision of health, a vision that features a strong and innovative health care system which fully respects the principles of the *Canada Health Act*, and effective programs and services that promote good health and safety for all Canadians.

Each priority is heavily influenced by the broader environment and the challenges expected to confront Canada in the new millennium. Canadians hold great pride in their system of health, and they expect their governments to work to ensure that their health and that of future generations is maintained and improved. Canada's health care system faces a range of pressures: Canadian society is aging, technology is rapidly developing, new disease threats are appearing, and the world has become even more globalized. (These and other key drivers of change are addressed further in Section 2.4 below.) Canada must adapt to these changing conditions and consider new means for preserving and improving health, within the current system of health care and in areas outside of health care. Priorities outside health care, as described below, include enhanced protection and safety, and the development of a health framework for prioritizing and promoting health initiatives. Innovative steps must also be taken to improve the health of First Nations and Inuit individuals and communities.

Health Care System Renewal

The Agreement on Health reached by First Ministers in September, 2000 will help to bring about significant renewal for the health sector. During 2001-2002, the Agreement and other recent collaborative efforts will provide a basis for Government of Canada work and further partnership with the provinces and territories. Those efforts will address key priorities for health care renewal, support innovations to meet the current and emerging needs of Canadians, and ensure that the principles set out in the *Canada Health Act* are upheld.

Health Canada will provide leadership and facilitate health sector collaboration in moving forward with provinces and territories to implement the First Ministers' Agreement on Health. Areas of focus include:

- reforming primary health care; and
- developing common health indicators.

As noted earlier (Section 2.1), the Government of Canada is supporting health care renewal through increased funding under the Canada Health and Social Transfer, and targeted funding for the upgrade and purchase of medical equipment, as well as the development and use of information and communications technology and the implementation of large-scale primary health care initiatives.

Safety and Management of Risks

As described in more detail under the Health Promotion and Protection business line, Health Canada assesses the safety and effectiveness of drugs, food, natural health products, medical devices, pest control products, biologics and related biotechnology products, and consumer products. During 2001-2002, Health Canada will identify strategies to meet existing commitments and obligations, as well as launching new initiatives. Doing so will mean that Canadians can count on the most modern, effective programs to minimize risks from regulated products, while ensuring the quickest possible access to new or changed products.

In particular, the Department will focus on:

- food safety and the safety and effectiveness of natural health products, therapeutic products, medical devices and related biotechnology products;
- protection against workplace, environmental and product-related hazards;
- environmental determinants of health, including air and water; and,
- prevention and reduction of harm associated with tobacco, drugs of abuse, alcohol and other substances.

A Framework for Prioritizing Interventions and Promoting Optimal Health

Since the 1970s, Government of Canada health policies have explicitly recognized the importance of an overall health strategy that goes beyond health care to address the full range of factors that help to determine the health of Canadians. Addressing factors which are related to the maintenance and improvement of health may reduce the incidence of illness and injury and, therefore, requirements for treatment. Such policies underline much of the longer-term vision of Canada's future system of health.

During 2001-2002, Health Canada will work with partners and stakeholders to build on this concept, working towards a framework that prioritizes and promotes those health initiatives that will most help Canadians to live in good health throughout their lives. There is a need to develop a long-term strategy which:

- addresses the broad determinants of health, including biological, social, economic and environmental;
- is informed by the relevant research evidence and analysis; and
- identifies particular programs for healthy living, at the level of populations and individuals, for example, those related to Early Childhood Development, exercise, and healthy diet.

First Nations and Inuit Health

The long-term sustainability of the First Nations and Inuit health system faces many challenges. These include escalating costs, a shortage of health providers, a population growing at twice the national average, and a population at higher risk of illness and early death. The Department will

continue to make First Nations and Inuit health a priority, working to improve health status, provide appropriate access to health care, and support First Nations and Inuit autonomy and control.

Over the next three years, the Department will place special emphasis on:

- collaboration with First Nations and Inuit communities, ensuring that health programs and services are transparent and include appropriate measures of accountability;
- improved First Nations and Inuit health through the development of particular programs and services, including those related to disease prevention and mental health; and
- pan-Canadian health initiatives, such as Early Childhood Development, that have special relevance to the health of First Nations and Inuit communities and individuals.



Health Fact

Although there have been some recent gains, according to several measures the health status of First Nations people is below that of the average population. The infant mortality rate in First Nations communities is twice as high, and the life expectancy of First Nations people is about 7 years lower – 67 years for men, and 74 years for women.

2.4 Planning Context and Emerging Health Issues

While this *Report on Plans and Priorities* deals with Health Canada commitments for 2001-2002 and for the two following years, the Department has also conducted an analysis of key drivers of change related to the health of Canadians over the next decade. These fit into the context of defining and acting on a longer-term vision for health in Canada.

Social Environment

Many social trends influence Canada and its health sector. The issues are diverse and include demographic trends, globalization, and citizen interests and expectations.

Aging baby boomers will increase demands on the health care system, although the timing and the extent of the resulting costs are still being debated. Similarly, Canada may face a financial challenge because the proportion of working-age people will drop in comparison to the number of older people needing more health care services. Another demographic issue is that Canada may not have enough health care professionals to replace those who will retire in the coming years - some regions of the country already face challenges related to realigning health human resources to ensure Canadians have access to needed health services.

The trend towards increasing movements of people, foods and products from other countries into Canada will mean that surveillance (i.e. the collection and monitoring of data), timely medical examinations and vaccinations will be even more important in protecting Canadians from diseases. The importation of safe foods and other products may require further regulations, in cooperation with other countries.

Finding ways to increase citizen engagement and meet citizen expectations of effectiveness in government operations will be important aspects of the social environment. This will be especially important for Health Canada because of its high profile responsibilities for safety and protection. Responding will involve stronger relationships with people and organizations in the health sector and partnerships with other levels of government, as well as more outreach to citizens, communities and non-government organizations.

Science and Technology

Scientific discoveries continue to offer important health benefits for Canadians, such as new medical procedures and better understanding of the causes and treatments of many diseases. This should increase as biotechnology and genomics (i.e. the genetic modification of organisms for commercial or medical purposes) gain importance. The rapid movement of information through new technologies that link health professionals and experts, as well as ordinary Canadians, will enable people to find information as never before.

Emerging scientific and technological issues also raise potential challenges. Ethical questions are among the most complicated. For example, new medical procedures such as genetic screening and techniques that can prolong human life will lead to debates regarding end of life issues. Moreover, the development of new medical technologies, techniques and pharmaceuticals will require careful cost/benefit analysis.

Safety issues also will have significant implications for Health Canada. New foods, nutrients, medical devices, drugs and consumer products may also come with new health risks. The challenge will be to invest the time, research, and surveillance necessary for reliable assessments of safety and efficacy, often in the face of public demand for rapid introduction of products into the Canadian market.

The Economy

Increasing prosperity is usually reflected in better health for a country's population, and to the extent that Canada's economy continues to grow, Canadians should expect overall improved health. Even so, the benefits of economic growth may not be distributed evenly across regions or throughout the population. It is well documented that differences in income are linked with differences in health. People with lower incomes tend to live shorter, less healthy lives than people with higher incomes, despite access to health care services. That underlines why Health Canada will need to track disparities as they affect the health needs of specific areas of Canada or groups within the population, such as First Nations and Inuit communities.

Physical Environment

Links between the physical environment and health are also well documented, which makes issues related to the quality of air, water and land a concern for many health professionals. For example, experts have discussed the possible relationship between increases in childhood asthma and airborne pollutants.

There is also growing evidence of climate change, attributed in part to the build-up of carbon emissions in the air. In addition to the direct impacts of floods, drought and other weather extremes, global warming has been related to the spread of diseases. For example, malaria was once confined to the tropics, but it is now found much further north and south. It will be important for the health sector to monitor and prepare for changes to the physical environment.

2.5 Organization of Health Canada

In addition to Health Canada, the Minister's portfolio includes the Canadian Institutes of Health Research, the Patented Medicine Prices Review Board, and the Hazardous Materials Information Review Commission. Separate reports on the plans and priorities for these organizations can be found at the Treasury Board website < www.tbs-sct.gc.ca/tb/estimate >.

As displayed in the chart below, the Minister is supported by the Deputy Minister and the Associate Deputy Minister. Six Assistant Deputy Ministers and one Senior Assistant Deputy Minister manage the Department's programs and administrative branches, and an Executive Director manages the Pest Management Regulatory Agency. There are six main regional offices to represent departmental interests across the country, under the management of Regional Directors General. The roles of these branches and offices are briefly described below – further detail about the organization of Health Canada can be found at the Department's website < www.hc-sc.gc.ca/english/about.htm >.

The **Pest Management Regulatory Agency** is responsible for protecting human health and the environment by minimizing the risks associated with pest control products. The Agency strives to meet the needs of Canadians for an open regulatory process and for timely access to new and safer products.

The **Office of the Chief Scientist** was created under the Department's recent realignment to bring greater leadership, coherence and expertise to the strategic direction of Health Canada's scientific responsibilities and activities.

The **Audit and Accountability Bureau** conducts independent reviews of Health Canada's operations and systems, and oversees the Department's responsibilities with respect to values and ethics.

The **Health Policy and Communications Branch** plays a lead role in health policy, communications and consultations. Included are the Office for Nursing Policy, the Women's Health Bureau, and directorates for intergovernmental and international affairs.

The **Population and Public Health Branch** is primarily responsible for policies, programs, research and surveillance relating to the prevention of disease, illness, injury and disability, and the promotion of healthy behaviours through population health initiatives.

The **Health Products and Food Branch** promotes good nutrition and the informed use of drugs, food, and natural health products. It also works to ensure the safety and efficacy of drugs, food, natural health products, medical devices, biologics and related biotechnology products in the Canadian marketplace and health system. The Office of Biotechnology and Science is located in this branch.

The **Healthy Environments and Consumer Safety Branch** promotes safe living, working and recreational environments, with a special emphasis on health in the work environment. Among its programs, the branch regulates the safety of industrial and consumer products in the Canadian marketplace, and promotes initiatives to prevent the harm caused by tobacco. As a result of Health Canada realignment, the Occupational Health and Safety Agency is now located within this branch.

The **First Nations and Inuit Health Branch** works to ensure that First Nations and Inuit communities and people have access to health services, and to address health inequalities and disease threats through health surveillance and population health activities.

The **Information, Analysis and Connectivity Branch** brings together three key levers of the information spectrum, from the creation of knowledge and information through analytical research, to the dissemination of that information. An important goal is to help strengthen the analytical basis of decision-making at all levels in the Department and the health system. The Government On-Line Project Office is located within this branch.

The **Corporate Services Branch** is responsible for providing administrative services to the Department. This branch is also responsible for overseeing the implementation of modern comptrollership across the Department.

The Regional Offices at Health Canada

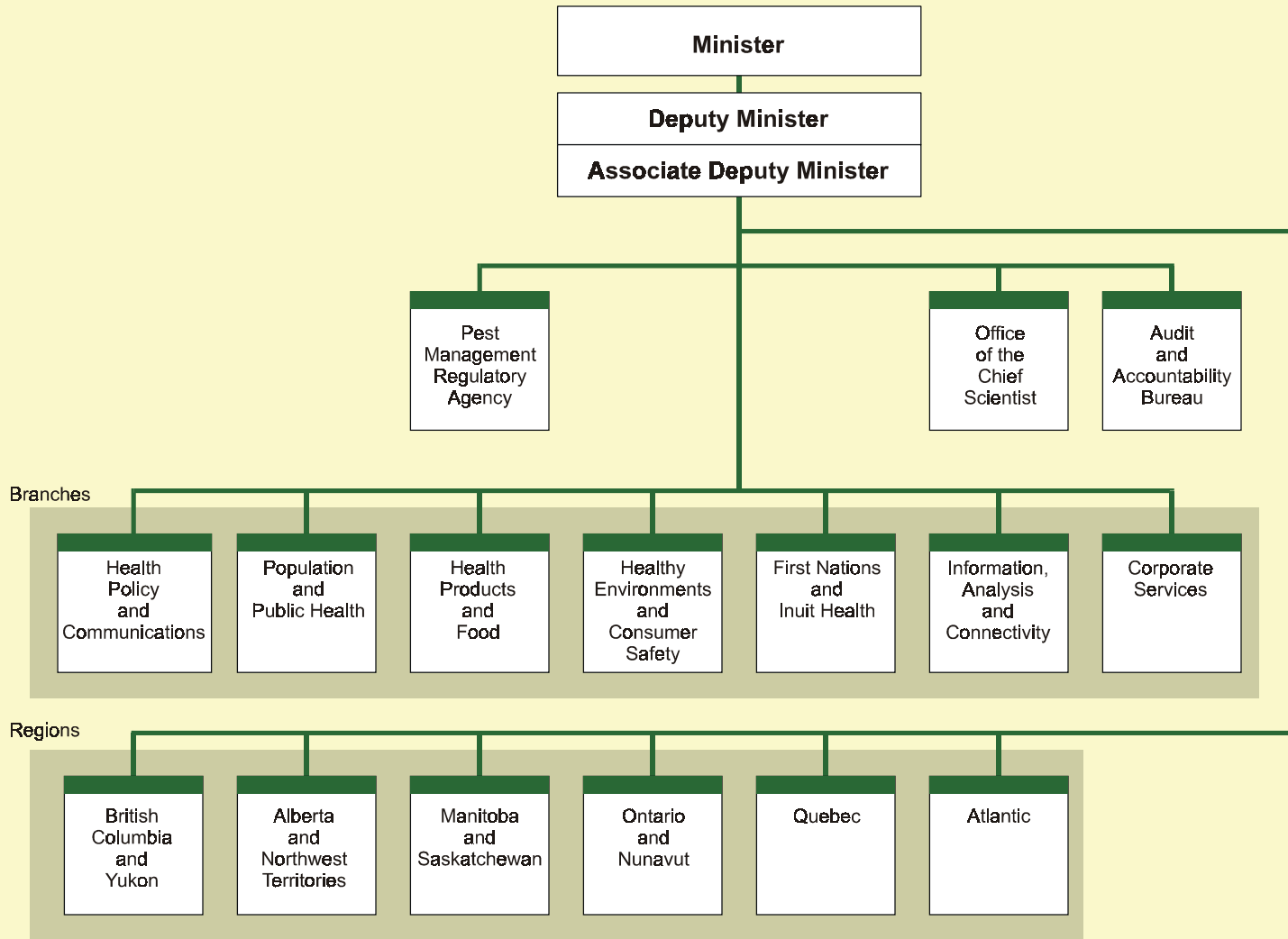
The six regional offices play a crucial role in the delivery of Health Canada's programs. About 40 percent of the Department's employees work in regional operations. As strategic focal points for the Department, they are essential in linking the Department across the country in a way that tailors departmental programs to local conditions, provides regional information on trends and issues, and promotes working together with a wide range of partners.

As Health Canada's senior representatives in the regions, the Regional Directors General are responsible for developing and implementing departmental programs in their region.⁷ Programs are directly tied to the commitments to Canadians, planned results, and related activities found in Health Canada's business and service lines in Section III below. For example, work related to health care renewal and early childhood development is a high priority in the regions in 2001-2002. Regional Directors General also manage a full range of corporate services including human resources, finance and administration, facilities and information management.

⁷ Programs specific to FNIH are developed and implemented through FNIH Branch regional offices.

The six main regional offices of the Department serve British Columbia and the Yukon; Alberta and Northwest Territories; Manitoba and Saskatchewan; Ontario and Nunavut; Quebec; and Atlantic Canada. In addition, there are eight regional offices located across Canada which represent the First Nations and Inuit Health Branch.

Health Canada Organization



2.6 Departmental Planned Spending

(millions of dollars)

	Forecast Spending 2000-2001*	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Budgetary Main Estimates	\$2,129.4	\$2,351.3	\$2,212.9	\$2,209.3
Less: Respendable Revenues	(\$49.5)	(\$49.5)	(\$49.5)	(\$49.5)
Total Main Estimates	\$2,079.9	\$2,301.8	\$2,163.4	\$2,159.8
Adjustments to Planned Spending	\$246.1	\$344.4	\$307.5	\$297.1
Total Net Planned Spending	\$2,326.0	\$2,646.2	\$2,470.9	\$2,456.9
Less: Non-Respendable Revenues	(\$7.8)	(\$7.8)	(\$7.8)	(\$7.8)
Plus: Cost of services received without charge	\$57.6	\$58.6	\$58.3	\$58.4
Net Program Cost	\$2,375.8	\$2,697.0	\$2,521.4	\$2,507.5
Full-Time Equivalents	7,194	7,318	7,263	7,262

* Reflects forecast of total planned spending to the end of the fiscal year and includes Supplementary Estimates (A).

Section III

Plans, Results, Activities and Resources



photo: Health Canada

Summary Table: Commitments to Canadians

Business Line	Commitments
<p>Health Care Policy</p>	<ul style="list-style-type: none"> 1.1 Publicly-funded hospital and physician services consistent with the principles of the <i>Canada Health Act (CHA)</i>. 1.2 Initiatives and approaches that strengthen the Canadian health care system. 1.3 Partnerships among federal, provincial and territorial governments, key stakeholders, Canadians and international organizations. 1.4 International initiatives which support departmental priorities.
<p>Health Promotion and Protection</p> <p>Service Line A: Population and Public Health</p>	<ul style="list-style-type: none"> 2.1 Public knowledge about the determinants of health and actions to take to maintain and improve health; access to tools to improve health; and enhanced community capacity to deal with individual and collective health issues. 2.2 Foster collaborations that help Canadians maintain and improve their health. 2.3 Preventive initiatives and practices that have enabled the reduction of illness, disability, injury and/or death. 2.4 Improved surveillance capacity, emergency preparedness and response strategies.
<p>Service Line B: Health Products and Food</p>	<ul style="list-style-type: none"> 2.5 Protection of Canadians against risk factors related to health products and food. 2.6 Integrated management of health determinants and risks to health associated with health products and food. 2.7 Canadians better informed to make decisions about their health through promotion of health behaviours and provision of information and tools.

Summary Table: Commitments to Canadians

Business Line	Commitments
Service Line C: Healthy Environments and Consumer Safety	<p>2.8 Reduced risks to health and safety, and improved protection against harm associated with workplace and environmental hazards, consumer products, new chemical substances and products of biotechnology.</p> <p>2.9 Reduced health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol, and other substances.</p>
Service Line D: Pest Management Regulation	<p>2.10 Safe and effective pest control products.</p> <p>2.11 Compliance with the <i>Pest Control Products Act</i> and Regulations.</p> <p>2.12 Sustainable pest management practices that reduce reliance on the use of pesticides.</p>
First Nations and Inuit Health	<p>3.1 Improvements in First Nations and Inuit peoples' health and a reduction in health inequalities between them and other Canadians.</p> <p>3.2 A First Nations and Inuit population that is informed and aware of the factors that affect health and what actions can be taken to improve health.</p> <p>3.3 Effective health care services available and accessible to First Nations and Inuit people that are integrated with provinces' and territories' health services.</p> <p>3.4 Improved management and accountability in partnership with First Nations and Inuit for health care services and the Non-Insured Health Benefits Program.</p>

Summary Table: Commitments to Canadians

Business Line	Commitments
Information and Knowledge Management	<p>4.1 A well-functioning national health information infrastructure which respects privacy but shares information in support of decision-making and public accountability.</p> <p>4.2 Integrated health research and continual improvements in bringing that research into decision-making.</p> <p>4.3 Evidence-based (both data and analysis) health policy decision-making including a better understanding of the fundamental issues relating to health care.</p> <p>4.4 Accountability for, and effectiveness of, Health Canada's programs, policies and functions.</p>
Departmental Management and Administration	<p>5.1 Continuous improvement in the provision of timely and quality corporate administrative services and in the promotion of sound management practices, including modern comptrollership.</p>

3.1 Business Line 1: Health Care Policy

A. Planned Spending and Full-Time Equivalent (FTEs)

(millions of dollars)

	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Net expenditures**	119.4	295.2*	255.9	255.8
FTEs	346	353	298	298

* This represents 11.2 percent of the Department's total net planned spending.

** The increase in net expenditures between 2000-2001 and 2001-2002 and future years is mainly due to the new Primary Health Care Transition Fund.

B. Objective/Key Results Commitment

A leadership role in collaboration with provinces and territories, health professionals, administrators and other key stakeholders, focussed on developing a shared vision for Canada's health system; identify key priorities and implementation approaches to achieve changes to improve timeliness of access, and quality and integration of health services (primary, acute, home, community and long-term care) to better meet the health needs of Canadians wherever they live or whatever their financial circumstances.

C. Description

This business line supports policy development, analysis and communications related to leadership in all areas of Canada's health system, with emphasis on ensuring the viability and accessibility of Medicare; and collaborative efforts, with provinces and territories and other stakeholders, to strengthen, modernize and sustain Canada's health system.

D. Sub-Key Results Commitments (SKRC), Planned Results and Related Activities



SKRC 1.1

Publicly-funded hospital and physician services consistent with the principles of the *Canada Health Act (CHA)*.

Planned Result

Uphold the *Canada Health Act* and work with the provinces and territories to ensure that all governments fulfill their commitment to the principles of Medicare.

Related Activities

- Monitor and analyze provincial and territorial health insurance plans and health services for compliance with the criteria and conditions of the *CHA*.
- Work in partnership with provinces and territories to resolve outstanding *CHA* compliance issues and pursue activities that encourage cooperation and compliance with the Act.
- Conduct research on the key elements of the health care system that significantly influence health care supply, service delivery and payment.
- Consult with provinces, territories and stakeholders to identify priority issues and develop strategies to strengthen health care system renewal and reform in the context of the *CHA*.
- Improve reporting to Parliament and Canadians through the *CHA Annual Report*.



Health Fact

During 1996-97, 87% of women and 73% of men reported at least one visit to a physician.



SKRC 1.2

Initiatives and approaches that strengthen the Canadian health care system.

Planned Result

Implementation of commitments made by First Ministers in the September 2000 First Ministers' Agreement on Health.

Related Activities

- Design and implement the new Primary Health Care Transition Fund, in collaboration with provinces and territories, and in consultation with key stakeholders and experts.
- Develop, in partnership with provinces and territories, an approach to performance measurement and reporting. (See also Accountability in Section 4.1A.)
- Work with provinces and territories, in collaboration with other stakeholders, on a vision for home care to help guide governments' future investments.
- Contribute, in collaboration with provinces and territories, to initiatives to ensure more cost effective utilization of needed drugs; help compile and make available evidence on trends in drug prices, costs and best practices; and devise options for integrated collaboration in reviewing drug submissions.
- Collaborate with other government departments, provincial and territorial governments, provider groups and health organizations to identify options to address current and long-term health human resource pressures.
- Design, in partnership with provinces and territories, a mechanism to ensure the use of common Canadian standards and compatible communications technologies in the development of electronic health records, while ensuring the stringent protection of privacy and confidentiality, and the security of personal health information.
- Collaborate with other levels of government and key stakeholders on the use of electronic systems to provide reliable and timely health information for the public and health care providers. (See also Government On-Line, Section 4.1C.)

Planned Result

Analytical initiatives and projects to track, understand and provide evidence-based policy advice on key current and emerging issues as they relate to health care.

Related Activities

- Identify emerging health care system issues through individual Health Transition Fund (HTF) project results and the synthesis of project results within key areas such as home care, pharmacare, primary health care and integrated service delivery.
- Identify key issues, options and impacts concerning potential changes to the *Patent Act* in compliance with the World Trade Organization's ruling with respect to patent term.
- Collaborate with other government departments, provincial and territorial governments, provider groups and health organizations to explore issues associated with: access to the health system for marginalized and minority populations; increasing demand for complementary and alternative health care; and interdisciplinary support of self care.
- Analyze and use information from international sources to identify the impact of global influences on Canadian health policy.

- Gather and consolidate national information on nurses' health and its impact on the recruitment and retention of nurses and their ability to provide safe, quality care.

Planned Result

Generation and dissemination of evidence on new approaches to health care delivery.

Related Activities

- Generate information on innovative ways to deliver health services through the HTF pilot and evaluation projects in home care, pharmacare, primary health care and integrated service delivery.
- Implement the HTF national synthesis and dissemination strategy to distribute evidence to other governments and stakeholders on innovative approaches to health service delivery.
- Support, through the Office of Rural and Remote Health Innovations Initiative, projects promoting increased access to health care services in rural and remote areas.

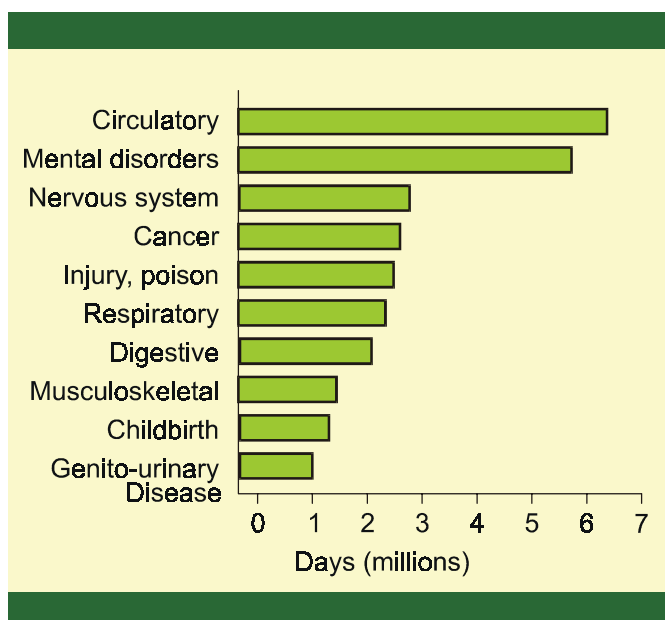
Planned Result

Support for the provision of effective health services to women within the Canadian health care system.

Related Activities

- Consider the gender and policy implications of home and community care from the perspectives of both recipients and providers, drawing on research by the Centres of Excellence for Women's Health and other experts. For more information, please see < www.hc-sc.gc.ca/women/english/index.htm >.
- Ensure that initiatives to improve primary health care services include assessment of their impacts on women as providers and recipients of care.
- Continue to work with the Centres of Excellence for Women's Health

Health Fact: Total Hospital Days,* by Major Causes, Canada, 1995-96



*Excluding psychiatric institutions.

Source: Canadian Institute for Health Information. *Hospital Morbidity Database, 1994-95 and 1995-96*

on research to inform health care policy development and promote effective service delivery to women.



SKRC 1.3

Partnerships among federal, provincial and territorial governments, key stakeholders, Canadians and international organizations.

Related Activities

- Plan jointly, share information and work with the provinces and territories in the spirit of the Social Union Framework Agreement.
- Highlight the Health Transition Fund as a successful model for intergovernmental collaboration.
- Explore international business and development project opportunities, examine the potential for involvement of Canadian organizations and act as a focal point for involving Health Canada expertise in these development projects on a contractual basis.
- Maintain contacts with non-government organizations to foster collaborative work on priorities and initiatives to renew and enhance the health system.
- Maintain close, frequent contact with nurse leaders, nursing groups and national boards, and organize round tables for discussion of key issues and thereby provide nurses' input into policy discussions.
- Encourage citizen engagement by implementing Health Canada's Policy Toolkit for Public Involvement in Decision-Making.
- Strengthen linkages with women's and other organizations interested in women's health to ensure that women's concerns are considered in health care policy and program development initiatives.



SKRC 1.4

International initiatives which support departmental priorities.

Planned Result

Development and promotion of policy options through participation in, and organization of, international conferences, meetings and dialogues.

Related Activities

- Manage Health Canada's participation in meetings such as the World Health Assembly and the Pan American Health Organization Directing Council; organize and co-sponsor the

Organization for Economic Cooperation and Development Policy Conference on accountability and performance measurement; develop the health agenda for the Summit of the Americas; strengthen health partnerships and dialogue with the European Union.

- Share best practices and exchange information with other countries on policies, priorities and initiatives to renew and enhance the health system, e.g. approaches to physician work force planning.
- Continue implementation of the Women's Health Strategy and Canada's international commitments on women's health and the exchange of gender-based analysis, resources and experience with other countries and relevant international organizations.

Planned Result

Contribution to the Canadian position on international trade policy issues with a health dimension.

Related Activity

- Provide a strategic approach on international trade negotiations, such as the General Agreement on Tariffs and Trade and North American Free Trade Agreement, that have an impact on the health agenda.

E. Accountability for Key Results

Assistant Deputy Minister, Health Policy and Communications Branch

3.2 Business Line 2: Health Promotion and Protection

Service Line A: Population and Public Health

Service Line B: Health Products and Food

Service Line C: Healthy Environments and Consumer Safety

Service Line D: Pest Management Regulation

A. Planned Spending and Full-Time Equivalent (FTEs)

(millions of dollars)

	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Gross expenditures	720.7	783.3	678.2	668.5
Expected revenue**	(57.0)	(39.7)	(39.7)	(39.7)
Net expenditures***	663.7	743.6*	638.5	628.8
FTEs	4,130	4,169	4,130	4,129

* This represents 28.1 percent of the Department's total net planned spending.

** The decrease in expected revenue between 2000-2001 and 2001-2002 and beyond is due to the exclusion, in 2001-2002 and future years, of vote netting authorities for PMRA, Occupational Health and Safety and Medical Devices.

*** Refer to service line details for explanation of fluctuations.

B. Objective/Key Results Commitment

Provide an integrated approach to the management of risks and benefits to health by promoting healthy environments and behaviours, protecting Canadians against risk factors over which they have little control, and by providing information and tools so that they can make informed decisions about their health.

C. Description

Through four service lines, this business line is responsible for developing a cohesive, coherent, consistent and horizontal approach to its activities in managing the risks and benefits to health for Canadians. It achieves these results through the development of policies and programs that support disease, illness and injury prevention and health promotion. The business line supports action to promote health by addressing determinants that fall both within and outside of the health sector throughout the human life cycle. The delivery of the population health approach and its prevention and promotion activities recognizes and emphasizes the importance of health throughout the human life cycle, which takes place through a framework based on three stages of life – childhood and youth, early to mid-adulthood, and later life – with a specific recognition of investment in early childhood as a means to better health throughout life.

This business line also promotes healthy and safe living, working and recreational environments by anticipating, preventing and responding to health risks posed by food, water, occupational and environmental hazards, diseases, chemical and consumer products, alcohol and controlled substances, tobacco, pest control products, and peacetime disasters. It ensures that the drugs, medical devices, and other therapeutic products available to Canadians are safe, effective and of high quality.

Promoting and protecting health is recognized as an important proactive approach to maintaining and improving the health of Canadians, as was recently endorsed in the First Ministers' Agreement on Health. It complements health care and treatment by addressing the range of factors that determine health: social status, economic status, the physical environment, social environment, and behaviours. Moreover, it spans the spectrum of health risks from therapeutic products to food and product safety, environmental safety, and disease risks.

In July 2000, Health Canada realigned the way it delivers programs and services. This structure is a reflection of the complex and broad responsibilities involved in managing health risks, providing associated health interventions, and promoting healthy behaviours. Four organizational units work together to advance the population and public health approach, ensure safe living and working environments, promote healthy food and product safety, minimize health and environmental risks associated with pesticides, and control tobacco use. Many of the activities in this business line are important components of the Government of Canada's Sustainable Development Strategy.

The key functions of the Health Promotion and Protection business line are: 1) protecting public health by anticipating, preventing, and reducing health and safety risks; and 2) fostering public confidence in health by informing the population about what determines health, by promoting



Federal/Provincial/ Territorial Collaboration

The three branches and the agency in the Health Promotion and Protection business line actively work with provincial and territorial partners to share information concerning research, surveillance and health promotion. This collaboration results in a national capacity to address health issues through action on the broad determinants of health.

actions to maintain and improve health, and by encouraging informed public participation in regulatory processes.

These objectives are reflected in the work of three branches and one agency, which is presented in more detail in their service line information.

D. Accountability For Key Results

Assistant Deputy Minister, Population and Public Health Branch

Assistant Deputy Minister, Health Products and Food Branch

Assistant Deputy Minister, Healthy Environments and Consumer Safety Branch

Executive Director, Pest Management Regulatory Agency

Service Line A: Population and Public Health

A. Planned Spending and Full-Time Equivalentents (FTEs)

(millions of dollars)

	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Net expenditures**	356.2	438.6*	360.9	352.5
FTEs	1,109	1,150	1,135	1,134

* This represents 16.6 percent of the Department's total net planned spending.

** The increase in net expenditures between 2000-2001 and 2001-2002 is mainly due to the reprofiling of the Hepatitis C - Health Care Services and Look-back/Traceback initiatives.

B. Objective/Key Results Commitment

Promote health, and prevent and control injury and disease.

C. Description

Population and Public Health includes responsibility for policies, programs and research relating to disease surveillance, prevention and control, health promotion, and community action.

D. Sub-Key Results Commitments (SKRC), Planned Results and Related Activities



SKRC 2.1

Public knowledge about the determinants of health and actions to take to maintain and improve health; access to tools to improve health; and enhanced community capacity to deal with individual and collective health issues.

Planned Result

Contributed to increased public awareness of methods of preventing and controlling chronic diseases.

Related Activities

- Raise public awareness of treatments and supports available for breast cancer through initiatives such as the Canadian Breast Cancer Initiative. For more information, please see < www.hc-sc.gc.ca/hppb/ahi/breastcancer/index.html >.
- Raise public awareness and understanding of diabetes and its complications.
- Generate and disseminate knowledge about evidence-based initiatives in heart disease prevention at the community level. For more information, please see < www.hc-sc.gc.ca/hppb/ahi/hearthealth/index.html >.

Planned Result

Heightened public awareness of factors that influence healthy child development.

Related Activities

- Support community-based programs that provide pre- and postnatal parent support and promote parenting and caregiving awareness of healthy child development.
- Disseminate information about building healthy family relationships, and the implications for healthy family and child development.
- Support research issues related to fetal, child and adolescent health, and support publication and dissemination of research to various sectors concerned with child and family health.
- Implement Centres of Excellence for Children's Well-Being to generate knowledge of issues of national significance related to the health and well-being of children.
- Collaborate with the provinces and territories to link federal child-focussed initiatives with provincial and territorial policies, programs and activities.



Every day 1,000 children are born in Canada. Making sure that they grow up healthy, happy, successful and safe is a key responsibility for parents, communities and society as a whole.

Federal, Provincial and Territorial
Council of Ministers on Social Policy
Renewal in *A National Children's
Agenda: Developing a Shared Vision*.

Planned Result

Increased response to the needs of an aging population and of specific seniors populations.

Related Activities

- Support the development of knowledge and analysis to address the health concerns of an aging population.
- Improve public information and resources regarding the factors influencing seniors' health and well-being and the prevention of injury.
- Support community-based and intersectoral initiatives that foster health-enhancing practices, environments, products and systems for seniors.
- Establish research tools for understanding the causes of Alzheimer's disease.

Planned Result

Improved health and well-being of rural Canadians.

Related Activities

- Fund projects which will promote better access to needed services through the Rural Innovations Initiative.
- Establish a Ministerial Advisory Council on Rural Health to provide expert advice about rural health concerns.

Planned Result

Improved health of Canadians through the prevention of family violence, and through the promotion of mental health and fitness/active living.

Related Activities

- Coordinate and lead the multi-departmental Family Violence Initiative.
- Build consensus among stakeholders for the development of a Mental Health Strategy.
- Launch the website, The Business Case for Active Living in the Workplace. For more information, please see < www.activelivingatwork.com >.
- Develop expertise, knowledge and best practices on the physical fitness component of the Canadian Diabetes Strategy.



SKRC 2.2

Foster collaborations that help Canadians maintain and improve their health.

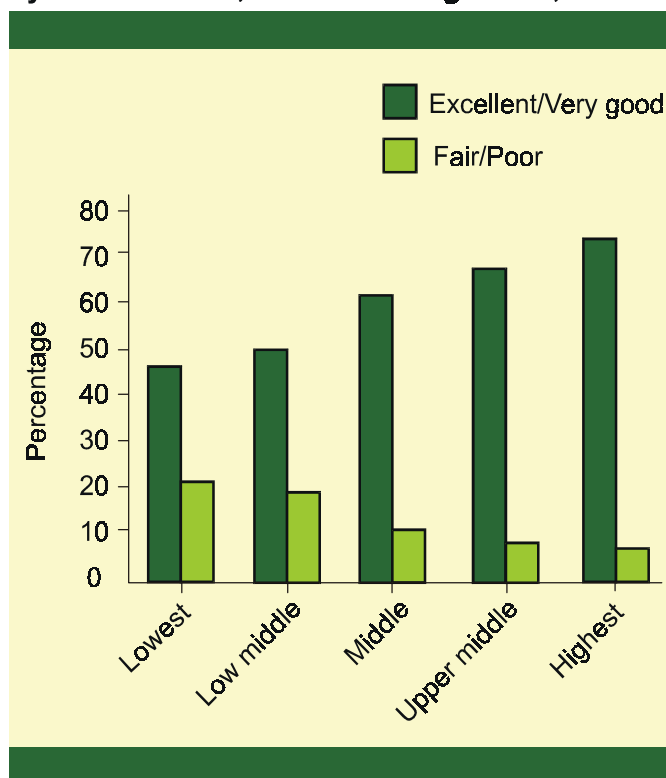
Planned Result

Effective relationships with stakeholders, national voluntary organizations, non-government organizations, and provincial and territorial partners.

Related Activities

- Build understanding of the importance of the voluntary sector in the health system. For more information, please see < www.hc.sc.gc.ca/hppb/voluntarysector/ >.
- Collaborate with stakeholders and provincial/territorial partners to strengthen their capacity to promote a population health approach and use health promotion strategies.
- Enhance relationships with key regional voluntary organizations working on population health promotion, social and economic inclusion, and chronic disease prevention and control.
- Establish mechanisms for integration of Health Canada scientists and research into the Canadian Institutes of Health Research.

Health Fact: Self-Rated Health, by Income Level,* Canadians Aged 12+, 1996-97



* Income levels represent total household incomes before taxes and are adjusted for family size and age-standardized.

Source: Statistics Canada. *National Population Health Survey, 1996-97*

Planned Result

Improved strategic policy and program development on population health issues, in collaboration with key stakeholders, particularly at the regional level.

Related Activities

- Promote a population health approach involving other federal departments.
- Co-lead the Community Animation Program with regional offices of Environment Canada to address environmental risks to health.
- Support the work of the Health Promotion Research Centres and the Centres of Excellence in the regions.
- Implement and evaluate the Population Health Regional Mobilization project in the six regional offices.

Planned Result

Contributed to the development and implementation of an FPT agreement on an action plan for a coordinated and comprehensive Early Childhood Development (ECD) system in Canada.

Related Activities

- Foster FPT government accountability to the public through performance measurement and reporting on ECD, specifically:
 - annual reporting on investments and progress in enhancing ECD programs and services;
 - developing and reporting on a shared framework of comparable indicators demonstrating progress in expanding and improving ECD services; and
 - regular reporting on outcome indicators of child well-being using a set of common indicators.



SKRC 2.3

Preventative initiatives and practices that have enabled the reduction of illness, disability, injury and/or death.

Planned Result

Contributed to the development of immunization initiatives, and prevention and control programs for food and water-borne diseases, sexually transmitted diseases, blood-borne diseases, respiratory diseases and institutionally acquired infections.

Related Activities

- Conduct surveillance, investigations, targeted research and policy development in the area of infectious diseases to produce information and risk assessments and risk appraisals for Health Canada and its partners.

- Enhance the capacity of community-based organizations, agencies and networks by providing information, resources, expert advice and other supports to enable them to assist at-risk populations.

Planned Result

Improved health status of those affected or infected by HIV/AIDS and hepatitis C through health promotion projects and support of peer-reviewed research.

Related Activities

- Develop and support (by providing information, resources, and expert advice) community-based activities, and intergovernmental and intersectoral partnerships, for HIV/AIDS and hepatitis C.
- Manage hepatitis C financial transfers and the Department's international AIDS activities.

Planned Result

Strengthened national, provincial, and community level capacity to prevent and control chronic disease.

Related Activities

- Plan a national integrated chronic disease prevention and control strategy based on the Canadian Strategy for Cancer Control, in consultation with FPT partners. For more information, please see < www.hc-sc.gc.ca/hppb/csc >.
- Conduct surveillance on trends in cancer, interventions in screening and treatment for cancer, and risk factors for cancer and other chronic diseases with similar risk factors.
- Conduct chronic disease risk assessment studies and population-based analyses, and disseminate the results to raise awareness and support for chronic disease interventions.

Planned Result

Increased scientific knowledge on the risks to health of enteric pathogens from animals and the environment.

Related Activities

- Strengthen and evaluate research, surveillance and intervention strategies on enteric pathogens, particularly with respect to risk factors, modes of transmission and antimicrobial resistance.

- Develop techniques for microbial risk assessment.

Planned Result

Increased capacity for population-based research and analysis concerning child abuse and neglect.

Related Activities

- Strengthen national surveillance of perinatal health and fatal injury, abuse and neglect of children.
- Host a national research forum concerning the Canadian Incidence Study of Reported Child Abuse and Neglect data base.



SKRC 2.4

Improved surveillance capacity, emergency preparedness and response strategies.

Planned Result

Effective coordination and communication of surveillance systems and timely application of information to emergency preparedness planning and response.

Related Activities

- Improve preparedness plans and capabilities for response to high priority risk/threat through collaboration with key domestic and international partners.
- Enhance capacity for certification of containment laboratories for the management of hazardous biological incidents, and for cross-border transportation of infectious materials.
- Develop a viral hemorrhagic fever research field station in Africa in collaboration with international partners.



The Canadian Science Centre for Human and Animal Health, in Winnipeg, provides a unique environment in which researchers from Health Canada's National Microbiology Laboratory, as well as from the National Centre for Foreign Animal Disease, collaborate as they study established and emerging diseases in human and animal populations.

Planned Result

Improved capacity for health surveillance.

Related Activities

- Develop, in cooperation with provincial and territorial partners, a health surveillance infostructure to increase surveillance capacity at a national level.
- Manage the Network for Health Surveillance in Canada to ensure coordination with electronic health record development through the FPT Advisory Committee on Health Infostructure.
- Develop modules for Internet-based training of field epidemiologists and skills enhancement in identified key areas.
- Produce pilot projects to support the development of health surveillance systems.
- Implement a standards process for health surveillance which is compatible with the health sector and infostructure, and develop a policy framework for health surveillance information.
- Fund a Canadian Public Health Laboratory Forum to coordinate laboratory surveillance.

E. Accountability for Key Results

Assistant Deputy Minister, Population and Public Health Branch

Service Line B: Health Products and Food

A. Planned Spending and Full-Time Equivalent (FTEs)

(millions of dollars)

	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Gross expenditures	179.6	180.3	177.6	176.7
Expected revenue**	(40.6)	(36.0)	(36.0)	(36.1)
Net expenditures	139.0	144.3*	141.6	140.6
FTEs	1,638	1,684	1,707	1,707

* This represents 5.5 percent of the Department's total net planned spending.

** The decrease in expected revenue between 2000-2001 and 2001-2002 and future years is a result of the exclusion of vote netting authorities for Medical Devices.

B. Objective/Key Results Commitment

The safety of food, and the safety and efficacy of drugs, natural health products, medical devices, biologics and related biotechnology products in the Canadian marketplace and health system, through the development and implementation of policies, legislation and regulatory frameworks; and the promotion of good nutrition and the informed use of drugs, medical devices, food and natural health products.

C. Description

Health Products and Food is primarily responsible for the policies, standards and programs relating to the health determinants, benefits, and risks associated with products that are ingested or put into the human body. National focus, coordination and the application of common standards or practices are critical to achieving the desired health objectives of this service line. For more information, please see < www.hc-sc.gc.ca/hpfb/ >.

D. Sub-Key Results Commitments (SKRC), Planned Results and Related Activities



SKRC 2.5

Protection of Canadians against risk factors related to health products and food.

Planned Result

Effective, timely, and relevant assessment and management of health issues related to food.

Related Activities

- Review, develop, and implement food safety and nutrition policies relevant to Canadians in the context of the Health Canada Sustainable Development Strategy. These include:
 - food irradiation, including the option of applying this technology to a wide range of foods;
 - addition of caffeine to non-cola soft drinks;
 - food safety assessment and labelling of foods derived from biotechnology (genetically modified foods);
 - criteria for the addition of vitamins and minerals to food;
 - minimizing the risk of food-borne illness related to the consumption of unpasteurized juice and cider; and
 - management of risk in raw foods of animal origin.
- For more information, please see < www.hc-sc.gc.ca/food-aliment/english/index.html >.

Planned Result

More effective and relevant therapeutic products regulatory program.

Related Activities

- Review regulations pertaining to therapeutic products. Modernize and integrate them, where appropriate, into a new regulatory framework to ensure that the regulations cover the full life cycle of therapeutic products, including manufacturing, labelling and packaging, testing, and distribution. This will include:
 - developing new regulations for the safety of tissues and organs used in transplantation and whole blood, and updating current regulations for blood and blood products including plasmapheresis;

- transferring the environmental assessments of new therapeutic products as required by the *Canadian Environmental Protection Act (CEPA)* into the Food and Drug Regulations to fulfill the Department's sustainable development commitments;
 - developing the appropriate links between product regulation and acceptable medical and research practices with respect to assisted human reproduction; and
 - continuing the development of new regulations for clinical trials to improve Canadians' access to new drugs.
- Strengthen the effectiveness of the Therapeutic Products Program and the Biologics and Genetic Therapies Program, particularly by:
 - reviewing and revising the therapeutic product regulatory process to better integrate post-market surveillance;
 - redesigning the submission review process for drugs in keeping with Quality Management principles;
 - reviewing specific processes and policies, including licensing processes for prescription and professional use of therapeutic products and Notice of Compliance with Condition and the Priority Review policies;
 - completing regulatory frameworks for blood, semen banks, organs, and xenotransplants; and
 - increasing staff recruitment and development, including senior management and scientific specialists.
 - For more information, please see < www.hc-sc.gc.ca/hbp-dgps/therapeut/htmleng/index >.

Planned Result

Effective and relevant regulatory program for natural health products.

Related Activities

- Develop an appropriate regulatory framework for natural health products. For more information, please see < www.hc-sc.gc.ca/hpbonhp/welcome_e.html >.
- Develop an inspection function to ensure that products are manufactured in an appropriate way, that manufacturers are supported in their efforts to raise standards, and that compliance officers are capable of taking meaningful action, when necessary, to ensure the safety and efficacy of natural health products.
- Improve consumers' ability to make informed choices regarding risks and benefits through education and proper labelling.

Planned Result

Greater control of veterinary drug residues in live animals and animal products with particular reference to hormonal growth promotants and antibiotics.



“In 1999, a majority of Canadians (70%) reported using one or more natural health products in the past six months.”

Taking Stock: policy issues associated with complementary and alternative health care. Health Canada, March 31, 2000

Related Activities

- Assess need for strengthened control on extra-label use of veterinary drugs by moving towards a national approach involving provinces and territories, academic departments of animal science, and colleges of veterinary medicine.
- Broaden the ban on the use of diethylstilboestrol (DES) in food-producing animals.
- Work towards establishing legal limits for all veterinary drug residues under the authority of the *Food and Drugs Act*.



SKRC 2.6

Integrated management of health determinants and risks to health associated with health products and food.

Planned Result

Consistent and integrated approach to the development and implementation of policies and regulations.

Related Activities

- Coordinate the development of policies regarding biotechnology in the Department through the Office of Biotechnology and Science. The Office will represent the Department in interdepartmental or intergovernmental discussions regarding biotechnology.
- Implement Health Canada’s Decision-Making Framework for Identifying, Assessing and Managing Health Risks systematically and consistently.
- Develop a process to determine which regulations apply to products that are not clearly a food, drug, biologic, medical device, or natural health product, to be included in the proposed health protection legislation.

Planned Result

Consumers, stakeholders and the public involved in dialogue and consultations regarding policies, priorities, plans and programs related to health products and food.

Related Activities

- Develop and implement a Public Involvement Plan for the identification and prioritization of issues.
- Conduct outreach activities, including publishing of a regular newsletter and electronic posting of an events calendar, to inform the public and stakeholders of Health Canada's public involvement activities.
- Provide information and educational material that responds to the needs of the public and of health professionals and supports the Branch's initiatives to involve the public and stakeholders.



SKRC 2.7

Canadians better informed to make decisions about their health through promotion of health behaviours and provision of information and tools.

Planned Result

National education strategy on the use of nutrition labelling to support healthy eating.

Related Activities

- Establish a Coalition on Healthy Eating to support non-government organizations in sharing and collaboration on nutrition labelling education.
- Assist communities in providing nutrition labelling education through the Prevention and Promotion Contribution Program of the Diabetes Strategy.
- Prepare communications material for consumers, educators and communicators that explains nutrition labelling and its use.

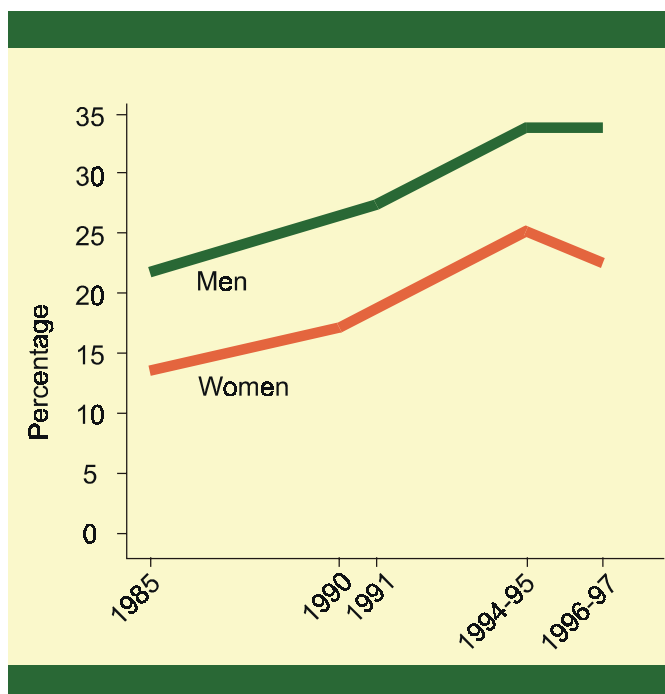
Planned Result

National strategy for the promotion of healthy weights.

Related Activities

- Establish an Expert Advisory Committee to advise Health Canada on the development of a national strategy to promote healthy weights.
- Review and revise the 1988 Guidelines for Healthy Weights, including developing standards relating to the health impact of different weights.
- Assess intervention strategies designed to reduce weight in individuals.
- Assess population health intervention strategies designed to prevent overweight and promote healthy weight.

Health Fact: Overweight* Canadians (Ages 20-64), by Sex, 1985 to 1996-97



*Body Mass Index >27 (self-reported)

Source: *General Social Survey Cycles 1 (1985) and 6 (1991); Health Promotion Survey (1990); and National Population Health Surveys; 1994-95 and 1996-97, special tabulations*

E. Accountability for Key Results

Assistant Deputy Minister, Health Products and Food Branch

Service Line C: Healthy Environments and Consumer Safety

A. Planned Spending and Full-Time Equivalent (FTEs)

(millions of dollars)

	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Gross expenditures	155.8	142.8	119.8	119.5
Expected revenue**	(9.4)	(3.5)	(3.5)	(3.5)
Net expenditures***	146.4	139.3*	116.3	116.0
FTEs	1,049	1,051	1,002	1,002

* This represents 5.3 percent of the Department's total net planned spending.

** The decrease in expected revenue between 2000-2001 and 2001-2002 and future years is due to the expiry of the Occupational Health and Safety vote netting authority. The Agency is seeking vote netting authority from Treasury Board.

*** The decrease in net expenditures is mainly due to sunsetting of resources for Research in Toxic Substances and Tobacco Products and Education initiatives.

B. Objective/Key Results Commitment

Promote healthy living, working and recreational environments, and ensure the safety and efficacy of producer and consumer products in the Canadian marketplace.

C. Description

This service line:

- promotes healthy and safe living, working and recreational environments;
- assesses and reduces health risks posed by environmental factors;
- regulates the safety of commercial and consumer chemicals and products, and promotes their safe use;

- regulates tobacco and controlled substances and promotes initiatives that reduce or prevent the harm associated with these substances and alcohol;
- provides expert advice and drug analysis services to law enforcement agencies across the country;
- establishes workplace health and safety policies and provides services to protect the health of the public sector, the travelling public and dignitaries visiting Canada;
- is responsible for public health measures designed to prevent the entry and spread of quarantinable diseases in Canada; and
- is responsible for coordinating the implementation and monitoring of Health Canada's Sustainable Development Strategy.

For more information, please see < www.hc-sc.gc.ca/necs-sesc/ >

D. Sub-Key Results Commitments (SKRC), Planned Results and Related Activities



SKRC 2.8

Reduced risks to health and safety, and improved protection against harm associated with workplace and environmental hazards, consumer products, new chemical substances and products of biotechnology.

Planned Result

Improved worker health, safety and well-being contributing to increased organizational effectiveness, productivity, and competitiveness.

Related Activities

- Work to develop policies and strategies concerning healthy workplaces in order to reduce work-related diseases, accidents, disabilities, death, absenteeism, and associated health care costs, and to increase productivity.
- Develop a national Workplace Hazardous Materials Information System (WHMIS) compliance and enforcement policy under the *Hazardous Products Act (HPA)*.
- Deliver occupational health and safety services to federal departments and other clients.
- Provide quality dosimetry and centralized occupational dose records services for workers exposed to occupational radiation hazards.

Planned Result

Reduced exposure of Canadian travellers to health hazards and effective protection against quarantinable diseases entering the country.

Related Activities

- Develop guidelines and programs for protecting the health of the travelling public in common carriers.
- Strengthen federal and provincial partnerships which protect the people of Canada from communicable diseases entering the country.
- Carry out consultations with industry on international harmonization of programs.

Planned Result

Increased knowledge of health impacts of pollutants and climate change, and reduced exposure of Canadians to toxic substances in the environment.

Related Activities

- Conduct research and disseminate information on drinking water disinfectants and on methods to deal with parasites in drinking water.
- Investigate chlorinated disinfection by-products and assess current drinking water guidelines.
- Conduct research and disseminate information on contaminants in recreational water.
- Monitor health impacts of climate change to determine the best strategies to deal with any resultant adverse health effects.
- Fund collaborative research through the Toxic Substances Research Initiative in the following five priority areas:
 - persistent organic pollutants;
 - metals in the environment;
 - endocrine-disrupting chemicals;
 - urban air quality; and
 - cumulative effects and issues involving multiple research areas.
- Draft revised New Substances Notification Regulations under the *Canadian Environmental Protection Act (CEPA)*.



Health Fact

Childhood asthma has increased sharply over the last two decades, especially from birth to age 6. Because of their rapid growth and metabolic immaturity, children are more vulnerable to airborne contaminants and other environmental toxins than adults.

Planned Result

Reduced human health impacts from development projects through increased knowledge of their impact on the determinants of health.

Related Activities

- Provide health impact assessment advice to other federal departments and public review panels carrying out environmental assessments of development projects under the *Canadian Environmental Assessment Act*.
- Develop, in cooperation with the provinces and territories, *The Canadian Handbook on Health Impact Assessment* to assist industry and governments in dealing with health implications of development projects.
- Provide national and international training in health impact assessment.
- Carry out environmental and health impact assessments of departmental development projects.

Planned Result

Reduced exposure of patients and the general public to hazards related to clinical and environmental radiation.

Related Activities

- Deliver on Canada's responsibilities to help set up the global radionuclide verification network under the *Comprehensive Nuclear-Test-Ban Treaty Implementation Act*. Provide quality assurance tests for radiation measurement facilities in hospitals and other workplaces.
- Promote safe behaviour in the sun to reduce exposure to UV radiation.
- Conduct risk assessments to assess the linkage between radiation exposure and cardiovascular disease.

Planned Result

Reduced exposure of Canadians to hazards related to consumer products, commercial chemicals and products of biotechnology.

Related Activities

- Identify emerging health and safety issues and develop comprehensive risk management strategies to reduce health risks from exposure to new products.

- Conduct collaborative research and disseminate information on biotechnology products and endocrine-disrupting chemicals; develop methodology to predict exposure to and hazards associated with such products and chemicals.
- Conduct reviews and investigations of radiation emitting devices (such as x-ray machines, cellular telephones), identify hazards, and take actions to reduce the risks associated with these devices.
- Propose regulations under the *Canadian Environmental Protection Act (CEPA)* to allow for the assessment of environmental health risks associated with new chemicals/polymers and biotechnology substances currently regulated under other Acts.
- Promulgate new Regulations for Liquid Coating Materials under the *Hazardous Products Act* to harmonize lead level limits with those in other countries and add restrictions for mercury content.
- Introduce regulations for the labelling of cosmetic ingredients so that health professionals can improve treatment in poisoning incidents, the Canadian population can make more informed choices and Canadian industry can harmonize with international labelling requirements.
- Promulgate new Regulations for Consumer Chemicals and Containers to provide an increased level of protection to Canadians when they are exposed to consumer chemical products.



The philosophy and the practice of sustainable development are of great importance to our health. As the concept of sustainable development has been evolving, ideas about what makes human populations healthy has also been changing. It is a challenging task to incorporate social, cultural, economic and environmental aspects into all areas of decision-making. We are learning as we go. Health Canada is committed to moving aggressively toward full implementation of sustainable development in all its policies, regulations, plans and programming.

Health Canada's Sustainable Development Strategy: Report on Progress for 1998-1999



SKRC 2.9

Reduced health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol, and other substances.

Planned Result

Integrated national leadership and management of programs aimed at reducing and preventing the harm associated with drugs, alcohol and other substances.

Related Activities

- Collect, analyze and disseminate information on the nature and extent of substance abuse in Canada.
- Undertake activities to address Fetal Alcohol Syndrome / Fetal Alcohol Effects (FAS/FAE) including co-chairing National Advisory Committee on FAS/FAE, hosting a National Forum on FAS/FAE (fall 2001), and chairing Interdepartmental Sub-Committee on FAS/FAE.
- Provide leadership and direction for the management of the Alcohol and Drug Treatment and Rehabilitation (ADTR) Program.
- Issue import and export permits for controlled substances, licenses to distributors of controlled drugs, and prepare reports to the International Narcotics Control Board on these activities.
- Manage the exemption program for the use of controlled drugs for clinical treatment or research, e.g. methadone and marijuana.
- Develop regulations to allow access to marijuana for medical purposes and regulations to control chemical precursors used in illicit drug production.
- Support clinical research on the safety and effectiveness of marijuana in alleviating symptoms of some diseases.
- Carry out laboratory analyses of seized drug exhibits and investigate clandestine laboratories in concert with law enforcement agencies.

Planned Result

Reduced use of tobacco and the consequent incidence of disease and death in Canada.

Related Activities

- Develop and maintain communications tools to educate the public about the health impacts of smoking and issues related to environmental tobacco smoke; help prevent smoking uptake among youth; persuade and help smokers to stop using tobacco products and adopt smoke-free environments.
- Engage youth in tobacco control activities and support the Youth Advisory Committee on Tobacco Issues in order to empower more youth to remain or become smoke-free.
- Finalize *National Compliance Procedure Manual* and hold national training for enforcement staff to increase efficiency and effectiveness of enforcement activities.
- Identify and disseminate best practices in smoking prevention, cessation and protection for Canadians including youth and women.
- Coordinate federal government's participation and lead the Canadian delegation in negotiations on the Framework Convention on Tobacco Control (FCTC), and manage International Tobacco Control grants.
- Defend the *Tobacco Act* and Regulations.

E. Accountability for Key Results

Assistant Deputy Minister, Healthy Environments and Consumer Safety Branch

Service Line D: Pest Management Regulation

A. Planned Spending and Full-Time Equivalents (FTEs)

(millions of dollars)

	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Gross expenditures	29.1	21.6	19.9	19.9
Expected revenue**	(7.0)	(0.2)	(0.2)	(0.2)
Net expenditures	22.1	21.4*	19.7	19.7
FTEs	334	284	286	286

* This represents 0.8 percent of the Department's total net planned spending.

** The decrease in expected revenue between 2000-2001 and 2001-2002 and future years is due to the expiry of the vote netting authority. PMRA is seeking vote netting authority from Treasury Board.

B. Objective/Key Results Commitment

Protect human health and the environment by minimizing the risks associated with pest control products.

C. Description

This service line is delivered through the Pest Management Regulatory Agency (PMRA) which has the following main activities:

- New product evaluation including regulatory decisions within specified performance standards on applications for the registration of new pest control products.
- Registered product evaluation where registered products are re-evaluated against current standards.
- Compliance enforcement under the *Pest Control Products Act (PCPA)* through investigations, inspections and consultations.

- Development and implementation of sustainable pest management policies and programs to integrate sustainable pest management in registration decisions.

D. Sub-Key Results Commitments (SKRC), Planned Results and Related Activities



SKRC 2.10

Safe and effective pest control products.

Planned Result

Regulatory decisions based on the application of sound, progressive science.

Related Activities

- Make regulatory decisions under the *Pest Control Products Act* on applications for the registration of pesticides and amendments to their conditions of registration through the conduct of human health, safety and environmental risk assessments, efficacy assessments, value assessments and establish Maximum Residue Limits for pesticides under the *Food and Drugs Act*.
- Work closely with the U.S. Environmental Protection Agency (EPA) to develop and implement new risk assessment approaches and methods in light of the more stringent health-based safety standards for pesticide residues in foods established under the 1996 U.S. *Food Quality Protection Act*.
- Continue reevaluation of older pesticides in light of current safety standards.
- Conduct priority reevaluation of the most commonly available insecticides and herbicides registered for lawn and turf, focussing on uses on residential property, parks, playgrounds and playing fields.
- Implement a policy for the risk assessment and risk management of formulants in pesticide products.
- Participate in national and international activities aimed at eliminating or reducing release of toxic, persistent and bio-accumulative chemicals into the environment.



“To safeguard Canadians from toxic substances and environmental contaminants, the Government will also strengthen laws, research efforts and other measures for health protection. This will include the development of appropriate standards that reflect the special vulnerabilities of children.”

Speech from the Throne,
January 30, 2001.

- Work with other relevant departments to formalize a framework for interaction in order to coordinate pesticide-related research, monitoring and the federal pesticide regulatory system.

Planned Result

Open, transparent and participatory regulatory process.

Related Activities

- Propose to replace the *PCPA* with a new Act to modernize the legal foundation for managing risks and strengthen public involvement.
- Continue existing consultative mechanisms through the multi-stakeholder Pest Management Advisory Council, the Federal Provincial Territorial Committee on Pest Management and Pesticides, and the Economic Management Advisory Committee, and through continued consultation on Proposed Regulatory Decision Documents.
- Provide training opportunities and regulatory guidance for stakeholders.
- Make continuous improvement to the PMRA website and other communications mechanisms in order to provide comprehensive information on the regulatory system to stakeholders and the public.

Planned Result

Timely access to safe and effective products.

Related Activities

- Meet specified performance standards for regulatory decisions on applications for the registration of pesticides and for amendments to their conditions of registration.
- Work with industry to encourage practices that will increase efficiency, such as filing submissions that meet screening standards, filing submissions electronically and filing submissions for joint review by Canada and the U.S. Efficient regulation facilitates timely access to new, safer pesticides and removal from use of older pesticides that do not meet contemporary health and environmental standards.
- Continue efforts with U.S. and Mexican partners through the North American Free Trade Agreement (NAFTA) Technical Working Group on Pesticides, to harmonize regulatory processes and increase use of joint review and other work sharing mechanisms; and through the Organization for Economic Cooperation and Development (OECD) Working Group on Pesticides, to harmonize test protocols and data requirements for pesticides.
- Conduct further pilots on electronic submission and review of pesticide applications through the NAFTA Technical Working Group on Pesticides.

- Start planning for a comprehensive five-year review of the cost recovery program for the period ending March 31, 2002.



SKRC 2.11

Compliance with the *Pest Control Products Act* and Regulations.

Planned Result

Pesticides used legally, according to label directions.

Related Activities

- Enforce the *PCPA* and Regulations through regular inspections and investigation of suspected violations.
- Implement use of administrative monetary penalties to help increase the effectiveness of the compliance program.
- Collaborate with provinces and territories and with other federal departments to enforce federal and provincial pesticide legislation in a coordinated and effective manner.

Planned Result

Understanding by stakeholders and the public of the legislation and how it is enforced.

Related Activities

- Provide information to, and consult with, stakeholders and the public on the compliance program and compliance issues. Education and consultation are effective tools in securing conformity with the law.



SKRC 2.12

Sustainable pest management practices that reduce reliance on the use of pesticides.

Planned Result

Pesticide risk reduction policy developed and implemented.

Related Activities

- Develop and promote a framework for risk reduction in partnership with other federal departments, provinces and territories and stakeholders, particularly through the development of strategies for pesticide risk reduction.
- Work with the provinces and territories to develop and promote approaches to pest management in lawns that emphasize prevention, the use of a variety of techniques for pest management (including reduced-risk products), and the application of traditional pesticides only when essential, consistent with the principles of Integrated Pest Management.
- Develop and use tools to track and document risk reduction trends through risk indicators and a National Pesticide Sales Data Base.
- Participate on the OECD Risk Reduction Steering Committee in order to further work on pesticide risk indicators, as well as other risk reduction activities.

Planned Result

Reduced-risk pesticides registered.

Related Activities

- Facilitate the registration of reduced-risk pesticides.
- Conduct joint reviews with the U.S. EPA of reduced-risk chemicals, biopesticides and replacements for organophosphate insecticides and methyl bromide.

E. Accountability for Key Results

Executive Director, Pest Management Regulatory Agency

3.3 Business Line 3: First Nations and Inuit Health

A. Planned Spending and Full-Time Equivalent (FTEs)

(millions of dollars)

	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Gross expenditures	1,298.8	1,332.7	1,314.9	1,350.2
Expected revenue	(9.1)	(9.1)	(9.1)	(9.1)
Net expenditures	1,289.7	1,323.6*	1,305.8	1,341.1
FTEs	1,385	1,414	1,414	1,414

* This represents 50 percent of the Department's total net planned spending.

B. Objective/Key Results Commitment

Sustainable health services and programs for First Nations and Inuit communities and people that address health inequalities and disease threats so that they may attain a level of health comparable with that of other Canadians, within a context of First Nations and Inuit autonomy and control, and in collaboration with the provinces and territories.

C. Description

This business line carries out its mandate through:

- the provision of community-based health promotion and prevention programs on-reserve and in Inuit communities;
- the provision of non-insured health benefits to First Nations and Inuit people regardless of residence in Canada; and
- the provision of primary care and emergency services on-reserve in remote and isolated areas where no provincial services are readily available.

Health Canada also supports the transition to increased control and management of these health services, based on a renewed relationship with First Nations and the Inuit and a refocused

federal role. Health Canada participates in government policy development on Aboriginal issues. For more information, please see < www.hc-sc.gc.ca/msb/msb_e.htm >

D. Sub-Key Results Commitments (SKRC), Planned Results and Related Activities



SKRC 3.1

Improvements in First Nations and Inuit peoples' health and a reduction in health inequalities between them and other Canadians.

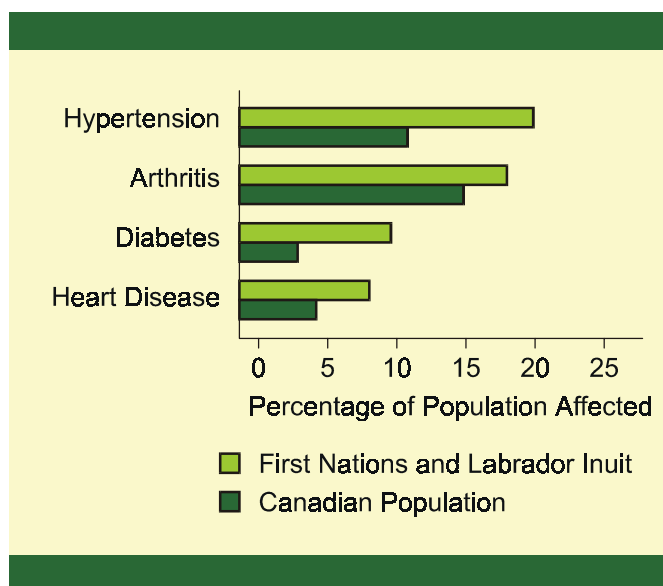
Planned Result

Health initiatives that improve the health status of the First Nations and Inuit peoples and that enhance mental wellness.

Related Activities

- Develop programs and policies that lead to improved health of FNI children.
- Increase prevention and treatment programs for diabetes through the Aboriginal Diabetes Initiative (ADI). Once fully implemented (2001-2002), the ADI will provide primary prevention and reduce complications associated with diabetes.
- Assist First Nations and Inuit people living with chronic and acute illness to maintain optimum health, well-being and independence in their home and community through continued development and roll-out of the Home and Community Care program.

Health Fact: Chronic conditions among the First Nations and Inuit



Source: National Population Health Survey (1998/99), Statistics Canada; First Nations and Inuit Regional Health Survey (1999), Assembly of First Nations

- Reduce the effects of environmental health hazards by enhanced monitoring and testing of the quality of drinking water, indoor air in houses and schools; address general environmental health issues such as waste disposal, workplace safety and contaminated sites.
- Conduct epidemiological research of traditional food contaminants to reduce the impacts of food-borne contaminants on the health of First Nations and Inuit.
- Develop HIV/AIDS Action Plans that focus on education, prevention, treatment, care and support at the regional/community level in partnership with First Nations, Inuit and Métis.
- Meet the changing community needs by focussing on program improvements in the areas of coordination and integration, quality and specialization of care and information management within the National Native Alcohol and Drug Abuse Program.
- Finalize a national comprehensive Mental Health Framework including a component on suicide prevention and conduct a review of current mental health programs in order to identify program gaps and issues.



SKRC 3.2

A First Nations and Inuit population that is informed and aware of the factors that affect health and what actions can be taken to improve health.

Planned Result

Increased awareness of health issues that will improve the development and good health of First Nations and Inuit children and their families.

Related Activities

- Provide national training for community-based Aboriginal Head Start (AHS) coordinators, in partnership with First Nations and Inuit and other federal departments, to help build skills and expand their capacity for program development and evaluation.
- Undertake key evaluation activities that will assess the overall success of the AHS On-Reserve Program in maintaining and improving healthy child development.
- Explore opportunities to address program gaps in AHS, Canada Prenatal Nutrition Program (CPNP) and other early childhood development initiatives.
- Extend the reach of the CPNP to First Nations and Inuit women, teenagers and children, who are particularly vulnerable, through the sharing of best practices, strengthening communications networks, and delivery of training initiatives closer to the community.
- Enhance knowledge to prevent Fetal Alcohol Syndrome (FAS)¹ through the development and implementation of a national awareness campaign targeting communities generally, and young First Nations and Inuit women and adolescents specifically.

¹ See also Section 3.2, commitment SKRC 2.9, regarding health and safety risk reduction.

- Share information with communities on best practices and relevant training resources to enhance capacity for meeting the needs of FAS-affected individuals.



SKRC 3.3

Effective health care services available and accessible to First Nations and Inuit people that are integrated with provinces' and territories' health services.

Planned Result

Long-range strategies to address sustainability of the First Nations and Inuit health services and programs.

Related Activities

- Integrate sustainable development principles and practices in programs, services, policies, plans and activities, including physical operations as identified in the Sustainable Development Strategy.
- Implement measures to manage and control the costs of transportation, medical supplies and equipment within the Non-Insured Health Benefits (NIHB) program.
- Implement changes to the dental component of the Health Information and Claims Processing System that will enhance benefit delivery within the NIHB program.
- Address the policy and horizontal issues affecting all three territories through the Territorial Wellness Framework with a view to providing a single window access to the territories.
- Examine issues of integration, accountability, sustainability, and capacity-building, leading to the development of a five year framework for a renewed First Nations and Inuit health system, in collaboration with First Nations and Inuit and other stakeholders.
- Implement five telehealth projects testing a variety of applications including remote mental health counselling, remote diabetes education, tele-rehabilitation and tele-electrocardiogram. Plans are to explore the possibility of undertaking the pilot projects in several First Nations and Inuit Health Branch program areas such as nursing, home and community care and diabetes.

Planned Result

Enhanced First Nations and Inuit peoples' health information systems to improve evidence-based decision-making.

Related Activities

- Continue the implementation of the First Nations and Inuit Health Information System (FNIHIS), which is one of the Canadian Health Infostructure initiatives to ensure First Nations and Inuit communities across Canada are linked to national surveillance programs.
- Enhance system sub-components and undertake a study to assess feasibility of linking FNIHIS to provincial and territorial data systems.
- Improve surveillance indicators, including those for communicable diseases, vaccinations and population denominators; streamline data collection; and broaden the core set of surveillance indicators with the additional reporting of chronic conditions such as diabetes, cancer and arthritis.



SKRC 3.4

Improved management and accountability in partnership with First Nations and Inuit for health care services and the Non-Insured Health Benefits Program.

Planned Result

Shared accountability and increased control by First Nations and Inuit over program resources and management.

Related Activities

- Complete an evaluation of the pilot projects supporting transfer of the Non-Insured Health Benefits to provide evidence-based guidance for development of further pilot projects.
- Improve existing processes and tools to enhance accountability mechanisms with First Nations and Inuit communities that have entered into a Transfer Agreement allowing them to deliver services.
- Continue to work in partnership with First Nations and Inuit communities and jointly with the Department of Indian Affairs and Northern Development (DIAND) in developing a shared approach to enhance their capacity to manage programs and services.
- Enhance both internal and external accountability mechanisms to ensure compliance with government policies as well as strengthen governance and management practices.
- Pilot, in several communities, health plans designed to improve responsiveness to health needs.
- Define a policy for the transfer of NIHB under self-government agreements.
- Build a monitoring and advisory capacity that is empowered to provide reciprocal accountability expertise and guidance to communities. This will be done within existing national and regional program co-management processes, e.g. joint national program steering committees.

- Collaborate with DIAND on the development of effective tools to enhance negotiation of health components of self-government agreements.

E. Accountability for Key Results

Assistant Deputy Minister, First Nations and Inuit Health Branch

3.4 Business Line 4: Information and Knowledge Management

A. Planned Spending and Full-Time Equivalent (FTEs)

(millions of dollars)

	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Net expenditures**	124.4	172.1*	162.3	128.3
FTEs	635	635	674	674

* This represents 6.5 percent of the Department's total net planned spending.

** The fluctuations in net expenditures are mainly due to the Canada Health Information Partnerships Program (CHIPP).

B. Objective/Key Results Commitment

A health system that delivers better health outcomes through: more effective use of information technologies; more and better health research; and the effective use of a base of timely, accessible and reliable health information and analysis for evidence-based decision-making and better public accountability.

C. Description

Responsible for improving the evidence base (both information and analysis) for decision-making and public accountability; updating the long-range strategic framework and policies that establish, direct and redirect the involvement of the federal government in health research policy; developing the creative use of modern information and communications technologies (including the information highway) in the health sector; and, in cooperation with the provinces and territories, the private sector and international partners, providing advice, expertise and assistance with respect to information management and information technology, planning and operations.

D. Sub-Key Results Commitments (SKRC), Planned Results and Related Activities



SKRC 4.1

A well-functioning national health information infrastructure which respects privacy but shares information in support of decision-making and public accountability.

Planned Result

Expanded use of modern information technology in the health sector.

Related Activities

- Work collaboratively with Canada Health Infoway Inc. (the new corporation and recipient of targeted funds announced as part of the First Ministers' Agreement) in the development and adoption of modern systems of information technology in the health system (such as electronic patient records), and in developing common information standards and compatible communications technologies, in order to provide better health care for all Canadians.
- Implement, in collaboration with provinces, local health authorities and other relevant parties, at least 10 health infostructure model projects, e.g. telemedicine, that have the potential to improve Canadians' access to health information and health care. These projects will be supported under the Canada Health Infostructure Partnerships Program (CHIPP).
- Support Health Canada's commitment (through its Sustainable Development Strategy 2000), to strengthen partnerships on health, environment and sustainable development.
- Support, through the Federal/Provincial/Territorial (FPT) Advisory Committee on Health Infostructure, work on key issues such as privacy, telehealth and electronic health records; and build internal and external partnerships with key bodies such as provincial and territorial governments, the health sector and organizations with an interest in information and communication technologies (ICTs) in the health sector.
- Facilitate agreement in the health sector on the implementation of the *Personal Information Protection and Electronic Document Act*, and coordinate the implementation of the FPT Harmonization Resolution for the protection of personal health information in the federal domain.
- Implement a knowledge development and exchange program in priority areas such as telehealth services, electronic health records systems, the protection of personal health information and ICT-related education/training of the health professional.
- Develop a knowledge management strategy to ensure key aspects of ICT-related health knowledge are created and shared, and build a departmental information management infrastructure that is technologically robust, secure and provides "on demand" capacity to meet

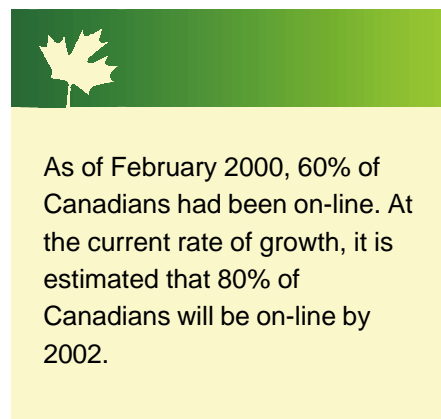
departmental business needs in areas such as Government On-Line and the Federal Accountability Initiative. This will include a departmental storage area network facility and an Electronic Records Management application to enable departmental storage, access, analysis and archiving of data and information in accordance with requirements of the First Ministers' Agreement on Health (September 2000), the Management of Information Holdings Regulations, and the *Access to Information and Privacy Act*.

Planned Result

Canadians accessing reliable information to maintain and improve their health.

Related Activities

- Promote the use of reliable health information sources such as the Canadian Health Network < www.canadian-health-network.ca/ > and the Health Canada website < www.hc-sc.gc.ca/ > to improve access for Canadians to the best public information on health and well-being.
- Initiate implementation of a health portal (i.e. Internet access point) on the Government of Canada Internet site < www.gc.ca > and participate in the development of portals for which other government departments have the lead responsibility.
- Support the secure delivery of key Health Canada programs and services on-line.
- Promote simplified access to information and services.



SKRC 4.2

Integrated health research and continual improvements in bringing that research into decision-making.

Planned Result

Better integration of the funding and conduct of health research in Canada.

Related Activities

- Provide, through the new Health Research Secretariat, an effective interface with the Canadian Institutes of Health Research (CIHR) so that federal health research policy is coherently addressed.

- Work with other federal departments and stakeholders to develop, by 2002, a long-range strategic health research policy framework that will set out and direct the involvement of the federal government in health research policy.

Planned Result

Improved linkages between research and decision-making.

Related Activities

- Advance the work of the Department in defining current and emerging health research needs.
- Develop joint initiatives with the CIHR that will improve the Department's collaborations with academic researchers.



SKRC 4.3

Evidence-based (both data and analysis) health policy decision-making including a better understanding of the fundamental issues relating to health care.

Planned Result

Improved quantitative evidence and analysis for use by Health Canada and Canada's health policy community in decision-making.

Related Activities

- Develop and launch a policy research publications program for disseminating information within Health Canada and throughout Canada's health policy community.
- Develop multi-purpose models of health demography, health outcomes and their determinants and health system performance.
- Develop solid analytical frameworks for key health policy issues such as health human resources and cost drivers.



SKRC 4.4

Accountability for, and effectiveness of, Health Canada's programs, policies and functions.

Planned Result

Increased capacity of Health Canada to monitor, report on and improve the performance of its major programs.

Related Activities

- Improve departmental performance reporting and help meet accountability and reporting commitments, including those in the First Ministers' Agreement on Health, by making data and trend information on health determinants and outcomes, as well as evaluation evidence on program performance, readily available and integrating it into reporting.
- Develop and operationalize accountability frameworks for key programs through the pilot Performance Measurement Development Project, such as First Nations and Inuit Health, Population and Public Health, and Health Products and Food.
- Conduct strategic reviews/evaluations of key programs, functions or initiatives related to departmental priorities in support of Department-wide efforts on accountability and continuous learning.
- Build capacity in Health Canada for performance measurement and management through the development and delivery of specialized training and tools for program managers and staff.

Planned Result

Outcome-based performance measurement that links the delivery of internal information and knowledge management services to departmental outcomes.

Related Activities

- Develop, on a pilot basis, outcome-based performance measures for selected internal knowledge management/information management/information technology (KM/IM/IT) services, including performance reporting against those measures.
- Develop a common KM/IM/IT vision and strategy for Health Canada and implement a strong, well-defined governance structure that provides a focus for departmental decision-making on all KM/IM/IT operations and investments.
- Apply the Enhanced Management Framework for all major departmental KM/IM/IT projects.
- Coordinate the Federal Accountability and Government On-Line initiatives. See Section 4.1 for details on the plans and priorities for each.

E. Accountability for Key Results

Assistant Deputy Minister, Information, Analysis and Connectivity Branch

3.5 Business Line 5: Departmental Management and Administration

A. Planned Spending and Full-Time Equivalents (FTEs)

(millions of dollars)

	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Gross expenditures	129.5	112.4	109.1	103.5
Expected revenue	(0.7)	(0.7)	(0.7)	(0.7)
Net expenditures**	128.8	111.7*	108.4	102.8
FTEs	698	747	747	747

* This represents 4.2 percent of the Department's total net planned spending.

** The decrease in net expenditures between 2000-2001 and future years is due to reduced spending for initiatives such as Financial Information Strategy, PE Pay Equity, Y2K loan repayments and Capital Rust-Out.

B. Objective/Key Results Commitment

To provide effective support for the delivery of Health Canada's programs and for sound management practices across the Department.

C. Description

Responsible for providing administrative services to the Department.

D. Sub-Key Results Commitments (SKRC), Planned Results and Related Activities



SKRC 5.1

Continuous improvement in the provision of timely and quality corporate administrative services and in the promotion of sound management practices, including modern comptrollership.

Planned Result

Effective support for the delivery of Health Canada's programs and for sound management practices across the Department, including modern comptrollership.

Related Activities

- Increase partnership and collaboration of regional offices with provinces, territories, health authorities, and other health system stakeholders.
- Introduce modern comptrollership concepts, including implementation of the financial information strategy, the aim of which is to provide program managers with modern financial information for use in their day-to-day analysis and decisions. (See Section 4.1B for further details.)
- Through the Audit and Accountability Bureau, lead the Department's responsibilities with respect to ethics and values, in addition to the traditional audit functions.
- Enhance and strengthen a client services philosophy and approach to improve internal and external client services.
- Provide greater leadership, coherence and expertise to the overall strategic direction of the Department's scientific responsibilities, activities and needs through the office of the Chief Scientist.
- Ensure, through Regional Directors General and their staff, that regional perspectives are incorporated into the development of national policies and programs.
- Ensure, through Regional Directors General and their staff, horizontal coordination and cohesion across programs and issues so that the Department is seen as one entity responsive to the regions' needs.



Health Canada is working to improve its accountability measures. We are building a foundation of better data, health research and health policy research, and increased use of performance measurement and reporting to enhance our programs and accountability.

E. Accountability for Key Results

Senior Assistant Deputy Minister, Corporate Services Branch

Regional Director General, British Columbia and Yukon

Regional Director General, Alberta and Northwest Territories

Regional Director General, Manitoba and Saskatchewan

Regional Director General, Ontario and Nunavut

Regional Director General, Quebec

Regional Director General, Atlantic

Executive Director General, Audit and Accountability Bureau

Chief Scientist

Section IV

Joint Initiatives



photo: Health Canada

4.1 Horizontal Initiatives

A. Accountability

Health Canada's accountability vision is of an organization that credibly engages and informs Canadians on the effects of its policies and programs on the health of the population, in order to support outcome-oriented decision-making. A prerequisite for accountability is a strong foundation of information and analysis.

To improve accountability, Health Canada embarked on a number of initiatives to embed the principles of results-based management and foster a continuous culture shift to outcome-oriented decision-making. These initiatives are aimed at enabling Health Canada to meet the objectives of the Government of Canada that were set out in the Treasury Board Secretariat's *Managing for Results*. The publication defines the government's management commitments: setting out how the government's management board, departments and agencies must work together to modernize government management practices.¹

Pursuant to A Federal Accountability Initiative Focussing on Health Canada's Policies and Programs, Health Canada is:

- developing and using performance frameworks at a departmental and program level;
- strengthening the departmental evaluation function to provide timely feedback to program managers for ongoing improvement to programs;
- developing the tools and processes to enhance program and functional area capacity to measure, evaluate, report on and improve performance; and
- improving its evidence base and analytical and evaluative capacity to support accountability practices.

Outcomes of these initiatives will include:

- enhanced use of data, research and analysis to support better accountability and decision-making;
- the development of indicators, focussed on outcomes, that will be useful in assessing the performance of Health Canada's functions, programs and activities and in meeting commitments made by First Ministers in the 1999 Social Union Framework Agreement to achieve and measure results; and
- improved program and functional performance through the development and implementation of performance frameworks; improved capacity to track and analyze performance; and improved reporting of performance and health outcomes to Canadians and Parliament.

¹ < www.tbs-sct.gc.ca/report/govrev/00/mfr-gar_e.html >

Key projects include:

- the incorporation, in partnership with First Nations and Inuit, of an accountability framework into the First Nations and Inuit Health Branch's activities, to facilitate and improve data collection and data exchange among Health Canada and its stakeholders;
- the implementation of performance management systems by the Population and Public Health Branch and the Health Products and Food Branch's Food Directorate and Therapeutic Products Program, which will enable them to track and report more effectively and efficiently on their performance; and
- the offer, in conjunction with Health Canada's Performance Measurement Development Project, of more training to staff by the Information, Analysis and Connectivity Branch's Departmental Program Evaluation Division, which will also work directly with organizational units to improve performance measurement and management in the Department.

Additionally, the Department is developing a *Canada Health Act (CHA)* Information System to help facilitate compliance monitoring and the collection of timely, comprehensive and comparable information on the administration of provincial and territorial health systems from a *CHA* perspective.

Other initiatives related to departmental accountability include:

- the implementation of the Financial Information Strategy, which will improve the quality and timeliness of financial data through the adoption of accrual accounting methods;
- a capacity assessment of modern management practices in the Department to establish an action plan for implementing modern comptrollership; and
- strengthening the Department's audit capacity to ensure that it manages its responsibilities in this area, as well as that it assumes a more proactive role.

At the September 11, 2000 First Ministers' meeting, Ministers made a further commitment to clear accountability and reporting to Canadians. Health Canada is working with its provincial and territorial colleagues to develop a comprehensive framework using jointly agreed comparable indicators, addressing health status, health outcomes and quality of service. Each government will begin reporting on these indicators by September 2002.

Accountability for Key Results

Assistant Deputy Minister, Information, Analysis and Connectivity Branch

Executive Director General, Audit and Accountability Bureau

B. Modern Comptrollership

This management renewal follows the recommendations set out in the Report of the Independent Review Panel on Modernization of Comptrollership in the Government of Canada that were adopted by Treasury Board Ministers in 1997. *Results for Canadians: A Management Framework for the Government of Canada*, tabled in the House of Commons in March 2000 by the President

of the Treasury Board, further positions modern comptrollership as one of the key priorities of the management agenda for the Government of Canada.

Modern comptrollership is about renewed management practices focussed on sound resource management and effective decision-making. It emphasizes values and ethics and moves away from overly rigid controls and compliance. Modern comptrollership makes the comptrollership function every manager's responsibility.

Comptrollership modernization activity focuses on assessing the state of seven key competencies (Leadership, People, Values and Ethics, Performance Information, Risk Management, Stewardship and Accountability), identifying areas for improvement and developing and implementing action plans.

The goals of modern comptrollership are:

- integrated performance information that combines financial and operations data to support decision-making and reporting;
- mature risk management that is integrated into planning, decision-making and monitoring;
- rigorous stewardship that includes the safeguarding of assets and the development, operation and maintenance of key control systems, including management processes, standards and measures of success; and
- improved accountability for the achievement of results that will lead to increased transparency and public confidence in government.

They are supported by:

- strategic leadership by managers who can create and sustain a climate for change;
- motivated people in a learning, challenging and rewarding work environment; and
- shared values and ethics that are instrumental in supporting an open, accessible, values-driven and results-oriented environment.

Health Canada is currently improving its modern management practices in line with the Treasury Board initiatives. Since becoming a modern comptrollership pilot department, Health Canada has undertaken the following:

- established a Modern Comptrollership Secretariat within the Planning and Special Projects Directorate to serve as a single window and point of contact with Treasury Board and other pilot departments;
- created a modern comptrollership website to communicate information on this initiative;²
- initiated a capacity check to assess existing modern management practices within the Department. The capacity check will be an assessment of how managers view key elements of modern comptrollership in their organization; their feedback will be collected through a series of interviews and workshops and then validated by managers collectively. The results of the capacity check will be used to develop the Department's action plan and will facilitate discussion as we progress towards full implementation of modern comptrollership. A document

² < www.hc-sc.gc.ca/csb-dgsg/english/spps/spps_mmp_e.htm >.

review was conducted in November 2000 to facilitate the undertaking of this capacity check;
and

- initiated awareness projects such as the Modern Comptrollership Speakers Series and is exploring training options for departmental managers within the Department.

The Modern Management Program within Health Canada includes numerous initiatives under way which directly impact the modernization of management practices within the Department:

- the incorporation of modern comptrollership into each Assistant Deputy Minister's (ADM) and Regional Director General's (RDG) job description;
- the development and approval by the Departmental Executive Committee of an ADM/RDG Accountability Framework, which incorporates modern comptrollership principles. This work is being followed up by the development of Memoranda of Understanding between the ADMs and RDGs;
- the development of a Financial Management Improvement Plan, to address the recommendations outlined in the Office of the Auditor General's Financial Management Capability Model audit;
- the post realignment review of Terms of Reference for all Departmental Executive (DEC) Sub-Committees;
- the development of a Risk Management Framework, establishment of a DEC Sub-Committee on Risk Management, and a risk management training program;
- the implementation of the Financial Information Strategy, March 31 2001;
- the development of a Management Control Framework for Grants and Contributions;
- the establishment of the Audit and Accountability Bureau to build capacity in the area of values, ethics and improved accountability;
- the creation of the Accountability Implementation Office in First Nations and Inuit Health to strengthen internal governance and management practices related to agreements; and
- the ongoing work to improve performance measurement capacity within the Department.

The Modern Comptrollership Secretariat will work closely with other Health Canada initiatives (i.e. Government On-Line (GOL) and the Audit and Accountability Bureau) with respect to their work in building capacity in the areas of modernizing e-government, values, ethics and accountability.

Accountability for Key Results

Senior Assistant Deputy Minister, Corporate Services Branch

C. Government On-Line

The Health Canada GOL initiative is an important part of the Government of Canada's goal to be known as the government most connected to its citizens. A comprehensive GOL strategy is being put into place across the Government of Canada to meet citizens' expectations.

The implementation of GOL will complement traditional modes of service (in person, by mail and by phone). It will result in better access for Canadians to the full range of government services and institutions – including access to information and services at any time, from the location of their choice and in the official language of their choice – and will include service standards in such areas as response times. Information and services provided on-line will be consistent with those provided through other service delivery channels.

The government has developed a three-tiered approach to achieving GOL. Tier One has been completed, providing a Government of Canada presence on-line. Tier Two will ensure programs and services are delivered securely over the Internet and promote a client-centred approach to information and service delivery. Tier Three will promote inter-jurisdictional partnerships for e-service delivery (e.g. with other governments, voluntary organizations, and international partners), foster innovative pilot projects to improve service to clients, and explore leading edge technologies.

Health Canada has established a GOL Directorate within the Information, Analysis and Connectivity Branch to champion the development, implementation and management of an incremental GOL program within the Department.

In April 2000, Health Canada submitted its first deliverable to Treasury Board Secretariat, consisting of an overview of its current web presence and a list of key programs and services.

In September 2000, Health Canada submitted its second deliverable to Treasury Board Secretariat, which included high-level implementation plans, cost estimates of a general magnitude and early risk assessment for selected Tier Two key programs and services, as well as a progress report on Tier One implementation.

The GOL initiative will provide Health Canada with the opportunity to develop partnerships with other government departments (Tier Two), and with provincial and territorial governments, non-government organizations, community groups (Tier Three), professional organizations and other citizen, business and client groups, to deliver health information and services electronically to Canadians.

In time for the GOL deadline of December 2004, the Department intends to revise and revamp its Internet website. This will ensure that Canadians have easy access to information on programs and services, and that forms required to apply on-line for departmental services will be available. The website will be developed in accordance with GOL protocols and use the Common Look and Feel Standards.

For more information about this government-wide initiative, visit the Government of Canada On-Line Home Page at < www.gol-ged.gc.ca/index_e.asp >.

Accountability for Key Results

Assistant Deputy Minister, Information, Analysis and Connectivity Branch

D. Sustainable Development Strategy

In February 2001, Health Canada tabled its second Sustainable Development Strategy, *Sustaining Your Health II*, in the House of Commons.³ This Strategy contains the Department's commitments to make further significant progress on sustainable development over the next three years (April 2001- March 2004). The commitments and deliverables under the Strategy are woven into the business lines described in the preceding sections of this *Report on Plans and Priorities*.

The Strategy is important to Canadians because it identifies broad themes, along with specific objectives and measurable targets, designed to help Canadians maintain and improve their health in a way that takes into account the environmental, social/cultural and economic factors that influence health and well-being. It builds on the lessons learned from implementing Health Canada's first Sustainable Development Strategy, *Sustaining Our Health*, in 1997, and the advice of our partners, stakeholders and the Canadian public.

Sustainable development is fundamental to Health Canada's activities and to its success. As we work with Canadians to attain optimal health, we must take account of the environmental, social/cultural and economic factors that influence health and well-being both now and in the long term. It is a set of principles and practices that must be continuously incorporated into all the Department does – our programs, our decisions and our policies. It is about providing protection for both Canada's "natural capital" and its "human capital".

Health Canada's commitment to sustainable development extends well beyond the three year lifetime of the Strategy. A long-term commitment is essential, because actions to improve health may take many years to show results.

To maximize Health Canada's positive effects on sustainable development and to minimize the negative ones, the Department will strengthen its commitments in the second Sustainable Development Strategy on three themes where significant, real advances can be made:

- **Theme One: Helping to create healthy social and physical environments** – The objectives and targets under this theme focus on accelerating the creation of social and physical conditions that maintain and enhance population health.
- **Theme Two: Integrating sustainable development into departmental decision-making and management processes** – The objectives and targets here strive to ensure that Health Canada views all decision-making from a perspective that includes sustainable development.
- **Theme Three: Minimizing the environmental and health effects of the Department's physical operations and activities** – The objectives under this theme strengthen Health Canada's commitment to "go green" through a variety of activities. Health Canada wants to "green" its operations through the Environmental Management System (EMS), a systematic

³ The Strategy can be found at < www.hc-sc.gc.ca/susdevdur >

approach to incorporating environmental considerations into everyday business decisions. Based on ISO 14001, the EMS provides the Department with a framework for managing its environmental agendas and for tracking, evaluating and communicating environmental performance.

Health Canada is fully committed to working with its clients, partners and stakeholders to advance sustainable development, and especially to working with other federal departments to make progress on the eight government-wide focus areas for this round of three year strategies. All of the Health Canada targets are directly related in the Strategy to the eight federal focus areas. In addition the Department commits to:

- develop more vigorous partnerships with provincial and territorial governments on sustainable development issues and to push for international agreements that foster a healthier society and global ecosystem protection;
- implement its renewed Sustainable Development Strategy 2000 and its internal Sustainable Development Policy;
- monitor the progress it makes on sustainable development;
- report regularly on the results of the implementation of the new Strategy and prepare a final achievements report on the completed 1997 Sustainable Development Strategy; and
- encourage dialogue on sustainable development issues of concern to Canadians and promote the application of sustainable development principles and practices among partners and stakeholders.

Accountability for Key Results

Deputy Minister, Departmental Champion for Sustainable Development

Assistant Deputy Minister, Healthy Environments and Consumer Safety Branch

E. Gender-Based Analysis

The Government of Canada is committed to gender equality, as outlined in the 1995 *Federal Plan on Gender Equality*. As one element of the Federal Plan, the government called on all federal departments to identify and assess the different effects that future policies and legislation may have on women and men in order to ensure the development of equitable options that benefit all Canadians and lead to gender equality. In 2000, the government recommitted to advancing the objectives of the Federal Plan, including gender-based analysis, through the development of a new agenda for gender equality.⁴

Canadians are among the healthiest people in the world. However, our health system has not always understood the factors that differently influence the health status of men and women nor has it addressed gender inequities in research, education, and decision-making. For example,

⁴ < www.hc-sc.gc.ca/women/english/gba.pdf >.

only recently have research, prevention, diagnosis and treatment of heart disease been informed by an appreciation that the symptoms, course of illness, effects of medications and suitability of certain surgical procedures are not necessarily the same for women and men.

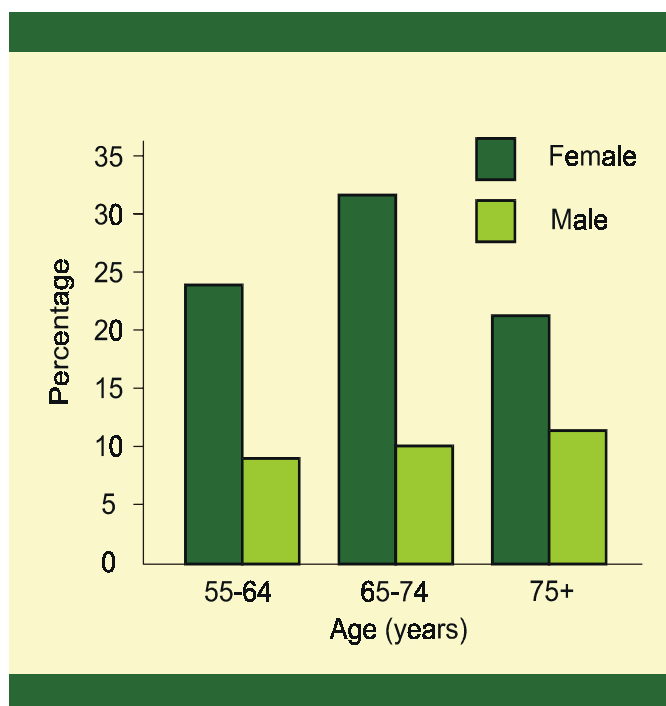
The Department has taken specific initiatives, delineated in *Health Canada's Women's Health Strategy* released by the Minister of Health in 1999, to make the health system more responsive to the needs of women. A key objective of the strategy is to ensure that Health Canada's policies and programs are responsive to gender differences. The Department will monitor and assess progress on this and other objectives in the Women's Health Strategy for inclusion in Health Canada's accountability reports.

Health Canada also funds the Centres of Excellence for Women's Health to provide information and research on gender as a cross-cutting determinant of health. The Department will continue to collaborate with the Centres to inform health policy work throughout the Department.

Accountability for Key Results

Assistant Deputy Minister, Health Policy and Communications Branch

Health Fact: Canadians reporting limited activity due to arthritis, by Age and Sex, 1996-97



Source: Statistics Canada, *National Population Health Survey 1996-97*, special tabulations

4.2 Collective Initiatives

Collective Initiative	Key Result Commitment	List of Partner(s)	Money Allocated by Partners	Planned Results
<p>September 11, 2000 First Ministers' Agreement on Health</p>	<p>First Ministers committed to strengthening and renewing Canada's publicly-funded health care services through partnership and collaboration.</p>	<p>Lead: Health Canada</p> <p>Partners: provinces and territories</p>	<p>\$18.9 billion cash increase to the Canada Health and Social Transfer (CHST) over five years starting in 2001-2002</p> <p>\$1 billion for Medical Equipment Fund</p> <p>\$500 million for Information Technology</p> <p>\$800 million for a Primary Health Care Transition Fund, starting in 2001-2002</p>	<ul style="list-style-type: none"> • First Ministers agreed to collaborate on eight specific priorities: <ul style="list-style-type: none"> - Improve timely access to, and quality of, health services of highest priority to Canadians. - Strengthen investments in health promotion, including strategies and policies that recognize the determinants of health, enhance disease prevention and improve public health. - Make primary health care reform a high priority and work towards ensuring timely access to services. - Coordinate efforts on the supply of doctors, nurses and other health care personnel. - Strengthen investment in home care and community care as components of a fully integrated health system. - Work together to develop strategies for assessing the cost-effectiveness of prescription drugs and strengthen the surveillance of the therapeutic effect of drugs after they have been approved for sale. - Work together to strengthen a Canada-wide health infrastructure to improve quality, access and timeliness of care for Canadians and develop electronic health records and enhance technologies like telehealth. - Invest in equipment, new technologies and facilities required to sustain and renew health services. • First Ministers also agreed to provide comprehensive and regular public reporting on the health programs and services they deliver and collaborate on the development of a comprehensive reporting framework.

4.2 Collective Initiatives (continued)

Collective Initiative	Key Result Commitment	List of Partner(s)	Money Allocated by Partners	Planned Results
<p>Early Childhood Development (ECD) Initiative</p>	<p>Federal, Provincial and Territorial (FPT)¹ agreement on an action plan for the development of a coordinated and comprehensive early childhood development system in Canada, with a focus on four key areas of action:</p> <ul style="list-style-type: none"> • promoting healthy pregnancy, birth and infancy; • improving parenting and family supports; • strengthening early childhood development, learning and care; • strengthening community supports. 	<p>Lead: Health Canada, Human Resources and Development Canada (HRDC)</p> <p>Partners: Department of Indian Affairs and Northern Development (DIAND), provinces and territories (PTs)</p>	<p>Government of Canada:</p> <p>\$2.2 billion, over five years, to PTs via CHST</p>	<ul style="list-style-type: none"> • FPT governments accountable through performance measurement and reporting on ECD, specifically: <ul style="list-style-type: none"> - reporting annually on investments and progress in enhancing ECD programs and services, commencing September 1, 2001; - developing and reporting on a shared framework of comparable indicators showing progress in expanding and improving ECD services, commencing September 2, 2001; and - reporting regularly on outcome indicators of child well-being using a set of common indicators, commencing September 2, 2001. • FPT governments work together on research and knowledge related to ECD (to include sharing of information on effective practices and dissemination of research results). • Governments work together on communication initiatives for FPT and jurisdictional ECD initiatives. • FPT governments work with Aboriginal people to address developmental needs of Aboriginal children. • FPT governments work with Canadians to develop ECD priorities and review outcomes.
	<p>¹ Quebec did not sign.</p>			

4.2 Collective Initiatives (continued)

Collective Initiative	Key Result Commitment	List of Partner(s)	Money Allocated by Partners	Planned Results
Canadian Rural Partnership (CRP)	To support rural community development by adopting new approaches and practices to respond to rural development issues and concerns.	<p>Lead: Agriculture and Agri-Food Canada</p> <p>28 federal departments and agencies participate, including Health Canada</p>	\$20 million over four years (1998-2002)	<ul style="list-style-type: none"> • Health Canada's efforts on rural health comprise the main vehicle for federal action on the CRP priority to "work with provincial and territorial governments to examine, pilot and test new ways to provide rural Canadians with access to health care at reasonable cost." • In June 2000, Health Canada launched the two-year, \$11 million Rural and Remote Health Innovations Initiative funding program. Objectives are to promote the integration and accessibility of a full range of health services, including both primary and specialty care; to explore ways to address workforce issues, including gaps existing in the supply of health professionals; and find ways to improve the delivery of health services in rural and remote areas. • Other efforts within Health Canada in 2000-2001 fiscal year also indirectly support, and contribute to, this CRP priority. Health Canada launched the two-year, \$80 million Canada Health Infrastructure Partnerships Program (CHIPP) in June 2000 to improve the delivery of health care to all Canadians, including rural residents, through the innovative use of information and communications technologies. It is expected that CHIPP will generate creative solutions to improve access to and the quality of health care, while enhancing efficiency and the long-term viability of Canada's health care system.

4.2 Collective Initiatives (continued)

Collective Initiative	Key Result Commitment	List of Partner(s)	Money Allocated by Partners	Planned Results
Federal, Provincial and Territorial (FPT) Ministers Responsible for Seniors	To develop a common understanding of seniors' needs in a society that will be experiencing a demographic shift in the coming years, as the population ages.	Lead: FPT Committee of Officials (seniors) Co-chairs: Health Canada and Nova Scotia.	Approximately \$100,000 per year - varies based on projects planned and approved by the FPT Committee of Officials (Seniors)	<ul style="list-style-type: none"> • Implement and assess the key tools of the National Framework on Aging (the Policy Guide and the Seniors Policies and Programs Database). • Develop and share a report on best practices with respect to injury prevention for seniors in order to build on experience and expertise across jurisdictions. • Address issues related to societal views of aging within the context of an aging population, with a view to facilitating seniors' ongoing participation and contribution to society.
Falls Prevention Initiative	To deliver a community-based health promotion initiative to help identify effective falls prevention strategies for veterans and other seniors.	Lead: Health Canada Veterans Affairs Canada (VAC), under a Memorandum of Understanding	\$10 million over four years (\$2.5 million per year) Transferred from VAC to the Health Canada budget.	<ul style="list-style-type: none"> • Advance understanding and knowledge of effective falls prevention interventions directed to veterans and seniors using a population health approach. • Develop the capacity of veterans' and other community organizations to develop and deliver community-based health promotion programming addressing falls prevention. • Strengthen the capacity within the two departments to deliver health promotion programming to older Canadians using the population health approach.

4.3 Summary of Proposed Major Legislative / Regulatory Initiatives

Table I: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part II between April 1, 2001 and March 31, 2002

Purpose of Regulatory Initiative	Expected Results
Replace the Consumer Chemicals and Containers Regulations	Protection of the health and safety of Canadians when they are exposed to consumer chemical products.
Amendments to the Diagnostic X-ray Equipment Regulations (Part XII) under the <i>Radiation Emitting Devices Act</i>	Improved radiation safety of diagnostic X-ray equipment. Improved harmonization in the regulation of diagnostic X-ray equipment with U.S. and European legislation. Modernization of the regulations for mammography.
Use of Marijuana for Medical Purposes	A regulatory approach defining the circumstances and manner in which the use of marijuana for medical purposes will be permitted.
Scheduling of Remaining Substances of the United Nations 1971 Convention, Schedule # 1159, 1160	Canadian compliance with international obligations under the 1971 United Nations Convention.
Scheduling Modafinil to Schedule III of the <i>Controlled Drugs and Substances Act (CDSA)</i> and Part G of the Food and Drug Regulations, Schedule # 1184	Control of Modafinil under the provisions of Schedule III of the <i>CDSA</i> which will reduce potential abuse.
Scheduling of Zaleplon, Zolpidem, Zopiclone to the <i>CDSA</i> and the Benzodiazepines and other Targeted Substances Regulations, and also deleting them from the Food and Drugs Regulations, Schedule # 1243	Control of Zaleplon, Zolpidem, Zopiclone under the provisions of Schedule IV of the <i>CDSA</i> will reduce potential abuse.
Omnibus Amendment - Common Law Partner, Schedule # 1246	Modernize the language in the <i>CDSA</i> and the <i>Food and Drugs Act (FDA)</i> .

Table I: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part II between April 1, 2001 and March 31, 2002 (continued)

Purpose of Regulatory Initiative	Expected Results
Food and Drug Regulations (Health Claims for Foods)	Certain diet-related health claims for foods and conditions for their use, as well as a regulatory framework for consideration of other claims.
Food and Drug Regulations (Nutrient Content Claims)	Nutrient content claims that are: <ul style="list-style-type: none"> • consistent, accurate and clear; • based on health criteria and support dietary guidance; and • not in conflict with health and safety issues, but still take into account economic and trade considerations.
Food and Drug Regulations (Nutrition Labelling)	More detailed and pertinent nutritional information in a standardized format on food labels to allow the consumer to select a healthy diet.
Natural Health Products Regulations	Ready access for Canadians to natural health products that are safe, effective, and of high quality.

Table II: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part I between April 1, 2001 and March 31, 2002

Regulations	Expected Results
Amendments to the Dental X-ray Equipment Regulations (Part II) under the <i>Radiation Emitting Devices Act</i>	Improved radiation safety of dental X-ray equipment. Improved harmonization of regulations pertaining to dental X-ray equipment with U.S. and European legislation.
Scheduling of Remaining Substances of the United Nations 1971 Convention, Schedule # 1159, 1160	Canadian compliance with international obligations under the International Narcotics Control Board to meet the Convention.
Control of Precursors and Other Substances Frequently Used in the Clandestine Production of Controlled Substances	Measures to fulfill Canada's obligation under the 1988 United Nations Convention which will increase the level of control for these substances to meet international standards.
Food and Drug Regulations (Revision of Division 16 - Food Additive Tables)	Greater choice for industry in the use of food additives, while continuing to ensure public safety.
Food and Drug Regulations (Food Irradiation)	Additional uses of the food irradiation process to control pathogens, reduce microbial load and extend shelf life of various meat products.
Food and Drug Regulations (Enhanced Labelling of Foods)	The amendments will be proposing that specific food allergens would always be declared on the labels of pre-packaged foods.

Table III: Legislative Initiatives that may be tabled in Parliament in 2001-2002

Legislative Initiative	Expected Results
Replacement of the <i>Pest Control Products Act</i> with a new Act	<p>The new Act would strengthen protection from health and environmental risks posed by pesticides, especially for children and other vulnerable groups, and provide for informed public participation through consultation and access to information supporting pesticide registrations, leading to:</p> <ul style="list-style-type: none"> • greater certainty that marketed pesticides do not pose unacceptable risks; • enhanced public confidence in the pesticide regulatory system; • cost-effective regulation.
Act to Regulate Assisted Human Reproduction	<p>Protection and promotion of the health and safety of Canadians in the use of human reproductive materials for assisted human reproduction, other medical procedures and medical research.</p> <p>Promotion of the resolution of ethical issues in the use of human reproductive materials and pre-implantation embryos.</p> <p>Protection of the dignity and security of all persons, especially women and children.</p>
Health Protection Act	<p>The proposed legislative framework would correct numerous gaps and inconsistencies found in the current statutes aimed at addressing health risks before they lead to injury or disease (<i>Food and Drugs Act, Hazardous Products Act, Quarantine Act, etc.</i>). It would also establish guiding principles to govern federal intervention in the area of health protection.</p> <p>In light of the comments received in a first round of national consultations, Health Canada is developing a detailed legislative proposal to serve as a basis for a second round of discussions before tabling a Bill in Parliament.</p>

Section V

Financial Information



photo: Health Canada

Table 5.1: Net Cost of Program for 2001-2002

(millions of dollars)

Gross Planned Spending (Budgetary Main Estimates plus Adjustments)	2,695.7
<i>Plus: Services received without charge</i>	
Accommodation provided by Public Works and Government Services Canada (PWGSC)	24.7
Contributions covering employees' share of employees' insurance premiums and expenditures paid by Treasury Board Secretariat (TBS)	30.6
Worker's compensation coverage provided by Human Resources Development Canada (HRDC)	0.7
Salary and associated expenditures of legal services provided by Justice Canada	2.6
<i>Less: Respendable Revenues</i>	(49.5)
<i>Less: Non-Respendable Revenues</i>	(7.8)
2001-2002 Net Cost of Program	2,697.0

**Table 5.2: Crosswalk between Old and New Business Lines -
Net Forecast Spending 2000-2001**

(millions of dollars)

New Business Lines

	Health Care Policy	Health Promotion & Protection	First Nations & Inuit Health	Information & Knowledge & Management	Departmental Management & Administration	Total	% of Total	FTEs
Old Business Lines								
Management of Risks to Health	0.0	368.7	0.0	0.0	0.0	\$368.7	15.9%	3,285
Promotion of Population Health	0.0	251.0	0.0	0.0	0.0	\$251.0	10.8%	686
Aboriginal Health	0.0	22.2	1,289.7	0.0	0.0	\$1,311.9	56.4%	1,403
Health System Support & Renewal	70.7	4.2	0.0	0.0	0.0	\$74.9	3.2%	114
Health Policy, Planning and Information	48.7	17.7	0.0	87.5	8.3	\$162.2	7.0%	719
Corporate Services	0.0	0.0	0.0	36.8	120.5	\$157.3	6.8%	987
Total	\$119.4	\$663.8	\$1,289.7	\$124.3	\$128.8	\$2,326.0	100%	-
% of Total	5.1%	28.5%	55.4%	5.3%	5.5%	100.0%	-	-
Full-Time Equivalentents (FTEs)	346	4,130	1,385	635	698	-	-	7,194

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

Table 5.3: Source of Respendable Revenues

(millions of dollars)

Business Lines	Total Authorities*	Planned Authorities**	Planned Authorities**	Planned Authorities**
Service Lines	2000-2001	2001-2002	2002-2003	2003-2004
Health Promotion and Protection				
Health Products and Food*	36.0	36.0	36.0	36.0
Healthy Environments and Consumer Safety*	3.5	3.5	3.5	3.5
Pest Management Regulation*	0.2	0.2	0.2	0.2
First Nations and Inuit Health	9.1	9.1	9.1	9.1
Departmental Management and Administration	0.7	0.7	0.7	0.7
Total Respendable Revenues	49.5	49.5	49.5	49.5

* Does not include the Respendable Revenues for initiatives seeking approval after Main Estimates:
Pest Management Regulation \$6.8M,
Occupational Health and Safety \$5.8M and
Medical Devices \$4.6M

** Includes only authorities approved by Parliament

Table 5.4: Source of Non-Respendable Revenues

(millions of dollars)

Business Lines	Forecast Revenues 2000-2001	Planned Revenues 2001-2002	Planned Revenues 2002-2003	Planned Revenues 2003-2004
Service Lines				
Health Promotion and Protection				
Health Products and Food	3.8	3.8	3.8	3.8
Healthy Environments and Consumer Safety	0.6	0.6	0.6	0.6
Pest Management Regulation	1.0	1.0	1.0	1.0
First Nations and Inuit Health	2.3	2.3	2.3	2.3
Departmental Management and Administration	0.1	0.1	0.1	0.1
Total Non-Respendable Revenues	7.8	7.8	7.8	7.8
Total Respendable and Non-Respendable Revenues	57.3	57.3	57.3	57.3

Table 5.5: Summary of Transfer Payments

(millions of dollars)

Business Lines	Forecast Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004
Grants				
Health Care Policy	11.9	0.9	0.9	0.9
Health Promotion and Protection	29.8	28.4	26.7	26.6
Total Grants	41.7	29.3	27.6	27.5
Contributions				
Health Care Policy	45.2	203.8	183.5	183.5
Health Promotion and Protection	197.1	280.6	198.8	190.3
First Nations and Inuit Health	598.0	627.6	645.2	667.5
Information and Knowledge Management	22.5	52.8	48.8	14.8
Departmental Management and Administration	27.3	17.3	17.4	14.5
Total Contributions	890.1	1,182.1	1,093.7	1,070.6
Total Transfer Payments	931.8	1,211.4	1,121.3	1,098.1

Table 5.6 Details on Transfer Payments, 2001-2002 Planned Spending

(millions of dollars)

Grants	Amount	Objective	Planned Result/Milestone
Health Promotion and Protection	\$28.4		
Grant to Canadian Blood Services - Transition Costs	5.0	Subsidization of transition costs towards implementation of management and operational structures.	<ul style="list-style-type: none"> Establishment of management systems, administrative processes, standard operating procedures and safety and screening routines to ensure safety and effectiveness of the blood supply service.
Grant to persons and agencies to support health promotion projects in the areas of community health, resource development, training and skill development, and research	12.3	To expand activities in community health, resource development, training and skill development, and research.	<ul style="list-style-type: none"> Expanded community-based initiatives that promote healthy activities and create a larger cadre of trained community members.
Grant towards the Canadian Strategy on HIV/AIDS	8.0	To support prevention of HIV/AIDS, to promote care, treatment and support for people affected by HIV/AIDS and to support biomedical and clinical research.	<ul style="list-style-type: none"> Prevention of spread of HIV in vulnerable populations. Strengthened community capacity to address HIV/AIDS issues of vulnerable populations. Progress towards the development of effective drugs, vaccines and therapies.
Grants less than \$5M *	3.1	* Includes: a) World Health Organization, b) International Commission on Radiological Protection, c) Grant to the National Cancer Institute of Canada for the Canadian Breast Cancer Research Initiative.	
Health Care Policy business line grants less than \$5M **	0.9	** Grants to eligible non-profit international organizations in support of their projects or programs on health.	
Departmental Grants Total	\$29.3		

(millions of dollars)

Contributions	Amount	Objective	Planned Result/Milestone
Health Care Policy	\$203.8		
Contributions to provincial and territorial governments, and to non-profit organizations in the health or social services field, in order to test and evaluate ways to improve the health care system of the future, specifically in four priority areas which were agreed to by the federal and provincial/territorial governments (primary health care, home care, pharmacare, integrated service delivery).	202.4	To nurture an improved health care system responsive to future health care needs and services.	<ul style="list-style-type: none"> • Generation and dissemination of evidence on new approaches to health care delivery.
Contributions less than \$5M*	1.4		

* Funding for the Women's Health Contribution Program.

(millions of dollars)

Contributions	Amount	Objective	Planned Result/Milestone
Health Promotion and Protection			
Contributions towards the Toxic Substances Research Initiative	5.3	To protect the health and environment of Canadians by improving and expanding the toxic substance knowledge base.	<ul style="list-style-type: none"> • Protection and preservation of human health and environment for current and future generations.
Contributions to persons and agencies to support health promotion projects in the area of community health, resource development, training and skill development, and research	137.2	To expand the knowledge base for program and policy development, to build more partnerships and to develop intersectoral collaboration.	<ul style="list-style-type: none"> • Evidence of the effectiveness of interventions to improve and promote health, reduce risks, and prevent disease, illness and injury.
Payments to provinces, territories and to national non-profit organizations to support the development of innovative alcohol and drug treatment and rehabilitation programs	14.5	To ensure accessible, effective and innovative alcohol and drug treatment and rehabilitation programs and services across Canada.	<ul style="list-style-type: none"> • Improved access to effective treatment and rehabilitation programming. • Leading edge research on best practices in substance abuse treatment and rehabilitation, in collaboration with the provinces and territories.
Contributions to non-profit community organizations to support, on a long-term basis, the development and provision of preventive and early intervention services aimed at addressing the health and development problems experienced by young children at risk in Canada	82.1	To improve community capacity to respond to health and development needs of young children and to provide support to pregnant women whose health and pregnancy may be at some risk	<ul style="list-style-type: none"> • Improved health and social development of children who are 0 to 6 years of age. • Improved access to prenatal care and health services for pregnant women.

(millions of dollars)

Contributions	Amount	Objective	Planned Result/Milestone
Health Promotion and Protection (cont'd)			
Contributions towards the Canadian Strategy on HIV/AIDS	20.6	To support prevention of HIV/AIDS, to promote care, treatment and support for people affected by HIV/AIDS and to support epidemiological and community-based research.	<ul style="list-style-type: none"> • Prevention of spread of HIV in vulnerable populations. • Strengthened community capacity to address HIV/AIDS issues of vulnerable populations. • Increased knowledge of HIV epidemiology.
Contributions to incorporated local or regional non-profit Aboriginal organizations and institutions for the purpose of developing early intervention programs for Aboriginal pre-school children and their families	19.0	To develop early intervention programs for Aboriginal pre-school children and their families.	<ul style="list-style-type: none"> • Enhanced programming for prenatal involvement and support for special needs children in the 114 community sites.
Contributions less than \$5M*	1.9		

* Includes:

- a) Contributions to persons and agencies to support activities of national importance for the improvement of health services and in support of research and demonstrations in the field of public health,
- b) Contributions to Canadian Blood Services and/or other designated transfusion/transplantation centres to support adverse event surveillance activities,

(millions of dollars)

Contributions	Amount	Objective	Planned Result/Milestone
First Nations and Inuit Health \$627.6			
Contributions for integrated Indian and Inuit community-based health care services	293.5	To provide funding in support of integrated community health services to status Indians and Inuit people, based on the needs of the community and within the scope of the Branch's operational standards and program goals. This includes the programs: National Native Alcohol and Drug Abuse Program, Brighter Futures, Home and Community Care, Solvent Abuse, Canada Prenatal Nutrition Program and HIV/AIDS.	<ul style="list-style-type: none"> • Improved physical, mental, social, health and well-being status of First Nations and Inuit (FNI) people. • Reduction of death, illness, injury, disability and addictions.
Payments to Indian bands, associations or groups for the control and provision of health services	161.3	To increase responsibility and control by Indian communities of their own health care and to effect improvement in the health conditions of Indian people.	<ul style="list-style-type: none"> • Flexibility in the design and delivery of community health programs and services. • Maintenance of public health and safety through the provision of mandatory health and treatment programs. • Strengthened and enhanced accountability of Indian leaders to their communities.
Contributions to support pilot projects to assess options for transferring the Non-Insured Health Benefits (NIHB) Program to First Nations and Inuit control	24.0	To provide financial support to Indian bands, associations or groups for the control and provision of health services.	<ul style="list-style-type: none"> • NIHB services appropriate to the unique health needs of FNI people. • NIHB program/project sustainability from both cost and benefit management perspectives.

(millions of dollars)

Contributions	Amount	Objective	Planned Result/Milestone
First Nations and Inuit Health (cont'd)			
Contributions to Indian bands, Indian and Inuit associations or groups or local governments and the territorial governments for Non-Insured Health Services	83.8	To provide contributions to Indian bands, Indian and Inuit associations or groups or local governments and territorial governments for Non-Insured Health Services.	<ul style="list-style-type: none"> • Capacity building for FNI groups. • A pilot project agreement as part of a move towards increased autonomy.
Contribution towards the Aboriginal Head Start On-Reserve Program	22.5	To support early child development strategies that are designed and controlled by First Nations communities.	<ul style="list-style-type: none"> • Increased awareness of nutritional needs. • Increased family involvement in Aboriginal Head Start. • Increased community networking and support of pre-school needs.
Contributions for First Nations and Inuit health promotion and prevention projects and for developmental projects to support First Nations and Inuit control of health services	29.0	To contribute to FNI health promotion and prevention projects and for developmental projects to support FNI control of health services.	<ul style="list-style-type: none"> • Overall good health of community members. • Community support for the promotion of good health practices to build capacity to address community health problems.

(millions of dollars)

Contributions	Amount	Objective	Planned Result/Milestone
First Nations and Inuit Health (cont'd)			
Payments to the Aboriginal Health Institute / Centre for the Advancement of Aboriginal Peoples' Health	7.5	To support and provide payments to the Aboriginal Health Institute / Centre for the Advancement of Aboriginal Peoples' Health.	<ul style="list-style-type: none"> • Empowerment of Aboriginal peoples through advancement and sharing of knowledge on Aboriginal health. • Strengthened collective knowledge and abilities.
Contributions less than \$5M *	6.0		

* Includes:

- a) Contributions to universities, colleges and other organizations to increase the participation of Indian and Inuit students in academic programs leading to professional health careers,
- b) Contributions to the Government of Newfoundland towards the cost of health care delivery to Innu and Inuit communities,
- c) Contributions to Indian and Inuit associations or groups for consultations on Indian and Inuit health,
- d) Contributions on behalf of, or to, Indians or Inuit towards the cost of construction, extension or renovation of hospitals and other health care delivery facilities and institutions, as well as of hospital and health care equipment.

(millions of dollars)

Contributions	Amount	Objective	Planned Result/Milestone
Information and Knowledge Management	\$52.8		
Canada Health Infostructure Partnership Program	38.0	To support a national, collaborative approach toward the use of innovative information and communications technology applications in health care delivery.	<ul style="list-style-type: none"> Better understanding of the impacts and outcomes of electronic health records and telehealth in health service delivery.
Contributions for First Nations and Inuit health promotion and prevention projects and for development projects to support First Nation and Inuit control of health services	8.0	To develop the basic infrastructure and capacity to track and manage FNI health issues	<ul style="list-style-type: none"> Better understanding and management of FNI health through voluntary use of the FNI Health Information System.
Other contributions less than \$5M *	6.8		

* Includes:

- a) Contributions to the Canadian Institute for Health Information,
- b) Health Policy Research Program, and
- c) Knowledge Development and Exchange Program.

(millions of dollars)

Contributions	Amount	Objective	Planned Result/Milestone
Departmental Management and Administration			
Contributions on behalf of, or to, Indians or Inuit towards the cost of construction, extension or renovation of hospitals and other health care delivery facilities and institutions as well as of hospital and health care equipment	14.0	To financially assist the maintenance and provision of hospitals, other facilities and healthcare equipment in support of health services for FNI communities.	<ul style="list-style-type: none"> Improved access to health services.
Other contributions less than \$5M *	3.3		
* Contributions for integrated Indian and Inuit community-based health care services.			
Departmental Contributions Total		\$1,182.1	

Section VI

Other Information



photo: Health Canada

6.1 Statutes and Regulations

A. Statutes and/or Regulations for which the Minister of Health is Responsible

1. *Canada Health Act*, R.S.C. 1985, c. C-6
 - Extra-billing and User Charges Information Regulations, SOR/86-259
2. *Canadian Centre on Substance Abuse Act*, R.S.C. 1985, c. 49 (4th Supp.)
3. *Canadian Environmental Protection Act 1999*, R.S.C. 1985, c. 15.31
4. *Canadian Institutes of Health Research Act*, R.S.C. 1985, c. C-18.1
5. *Controlled Drugs and Substances Act*, R.S.C. 1985, c. C-38.8
6. *Department of Health Act*, R.S.C. 1985, c. H-3.2
 - Potable Water on Common Carriers, C.R.C. 1105 as am. by SOR/78-100
 - Human Pathogens Importation Regulations, SOR/94-558
7. *Financial Administration Act*, R.S.C. 1985, c. F-11
 - Dosimetry Services Fees Regulations, SOR/90-109, SOR/94-279
 - Authority to Sell Drugs Fees Regulations, SOR/95-31
 - Drug Evaluation Fees Regulations, SOR/95-424
 - Medical Devices Fees Regulations, SOR/95-585
 - Veterinary Drug Evaluation Fees Regulations, SOR/96-143
 - Regulations Prescribing Fees to be Paid for a Pest Control Product, SOR/97-173
 - Establishment Licensing Fees Regulations, SOR/98-4
 - Licensed Dealers for Controlled Drugs and Narcotics Fees Regulations, SOR/98-5
8. *Fitness and Amateur Sport Act*, R.S.C. 1985, c. F-25
9. *Food and Drugs Act*, R.S.C. 1985, c. F-27
10. *Hazardous Materials Information Review Act*, R.S.C. 1985, c. H-2.7
11. *Hazardous Products Act*, R.S.C. 1985, c. H-3
12. *Medical Research Council Act*, R.S.C. 1985, c. M-4 and the *Canadian Institutes of Health Research Act*, S.C. 2000 c. 6, except for sections 40, 41, 43, 45, 47, 49 and 51 which are not yet in force
13. *Patent Act*, R.S.C. 1985, c. P-4
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- Patented Medicines Regulations, SOR/88-474, SOR/94-688, SOR/95-172, SOR/98-105
- 14. *Pest Control Products Act*, R.S.C. 1985, c. P-9
- 15. *Pesticide Residue Compensation Act*, R.S.C. 1985, c. P-10
- 16. *Quarantine Act*, R.S.C. 1985, c. Q-1
- 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. *Tobacco Act*, R.S.C. 1985, c. T-11.5
 - Tobacco (Access) Regulations, SOR/99-93
 - Tobacco (Seizure and Restoration) Regulations, SOR/99-94
 - Tobacco Products Information Regulations, SOR/2000-272
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- 20. *Agriculture and Agri-Food Administrative Monetary Penalties Act*, R.S.C. 1995, c. 40, with respect to pesticides

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

- 21. *Broadcasting Act*, R.S.C. 1985, c. B-9.01
- 22. *Canada Labour Code*, R.S.C. 1985, c. L-2, as am. by S.C. 2000, c. 20
- 23. *Canada Medical Act*, R.S.C. 1952, c. 27
- 24. *Canada Shipping Act*, R.S.C. 1985, c. S-9
 - Ships Crews Food and Catering Regulations, C.R.C. 1978, c. 1480
- 25. *Canadian Food Inspection Agency Act*, R.S.C. 1985, c. C-16.5
- 26. *Emergency Preparedness Act*, R.S.C. 1985, c. 6 (4th Supp.)
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- 28. *Excise Tax Act*, R.S.C. 1985, c. E-15
- 29. *Federal-Provincial Fiscal Arrangements Act*, R.S.C. 1985, c.F-8
- 30. *Feeds Act*, R.S.C. 1985, c.F-9
- 31. *Immigration Act*, R.S.C. 1985, c.I-2
- 32. *National Parks Act*, R.S.C. 1985, c. N-14
- 33. *Nuclear Safety and Control Act*, R.S.C. 1985, N-28.3
 - General Nuclear Safety and Control Regulations, SOR/2000-202
- 34. *Trade Marks Act*, R.S.C. 1985, c.T-13

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General Interest

All Together Now: How Families are Affected by Depression and Manic Depression
Because... Life Goes On: Helping Children and Youth Live with Separation and Divorce
Canada's Food Guide to Healthy Eating
Canada's Physical Activity Guide for Healthy Active Living
Canada's Physical Activity Guide for Healthy Active Living for Older Adults
Committed to Strengthening Health Care
Eat Together. Talk Together. Grow Together
Food for Thought: The Challenge of Health Protection
Food Safety and You
Guide to Federal Programs and Services for Children and Youth
Health Canada... Taking Action on Rural Health
Role Modelling: A Parent's Toughest Performance
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10 Valuable Tips for Successful Breastfeeding
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Index

Aboriginal (see First Nations and Inuit Health)	
accountability	8,12,14,15,18,22,23,26,28,29,35,36,42,50,75,76 79,80,81,82,88, 91,96
Acts	122-123
<i>Canada Health Act</i>	8,12,21,22,24,34,35,38
<i>Canadian Environmental Protection Act</i>	56,62,64
<i>Canadian Food Inspection Agency Act</i>	123
<i>Controlled Drugs and Substances Act</i>	21
<i>Department of Health Act</i>	21,122
<i>Patent Act</i>	39
<i>Food and Drugs Act</i>	21,57,58,100,103
<i>Hazardous Products Act</i>	61,64,103
<i>Personal Information Protection and Electronic Document Act</i>	79
<i>Pest Control Products Act</i>	21,22,34,35,67-70,103
<i>Quarantine Act</i>	22,103
<i>Tobacco Act</i>	22,65
Advisory Council on Health Infostructure	53
AIDS (see Diseases: HIV/AIDS)	
alcohol	34,64
Alcohol and Drug Treatment Rehabilitation Program	65
Fetal Alcohol Syndrome and Fetal Alcohol Effects	65,74
Audit and Accountability Bureau	84
bio-accumulative chemicals	68
biotechnology	25,27,54-55,57,63-64
blood	55
Canadian Blood Services	111,114
Canada Health Infostructure Partnership Program	79,99
Canada Health Infoway Inc.	79
Canadian Health Network	80
Canadian Health and Social Transfer	18,19,24,96,97
Canadian Institute for Health Information	40
Canadian Institutes of Health Research	14,18,20,28,49,80
Canadian Rural Partnership	99
chemicals	61-64,68
Chief Scientist, Office of	15,28,84
children	18-19,52,68
Aboriginal	26,74,114
Canada Prenatal Nutrition Program	74
Centres of Excellence for Children's Well-Being	47
Early Childhood Development	8,15,19,25,44,47,50,97,98
comptrollership	8,15,35,36,84,88-90
citizen engagement	27
Coalition on Healthy Eating	58

consumer products	29
complementary and alternative care	39
cosmetics	64
departmental management and administration	14,21,29
determinants of health	19-20,25,44,54,57,63,82,96
diseases	
Alzheimer's	48
arthritis	76
asthma	27
cancer	47,51,76
cardiovascular	63
diabetes	14,47-48,58,75,76
food-borne illness	55
Heart Health Initiative	47
hepatitis C	50-51
HIV/AIDS	51,74,111,114,115
tuberculosis	14
drugs	39,64
abuse	25,74,113
effectiveness	39,44,54
illicit drugs	25,44,61
medical marijuana	15,61,65,100
pharmacare	39,40,65,112
Special Access Program	56
veterinary	57
electronic patient records	18,39,79,97,118
environmental health	25,29,74
evaluation	89
falls prevention	100
family violence	48
Financial Information Strategy	84
First Ministers' Agreement on Health	8,12,18,19,24,38,44,79,88,96,97
First Nations and Inuit health	13,22,23,24,25,26,29,35,72,115-117
Aboriginal Diabetes Initiative	73
Aboriginal Head Start	16,74,116
Aboriginal Health Institute	117
First Nations Health Information System	75,76,118
home and community care	73,75,115
National Native Alcohol and Drug Abuse Program	74,115
Non-Insured Health Benefits	35,75,115,116
self-government agreements	76
telehealth	75,79
food	25,27,29,36,44,50,54-55
Food and Drug Regulations	56,101,102
labelling	15,55-56,58,64
Gender-based analysis	15,95

genetic	27,55,56
Government On-Line	15,21,23,28,29,80,82,92-93
health care policy	21,34,53,112
health infostructure	19,29,53,76,79,96,98,118
health products and food	34,58
health promotion and disease prevention	19,44,49-50
Health Promotion Research Centres	50
health promotion and protection	13,21,23,25,34,44,111, 113-114
health protection	44
Health Transition Fund	39, 40
healthy environments and consumer safety	34,43,60
home and community care	39,40,96,112
Home and Community Care Program	73
horizontal initiatives	15,84
information and knowledge management	14,22,23,36,78,118
management and administration	14,36,76,83
medical devices	13,54
Medicare	8,18,37
mental health	14,26,48,74
natural health products	25,54,56,57,101
nutrition	54
Occupational Health and Safety Agency	29
pesticides	44,67-71
Pesticides, Technical Working Group on	69
pest control products	35
Pest Management Regulatory Agency	28,67-70
Pest Management Regulations	13, 35,69-70
Performance Measurement Development Project	82
population and public health	34,46
population health	28,49,59
primary health care reform	24,39,96,112
Primary Health Care Transition Fund	12,18,39,96
realignment	20,44
Regional Offices	29
rural and remote health	40,48,98
seniors	100
Social Union Framework Agreement	19,41,88
sustainable development	12,14,18,44,56,61,64,70,75,93-94
telehealth/telemedicine	14,19,75,79,118
therapeutic products	25,44,55
tobacco	25,35,44,61,64-65
toxic substances	8
water	25,27,44,50,62,113
women	40,47
Centres of Excellence for Women's Health	40,47,95
workplace health	13, 35,48,60