



Health Canada

2002-2003
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 tabled in the spring 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.

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HEALTH CANADA

2002-2003

Estimates

Report on Plans and Priorities

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**A. Anne McLellan, P.C., M.P.
Minister of Health**

Health Canada

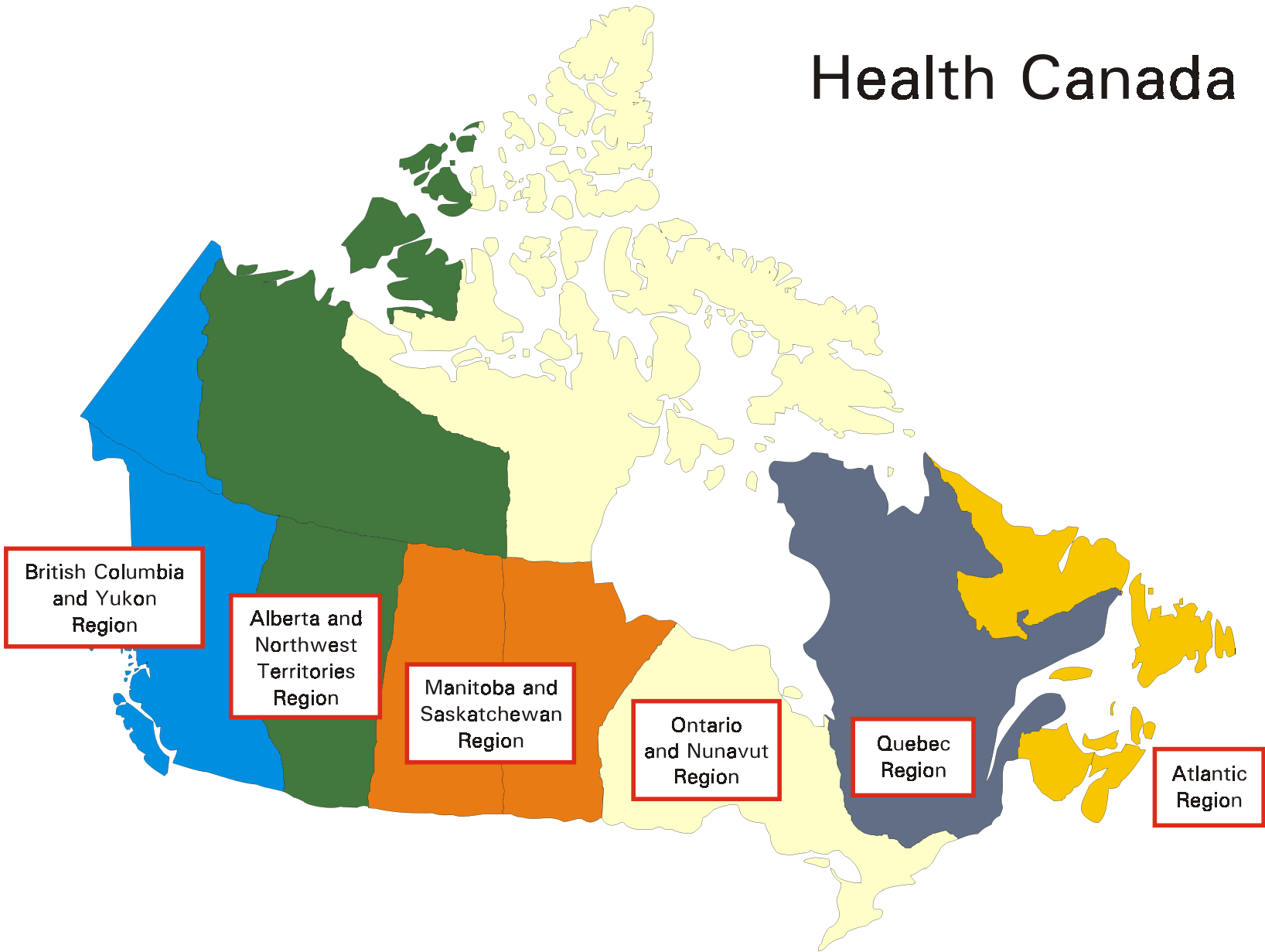


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Section 1

Messages



Minister's Message

Canadians know that health is important to everyone. They expect governments to carry out their important roles and to work together so that the people of Canada can live the healthiest lives possible. Canadians also know our health system will benefit through renewal. That makes 2002-2003 an important time for both Canada's health system and Health Canada.

One of the major opportunities before Canada is the work of the Commission on the Future of Health Care in Canada. The Commission delivered its interim report to the Prime Minister on February 6, 2002. It is now engaging Canadians in a national dialogue to identify what Canadians want and expect from their health care system. The Commission's final report is due in November 2002, and I look forward to working with my provincial and territorial colleagues to develop and apply national solutions to our health care challenges. This will be achieved in a manner that is consistent with our values and principles as Canadians.

That work will complement the ongoing efforts of Health Canada to address the full range of health needs of Canadians, as well as new initiatives that are beginning. Indeed, many Health Canada priorities for 2002-2003 are central to the Government of Canada agenda, as set out in the 2001 Speech from the Throne and recent budgets. For example, our actions to help give all of Canada's children the healthiest start in life possible are more than just a departmental goal. Our collaboration with partners in other federal departments, other levels of governments, health and social service professionals and caring communities shows this is an objective that is widely shared and embraced.

The same is true of our commitment to help improve the health outcomes of First Nations people and Inuit. Health Canada will continue to pursue measures that are dedicated to addressing the health challenges they face and improving the health services available to them. This will complement actions being taken by many departments across the Government of Canada.

Of course, Health Canada will continue to play a significant role as Canada meets the security needs of its citizens. Much of this will build on the strong base already in place to minimise health risks through many of our programs and services, as well as our cooperation with health authorities in other countries. That same science-based approach to managing risks will help Canada build an innovative economy through a sound and careful approach to biotechnology and other advances in science and technology.

I am confident that the plans and priorities in this report will help us to achieve our departmental objectives and enable the Government of Canada to achieve its goals for our country. By working together with others and through our own actions, Health Canada will continue to help the people of Canada maintain and improve their health.

[original copy signed]

A. Anne McLellan
Minister of Health

Management Representation

Report on Plans and Priorities 2002-2003

We submit, for tabling in Parliament, the *2002-2003 Report on Plans and Priorities* (RPP) for Health Canada.

To the best of our knowledge the information in this document:

- 7 accurately portrays Health Canada's plans and priorities;
- 7 is consistent with the reporting principles contained in the *Guide to the Preparation of the 2002-2003 Report on Plans and Priorities*;
- 7 is comprehensive and accurate; and
- 7 is based on sound underlying departmental information and management systems.

We are satisfied as to the quality assurance processes and procedures used for the RPP 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.

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Ian C. Green
Deputy Minister
Health Canada
March 2002

[original copy signed]

Ian Shugart
Assistant Deputy Minister
Health Policy and Communications Branch
March 2002

Executive Summary

Section 2 – Departmental Overview

Recognizing the importance of health and health issues for all Canadians, the Government of Canada has given Health Canada a broad mandate. While much of this mandate is spelled out in the *Department of Health Act*, the Minister of Health is also responsible for the direct administration of another 18 legislative acts, including the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Controlled Drugs and Substances Act*.

Working with other governmental agencies, as well as with non-governmental associations and individuals, Health Canada strives to: minimise health inequalities among groups; ensure that health services are high quality, efficient, and readily accessible to all Canadians; and balance and integrate health care system renewal efforts with longer term prevention, protection, and health promotion initiatives.

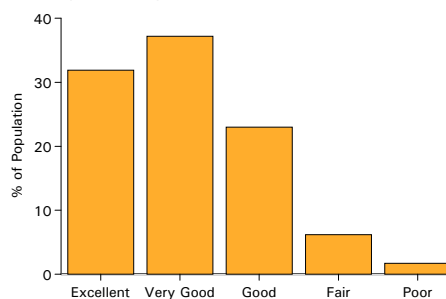
Departmental Priorities – Health Canada has identified five corporate priorities that are designed to respond to key current and emerging health issues. They are:

- 7 Health Care System Renewal;
- 7 First Nations and Inuit Health;
- 7 Safety and the Management of Risks;
- 7 Balancing the Health Agenda; and
- 7 Accountability to Canadians.

Health care renewal is high on the list of priorities for all Canadians, and Health Canada has a significant role to play in national leadership. Steps to increase accountability will help ensure that the Department effectively delivers on its plans and priorities in a manner that is transparent and according to the principles of modern comptrollership.

Department Organization – Seven headquarters branches help Health Canada achieve government-wide and interdepartmental goals. In addition, six regional offices develop and implement departmental programs across the country. Under the leadership of the Regional Directors General, these offices provide information on regional trends and issues, and work with a wide range of partners to deliver departmental programs that are tailored to local conditions.

Most Canadians rate themselves as having very good health.



Source: 1998/99 National Population Health Survey, Statistics Canada

Section 3 – Plans and Priorities

Business Line 1: Health Care Policy

Resources, 2002-2003:

Net Planned Spending – \$227.4 million (8.6% of the total)

Full-Time Equivalents – (FTEs): 305

Summary:

The activities of this business line emphasise support for the viability and accessibility of Medicare, and the strengthening, modernisation, and sustainability of Canada's health system as a whole. This business line is working to ensure that health policies evolve appropriately in a challenging fiscal climate. For example, the costs of new technology and increasing demand for health services are creating pressures that have raised concerns about how best to gain the greatest benefits for all Canadians in an effectively managed system.

Health Canada's efforts to renew and modernise health care will have two major thrusts this year. First, it will continue to work toward the implementation of commitments made in the 2000 First Ministers' Agreement on Health. Health Canada will collaborate with the provinces and territories to develop a comprehensive reporting framework of comparable indicators of health status, health outcomes, and quality of service, so that each government can begin reporting by September 2002. The Department will also undertake primary health reform projects, and work with the provinces on strategies to reduce pharmaceutical costs. Secondly, Health Canada will assist the Government of Canada in responding to the forthcoming report of the Commission on the Future of Health Care in Canada.



Sustainable Development Strategy at Health Canada

Health Canada's impact on sustainable development can be seen through:

- 7 the programs and services the Department provides;
- 7 the Department's work with partners, stakeholders, and other federal departments;
- 7 the integration of sustainable development into decision making systems; and
- 7 actions taken to minimise the negative effects that departmental operations have on the environment.



Business Line 2: Health Promotion and Protection

Resources, 2002-2003:

Net Planned Spending – \$765.2 million (28.8% of the total)

Full-Time Equivalents – (FTEs): 4,249

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.

These activities are carried out by three branches (Population and Public Health, Health Products and Food, and Healthy Environments and Consumer Safety) and the Pest

Management Regulatory Agency. They work together to manage the health and safety risks faced by Canadians every day. In addition to protecting the products that Canadians eat and the environment, this business line is also responsible for ensuring an adequate blood supply and managing the Federal Nuclear Emergency Plan.

Other initiatives of this business line include the development of timely and effective regulatory frameworks for drugs, medical devices and natural health products; the reduction of tobacco consumption; the improved health and well-being of children; and the evaluation, registration and monitoring of pest control products.

Business Line 3: First Nations and Inuit Health

Resources, 2002-2003:

Net Planned Spending – \$1,313 million (49.4% of the total)

Full-Time Equivalents – (FTEs): 1,427

Summary:

This business line aims to overcome the health inequities and disease threats faced by Canada's First Nations people and Inuit. The Department contributes to a range of community-based promotion and prevention services on reserves and in Inuit communities. Priorities within this business line recognise the health challenges that First Nations and Inuit people and communities face. For example, they have a disproportionately high incidence of diabetes, tuberculosis and cardio-vascular disorders.

Health Canada will continue to cooperate and collaborate with First Nations and Inuit communities, the provinces, territories, and health service providers in the modernisation and renewal of health services for First Nations people and Inuit. The proposed reforms may include helping to develop a telehealth system; contributing to bursaries and scholarships for Aboriginal students in health-related programs; identifying and eliminating gaps in service; and implementing responsive, sustainable, cost-effective, and accountable measures to foster healthy individuals and communities.

Business Line 4: Information and Knowledge Management

Resources, 2002-2003:

Net Planned Spending – \$179.5 million (6.8% of the total)

Full-Time Equivalents – (FTEs): 741

Summary:

This business line is responsible for improving the information and analysis that form the basis for decision making and public accountability. It fosters modern information and communications technologies in the health sector. In cooperation with Health Canada's partners, it provides advice, expertise and assistance with respect to information management and information technology, planning and operations.

In 2002-2003, the Department will work toward the implementation of model telehealth and electronic health record projects. It will continue to develop and promote the Canadian Health Network, so that Canadians, including health care professionals, can take advantage of up-to-date and reliable information on health promotion and disease prevention. It will

support the Canadian Institute for Health Information and other partners in the development, dissemination, and evaluation of evidence-based data on health and the health care system.

Business Line 5: Departmental Management and Administration

Resources, 2002-2003:

Net Planned Spending – \$170.6 million (6.4% of the total)

Full-Time Equivalents – (FTEs): 1,208

Summary:

This business line provides general management support for the delivery of Health Canada's programs and is responsible for sound management practices throughout the Department. To this end, it is developing an action plan for modern comptrollership to improve management practices, capabilities, and capacity. Through the Regional Directors General and their staff, the Department works to strengthen partnerships, integrate regional information into health policies and programs, and increase horizontal integration.



Budget 2001

Canada's publicly funded health care system reflects the fundamental values shared by all Canadians. It gives Canadians the security of knowing that they have access to high-quality care when they need it.

The activities of this business line include the Office of the Chief Scientist, which helps ensure the health and safety of Canadians by harnessing excellence in health science and research. This role oversees high-quality science and research to enhance timely, evidence-based program delivery and decision making.

Section 4 – Joint Initiatives

The Department is involved in a number of intergovernmental initiatives, including Government On-Line, which aims to connect the Government of Canada to all citizens; *Sustaining Our Health* (2000), a strategy for sustainable and healthy social and physical environments; Gender-Based Analysis, a plan to help remove gender inequities in the health system; and the Service Improvement Initiative, a governmental effort to improve Canadians' satisfaction with governmental services.

Health Canada expects to propose regulations and amendments over the coming year that would address a range of issues related to the health and safety of Canadians. These areas include nutrition labelling, food irradiation, tobacco promotion, controlled substances, and blood safety.

Section 5 – Financial Information

Together with the summary table at the end of Section 2, there are 5 tables which give an overview of the Department's planned spending and revenues. It also gives details of the grants and contributions managed by the Department.

Section 2

Departmental Overview



2.1 About Health Canada

Good health is a fundamental goal that Canadians want as individuals, families, and communities. Everybody knows that Canada benefits socially and economically when its citizens enjoy the best possible health.

As a reflection of the high priority that Canadians place on health, the Government of Canada has given Health Canada a broad mandate. While the Department's formal mandate is spelled out in the *Department of Health Act*, the Minister of Health is also responsible for the direct administration of another 18 laws. They include the *Canada Health Act*, the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Controlled Drugs and Substances Act* (see Section 6 for a complete listing). The Department also has policy development responsibilities as well as program and service delivery roles that reach a wide range of Canadians. This broad set of responsibilities reflects the diverse nature of health.

This section describes Health Canada's organization, vision, and roles, its most important corporate priorities for 2002-2003, and its overall spending plans.

Our Vision

Health Canada strives to improve the health of all of Canada's people while respecting individual choices and circumstances, and therefore seeks to put Canada among the countries with the healthiest people in the world (as measured by the extent to which Canadians live long, healthy lives with effective use of the health care system only as required).

Health Canada's Mission Statement

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

Objectives

Health Canada, by working with others in a manner that fosters the trust of Canadians, strives to:

- 7 minimise health inequalities among groups;



Speech from the Throne 2001

A healthy Canadian society is built on the health and well-being of individual Canadians and the health of our Communities . . . we know that our system of medicare, which ensures access to needed services regardless of income or place of residence, is vital to our quality of life.

- 7 ensure (with others) that health services are high quality, efficient, and reasonably accessible to all Canadians; and
- 7 integrate health care system renewal efforts with longer term prevention and health promotion initiatives, and measures to increase the protection of Canadians against health risks.

Health Canada seeks to ensure optimal health outcomes—an increasingly difficult task, given the expanding and complex array of needs, demands, and available interventions. With others, and using a network of Regional Offices across the country, we create effective and sustainable systems for health, including the health care system, that allow the greatest number of Canadians to enjoy good health throughout their lives. We strive to reduce inequalities in health status, particularly among children, youth, the elderly, and First Nations people and Inuit.

Just as the health of individual Canadians varies, their circumstances and behaviours vary. Much of our success in achieving our health objectives hinges on our ability to improve community capacity to deal with health issues and to help Canadians make informed choices about their health. Through research and surveillance, Health Canada also ensures that the policies of other sectors of Canadian society support health.

Health Canada and its partners are taking a comprehensive view of health. We endeavour to make strategic, evidence-based decisions on priorities, choose the most effective mix of interventions and strengthen accountability for health outcomes. Health research and information are central to Health Canada's ability to maintain and improve the health of all Canadians. Health Canada maintains a strong science and research capacity, and facilitates and interprets the research conducted by others, ensuring that it has the sound evidence-base required for strategic and effective policies, regulations, and programs. This coherent approach helps Health Canada to anticipate and meet future needs and challenges to the health of Canadians.

Health Canada Roles

In order to achieve our objectives, Health Canada works in a number of ways:

Leader/Partner – The Department provides federal leadership on health matters. We are responsible for administering the *Canada Health Act*, which embodies the key values and principles of Medicare. We develop policies to help the health care system adapt to evolving realities. We identify and address the determinants of health. We seek to contribute to broad governmental agendas targeted at innovation.

Funder – The federal government contributes significantly to health care financing in Canada via the Canada Health and Social Transfer (CHST) and by fostering improvements and modernisation through other programs. Health Canada transfers funds to First Nations and Inuit organizations to help them provide community health services. The Department's grants and contributions to various organizations also contribute towards mutual health objectives.

Guardian/Regulator – The Department’s stewardship role involves both protecting Canadians and facilitating the provision of products vital to the health and well-being of our citizens. We regulate and approve the use of thousands of products, including pesticides, toxic substances, pharmaceuticals, biologics, medical devices, natural health products, consumer goods and foods. The Department delivers a range of programs and services in environmental health and protection, and we have responsibilities in the areas of substance abuse, tobacco policy, workplace health, and the safe use of consumer products. As well, the Department monitors and tracks diseases and takes action where required.



Emergency Preparedness and Health Canada

Health Canada has a key role to play in preparing for and responding to emergencies that could affect the health security of Canadians. During the September 11, 2001 attacks, the Department supplied 47,000 stranded passengers with beds, stretchers, blankets, and emergency medical supplies. Health Canada will work to increase health security by stockpiling additional pharmaceuticals, increasing training for professionals, strengthening the public health laboratory network, and increasing radiation sensor and detection equipment at airports.

Service Provider – Health Canada provides supplementary health insurance to 700,000 First Nations people and Inuit to pay for pharmaceuticals, dental services, vision services and transportation, and provides health services to First Nations and Inuit communities, including prevention, promotion, primary care, and addiction services.

In addition, the Department provides occupational health and safety services to all federal employees and in all federal facilities.

Information Provider – Health Canada performs high-quality science and research in order to support policy development; to regulate increasingly sophisticated products; and to provide the services, information, and management essential to affordable and world-class health care for Canadians. Through research and surveillance, the Department provides information that Canadians can use to maintain and improve their health. This wide array of health promotion and prevention information emphasises both positive health activities and illness prevention measures.

Health Canada supports health research throughout Canada to help expand the scientific and technical knowledge needed to underpin health policies and programs and to make that knowledge widely available.

In Concert With Others

The Department collaborates with a wide array of partners to achieve mutual health objectives. Health Canada works with the provinces and territories, First Nations and Inuit communities, professional associations, consumer groups, universities and research institutes, the voluntary sector, and other federal departments and agencies. Health Canada also works with the people of Canada, through consultation and public involvement.

Flexibility for a Changing Environment

The forces shaping public health are constantly evolving. Canada is witnessing:

- 7 increased public sensitivity to health matters, with accompanying demands for quick access to services and information;
- 7 shifting demographic patterns that are exerting pressure on health care services;
- 7 rapid scientific advances that create both health benefits and pressures; and
- 7 expanding international migration, travel, and commerce patterns that are generating additional health concerns.

Health Canada's response to this constant evolution is to remain flexible in its operations and its allocation of limited resources.

2.2 Corporate Priorities

Health Canada has identified five corporate priorities that respond to current and emerging health issues as well as to government-wide commitments. Action on these priorities will involve analysis and responses to domestic, global, demographic, and technological challenges and opportunities. For the three years, 2002-2003 to 2004-2005, the priorities are:

- A. Health Care System Renewal;
- B. First Nations and Inuit Health;
- C. Safety and the Management of Risks;
- D. Balancing the Health Agenda; and
- E. Accountability to Canadians.

Health care renewal is high on the list of priorities for all Canadians, and Health Canada has a significant role to play in national leadership. Measures to renew health care are relevant to the Department's services to First Nations people and Inuit and communities, as they will help to ensure the long-term sustainability of the First Nations and Inuit health system. In such important areas as health security, food safety, biotechnology, and drug approvals, Health Canada must strategically manage risk and ensure optimal safety as it carries out its regulatory responsibilities. Efforts to ensure balance in the health agenda will strengthen the links among these priorities. Activities related to disease prevention, protection, and health promotion are important approaches to achieving positive health outcomes.

Health research and information are pivotal to Health Canada's ability to address its corporate priorities and to anticipate and respond to the emerging challenges and opportunities critical to the health and safety of Canadians. Strategic, evidence-based policies, regulations, and programs rely on an adaptable in-house capacity to perform science and research, and to facilitate and interpret the relevant research conducted by a complex network of national (and international) agencies, government institutions, universities, private and not-for-profit research institutes, and voluntary organizations.

Health Canada is also taking steps to increase accountability to Canadians. This will help the Department deliver its plans and priorities effectively, in a manner that is transparent and consistent with the principles of modern comptrollership.

A. Health Care System Renewal

All governments in Canada recognise that many challenges face the health care system, including how to maximise the benefits arising from new technology, adapt to changing health needs, and recruit and deploy health professionals. During 2002-2003, the Department will continue to implement the First Ministers' Agreement on Health (September 2000). The Agreement included an eight-point plan of action, which is the subject of joint work by federal and provincial and territorial governments. For example, Health Canada will provide targeted funding to support the provinces and territories as they undertake primary health care reform (that is, a person's first point of contact with the health care system). Federal, provincial and territorial governments will establish a mechanism for the common review of drugs in order to improve the management of this fast growing component of health care. The federal, provincial and territorial governments will also be reporting regularly to Canadians, using comparable indicators on the health status of the population, the health outcomes of interventions in the health system, and other attributes of system performance. The first reports are due in September 2002.

In April 2001, the Prime Minister established the Commission on the Future of Health Care in Canada, chaired by the Honourable Roy Romanow, former Premier of Saskatchewan. The Commission will review critical health care issues such as public coverage, payment and delivery of health care services, and the governance of the health system. It will also consult Canadians over the coming year to help identify measures to ensure the long-term sustainability of Canada's health care system.

B. First Nations and Inuit Health

Health Canada is committed to making its health care system for First Nations and Inuit more effective, better able to respond to emerging needs and increasingly accountable to all Canadians.

The First Nations and Inuit health care system is facing financial and management challenges similar to those experienced by the provincial and territorial health care systems. In addition, a young and rapidly growing First Nations and Inuit population, with a significantly higher burden of chronic disease and lower health status, as compared to non-Aboriginal Canadians, adds to the pressures on the system.

In response to these challenges, Health Canada is renewing its policies and programs to improve quality of service to, and the health status of, First Nations and Inuit, in new and innovative ways. This will include:

- 7 modernizing primary care and public health services across First Nation and Inuit communities;
- 7 improving integration of the First Nations and Inuit health system within the broader health care system;

- 7 strengthening of the health information and knowledge capacity to support evidence-based decision making;
- 7 supporting greater control and accountability of the health system by First Nations and Inuit; and
- 7 expanding early childhood development programs with a new investment, with a particular focus on Fetal Alcohol Syndrome and Fetal Alcohol Effects.

C. Safety and the Management of Risks

Health Canada has a broad mandate in regard to the safety of Canadians. The Department will continue to work to maximise safety and manage risks in relation to food, drugs, natural health products, medical devices, consumer products, pest control products, blood and blood products, and products related to biotechnology. A common challenge is meeting the demand for access to products and at the same time, assuring safety, based upon the best available evidence. Consultations will remain one of the basic elements of the strategy to meet this challenge and help inform the health choices made by Canadians. Health Canada also will carry out its mandate to minimise environmental and workplace threats, and will support the development of potential new pesticide legislation in order to better safeguard Canadians, especially children.

The health and security of Canadians in an “uncertain world” has rapidly become a prominent element of Safety and the Management of Risks. Health Canada has a strong base to address these issues in 2002-2003. The Department plays a central role in ensuring the security of Canadians in the event of natural and human-caused emergencies, including earthquakes, floods, and other natural disasters. In light of new global security concerns, Health Canada is increasing its capacity to respond to explosive, chemical, biological and radio-nuclear terrorist attacks. The December 2001 federal budget confirms the government’s commitment to “enhancing security for Canadians.” Funds were earmarked to enhance Canada’s ability to respond to attacks from unconventional weapons. Also, the budget allocated additional funding for training response teams, for the purchase of new protective equipment, and for increased detection and identification of biochemical agents threats.

This new climate has underlined the fact that the public health of Canadians requires attention to issues and situations beyond our borders. Therefore, Health Canada is taking an enhanced leadership role in issues concerning global health. The Department will work with domestic partners and international agencies such as the World Health Organization and the Pan-American Health Organization to find continually more effective means to manage the health risks associated with acts of terrorism, shifting migration patterns, and new and emerging infectious diseases. Tied to this will be the G-8 Summit hosted by the Government of Canada in Kananaskis, Alberta, in June 2002, where the discussion may include issues related to the management of health risks in a global world.

Health risks associated with quality of water, air, land, soil, and climate change remain a growing public concern. A meeting in Ottawa this year of Health and Environment Ministers of the Hemisphere focussed efforts to enhance collaboration on science, build partnerships, and develop an action plan for long-term sustainable solutions.

Initiatives at the hemispheric level will complement the work of federal, provincial, and territorial Deputy Ministers of Health and the Environment who will explore coordinated action domestically. Health Canada will actively monitor scientific and technical issues in Canada that might need to be taken into account in the development of federal policies or programs.

D. Balancing the Health Agenda

A range of factors and living conditions affect health, hence a broad range of interventions are needed to help Canadians maintain and improve their health. Health Canada recognises that a balanced health agenda means both—building a health care system that is responsive to the needs of Canadians, and at the same time, making the strategic “upstream investments” that can improve the long-term good health of Canadians and reduce their need for health care later. These investments cover areas such as disease prevention and health protection and promotion.

Carrying out this agenda requires focus on the full range of factors that influence health—from socio-economic factors, such as living and working conditions, to community support networks, and individual health practices and coping skills. There is strong evidence that interventions based on prevention, protection, and health promotion can result in good long-term health. Further to developmental work that was a Health Canada priority in 2001-2002, the Department believes that it can help Canadians achieve good health by focussing on a balanced health agenda.

Early childhood development is the focus of an existing initiative. Further to the First Ministers' Agreement on Health (September 2000), and in collaboration with the provinces and territories, early childhood development programs are being developed that promote healthy pregnancy, improve support to parents and families, provide enriching care programs to children, and support communities.

Another step in this direction was outlined in the Speech from the Throne (January 2001), which highlighted the importance of community-based health promotion and disease prevention measures. Through partnerships, it is possible to identify local health needs and to design the programs best suited to those needs. Examples include initiatives designed to encourage physical fitness and to combat drug abuse among youth. Over the coming year, Health Canada will work with federal, provincial, and community-level partners, including the voluntary sector, to develop a broader framework for community-based action on health.

A balanced health agenda also means that Health Canada increasingly will target chronic diseases, risk factors, or conditions that influence health. A new partnership initiative between Health Canada, the non-governmental sector, and provincial and territorial governments will build on existing investments and actions and strengthen the public health infrastructure for integrated chronic disease prevention at the local, provincial, and national level. The initiative will integrate work to address various risk factors, such as tobacco use or inactive living, and work to address diseases, such as cardio-vascular conditions, diabetes, and cancer. These integrated approaches are expected to generate more positive health outcomes for Canadians who face higher risks of particular health problems.

Information and knowledge are playing an increasingly important role in helping Canadians manage their health. One important vehicle is the Canadian Health Network, including the

Canadian Women's Health Network, which puts evidence-based health information on the Internet. This is one of Health Canada's many achievements in supporting Canadians in their pursuit of better health. Recent investments by the federal government in research and surveillance on the health of populations are providing the evidence needed to support a balanced health agenda into the future. Health Canada will continue to work in collaboration with others in applying this new knowledge and supporting upstream health interventions to promote and maintain health and well-being.

E. Accountability to Canadians

Health Canada aims to be an organization that 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. Given that Health Canada acts in the service of Canadians—utilizing funds provided by taxpayers—the Department is very conscious of its accountability to them. The Department is taking steps to ensure accountability to Canadians in the following five areas.

i) Responsibility. The ultimate responsibility for the work done by the Department rests with the Minister. At the same time, this responsibility is delegated to senior management within the Department; for example, the responsibility for the work performed in the Health Policy and Communications Branch rests with the Assistant Deputy Minister of that branch.

ii) Accountability. To increase accountability, Health Canada will continue to take initiatives to strengthen decision making and other management practices, such as a framework to help evaluate policy and program initiatives, and new, streamlined committee structures for senior management. The Department will also support the Minister and government by engaging Canadians through strategies and programs for public involvement, through means that include town hall meetings in different regions and discussion over the Internet.

Financial probity is critical to accountability, and Health Canada is committed to ensuring the responsible management of its funds for contracts and grants and contributions. Grants and contribution funds make up more than 40 per cent of the Department's 2002-2003 net planned spending, and they target areas such as health system renewal, health research, First Nations and Inuit health delivery, and health information technology. To this end, a control framework has been developed for key grants and contributions management areas, including: 1) staff training and development; 2) standard contribution agreements; 3) standard electronic management systems for grants and contributions; and 4) a centralized area of expertise to provide guidance in the Department on grants and contributions. As part of its efforts to strengthen its management systems and apply the principles of modern comptrollership, the Department has also prepared an action plan to improve its contracting procedures.

iii) Oversight. Health Canada's work is subject to oversight through internal oversight committees. An example of this relates to the Department's efforts to improve its grants and contributions management processes, noted above—this work is subject to the approval of an oversight committee of senior departmental managers. Externally, the Department is subject to oversight from groups such as the Parliamentary Standing Committee on Health, the Public Accounts Committee, and the Auditor General.

iv) Audit. This term refers to audits conducted with respect to departmental resources, systems, processes, structures and operational tasks. The objective is to provide independent assurance that these areas are supporting the delivery of departmental programs in an economical, efficient and effective manner.

The determination of which audits are conducted is based on an assessment of operational risks. The proposed audits are submitted in an audit plan which is approved or amended by the Departmental Audit and Evaluation Committee. Departmental internal audits can be found at: < http://www.hc-sc.gc.ca/csb-dgsg/english/iavi/iavi_iar_year.htm >.

The Centre for Workplace Ethics within the Audit and Accountability Bureau is currently engaging the Department in a discussion of core values and ethics. This dialogue represents the first phase of a strategy which aims at fully integrating values and ethics into the daily work environment. The ultimate goal of the strategy is to support Health Canada employees in the performance of their duties in accordance with the highest ethical standards.

v) Human Resources Leadership. In today's globally competitive environment, leading organizations in the 21st century must have a human resources management plan that is comprehensive and that supports the business strategy of the organization. Especially in a knowledge-based, service delivery organization like Health Canada, human resources are fundamental to fulfilling the mandate of the Department. They are also important to ensuring accountability to Canadians.

The Department has undertaken a broad range of steps for ongoing improvements in human resource management and leadership. The Department is in the process of pulling various actions together into a comprehensive plan and closing any gaps. In concert with human resource initiatives elsewhere in the federal government, the plan will focus on priority issues to ensure that Health Canada is a workplace of choice, and that the Department is fully equipped to deliver high-quality results to Canadians.

2.3 The Organization of Health Canada

Health Canada's organization is illustrated in the chart below. The Minister of Health is supported by the Deputy Minister, the Associate Deputy Minister, and the Chief Scientist. Seven Assistant Deputy Ministers manage the Department's programs and administrative branches, and an Executive Director manages the Pest Management Regulatory Agency. Regional offices help provide services across the country under the management of Regional Directors General. While the functions of these branches and offices are summarized below, more details are available at:
< www.hc-sc.gc.ca/english/about/about.html >.



Health Portfolio

The Minister of Health is responsible to Parliament for:

- 7 Health Canada;
- 7 Canadian Institutes of Health Research;
- 7 Patented Medicine Prices Review Board; and
- 7 Hazardous Materials Information Review Commission.

Reports on the plans and priorities of all these organizations can be found at the Treasury Board Secretariat web site:
< www.tbs-sct.gc.ca/tb/estimate >

The **Health Policy and Communications Branch** plays a lead role in health policy, communication and consultation. Included is 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** works to ensure the safety and efficacy of drugs, food, natural health products, medical devices, biologics, and related biotechnology products in the health system and the Canadian marketplace. Included in this branch is the Natural Health Products Directorate.

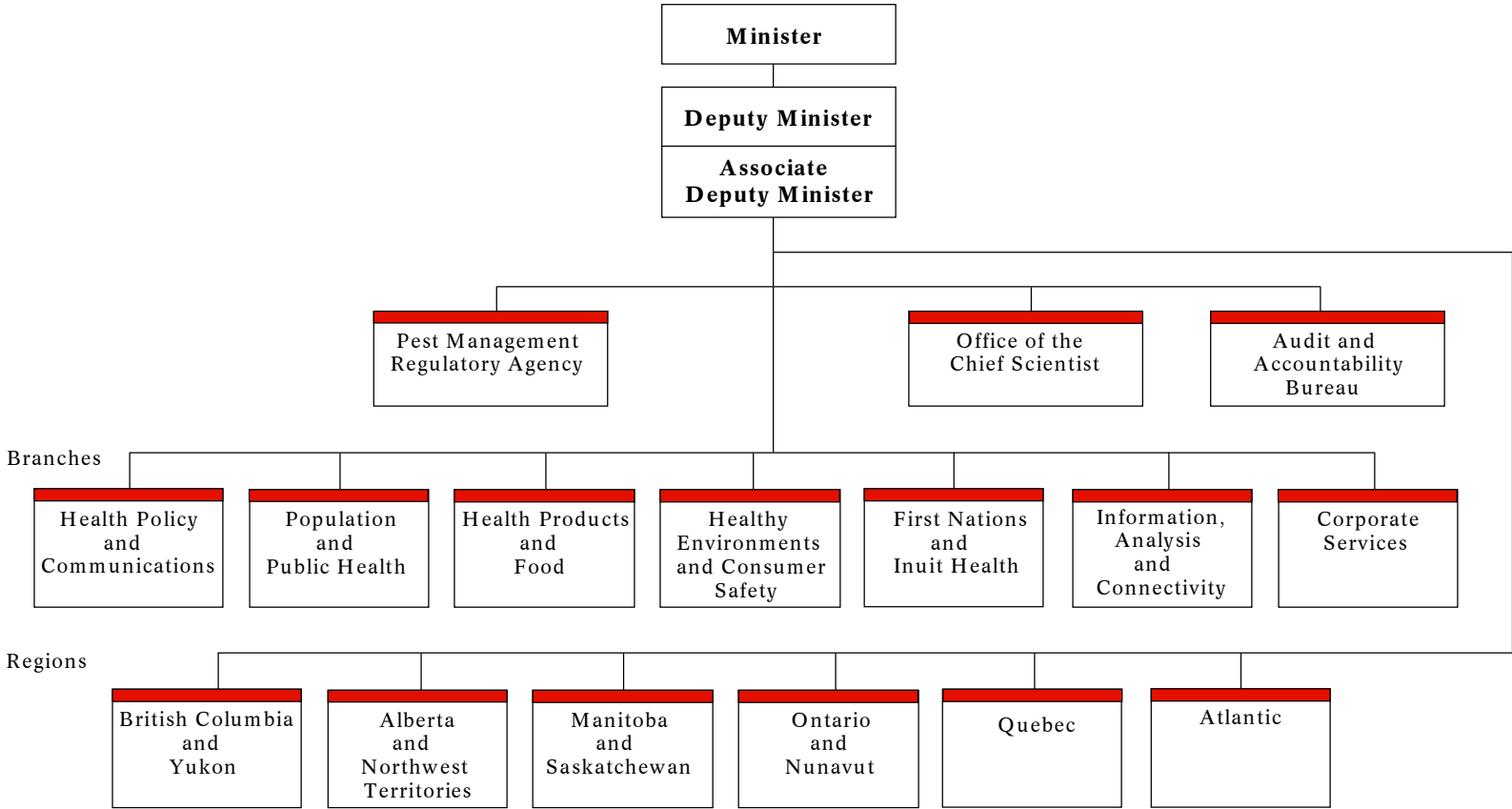
The **Healthy Environments and Consumer Safety Branch** helps the people of Canada maintain and improve their health by promoting healthy living, working and recreational environments, and by reducing the harm caused by tobacco, alcohol, controlled substances, environmental contaminants, and unsafe consumer and industrial products.

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 **First Nations and Inuit Health Branch** works to ensure that First Nations and Inuit communities have access to health services. It also seeks to reduce health inequalities and disease threats through health surveillance, healthy promotion and early intervention programming, and provision of non-insured health benefits to First Nations people and Inuit.

The **Information, Analysis and Connectivity Branch** promotes the uptake of modern information and communication technologies in Canada's health system, develops knowledge and information, conducts and disseminates policy research, and provides information and technology support to Health Canada's own operations. One 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.

Health Canada Organization



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 and the implementation of the Department's Environmental Management System.

The **Office of the Chief Scientist** brings 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.

Regional Offices play a crucial role in the delivery of Health Canada's programs. Under the Regional Directors General, the Department's offices are organized to serve the following six regions:

- 7 British Columbia and the Yukon;
- 7 Alberta and Northwest Territories;
- 7 Manitoba and Saskatchewan;
- 7 Ontario and Nunavut;
- 7 Quebec; and
- 7 Atlantic Canada.

About 40 per cent of the Department's employees work in regional operations. As strategic focal points for the Department, the regional offices 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 cooperation with a wide range of partners. The Regional Directors General who serve as senior representatives for Health Canada are responsible for developing and implementing departmental programs in their regions. Programs are tied directly to Health Canada's corporate priorities and the strategic outcomes and priorities described in Section 3 below.

2.4 Planned Spending

The table below shows overall planned spending for Health Canada for the fiscal years beginning April 1, 2001, and ending March 31, 2005. The Department's projected total net planned spending in 2002-2003 is approximately \$2.66 billion dollars. Included in this figure is the cost of 7,930 Full-Time Equivalents (FTEs).¹

(millions of dollars)

	Forecast Spending* 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Budgetary Main Estimates	\$2,351.3	\$2,599.4	\$2,583.9	\$2,609.6
Less: Respendable Revenues	(\$49.5)	(\$62.7)	(\$62.7)	(\$62.7)
Total Main Estimates	\$2,301.8	\$2,536.7	\$2,521.2	\$2,546.9
Adjustments to Planned Spending	\$411.3	\$119.0	\$102.8	\$89.9
Total Net Planned Spending	\$2,713.1	\$2,655.7	\$2,624.0	\$2,636.8
Less: Non-Respendable Revenues	(\$7.6)	(\$7.6)	(\$7.6)	(\$7.6)
Plus: Cost of services received without charge	\$65.3	\$67.5	\$67.8	\$66.5
Net Cost of Program	\$2,770.8	\$2,715.6	\$2,684.2	\$2,695.7
Full-Time Equivalents	7,665	7,930	7,877	7,779

* Reflects the forecast of total planned spending.

Plans, priorities and resources at Health Canada are arranged according to five business lines and four service lines, which are listed in the table below. While the names of the business and service lines generally correspond to the branches of the organization, more than one branch and regional office can contribute to an individual business or service line. The table also indicates which member of the Health Canada management team has primary accountability for delivering results for each business and service line. The third column provides a breakdown of the Department's net planned spending, in terms of financial resources and full-time equivalents. These business lines and service lines serve as the basis for reporting the Department's detailed plans and priorities in the next section.

¹ Full-time equivalents (FTEs) are a rough approximation of the number of Health Canada employees at any one time during the fiscal year. One FTE is the equivalent of two persons employed for six months within the fiscal year, or of one person employed full-time for the year.

Business Lines at Health Canada: Accountability and Resources

Business Lines	Accountability (under the Deputy Minister and Associate Deputy Minister)	Net Planned Spending 2002-2003 \$ million Full-Time Equivalents (FTEs)
1. Health Care Policy	Assistant Deputy Minister (ADM), Health Policy and Communications Branch	\$227.4 FTEs: 305
2. Health Promotion and Protection Service Lines		\$765.2 FTEs: 4,249
a) Population and Public Health	ADM, Population and Public Health Branch	\$378.9 FTEs: 941
b) Health Products and Food	ADM, Health Products and Food Branch	\$153.6 FTEs: 1,727
c) Healthy Environments and Consumer Safety	ADM, Healthy Environments and Consumer Safety Branch	\$202.6 FTEs: 1,142
d) Pest Management Regulation	Executive Director, Pest Management Regulatory Agency	\$30.1 FTEs: 439
3. First Nations and Inuit Health	ADM, First Nations and Inuit Health Branch	\$1,313.0 FTEs: 1,427
4. Information and Knowledge Management	ADM, Information, Analysis and Connectivity Branch	\$179.5 FTEs: 741
5. Departmental Management and Administration	ADM, Corporate Services Branch Regional Directors General Executive Director General, Audit and Accountability Bureau Chief Scientist Executive Offices	\$170.6 FTEs: 1,208

Section 3

Plans and Priorities



Summary Table: Strategic Outcomes according to Business and Service Lines

Business Line	Strategic Outcomes
Health Care Policy	1.1 Publicly funded hospital and physician services consistent with the principles of the <i>Canada Health Act</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.
Health Promotion and Protection Service Line A: Population and Public Health	2.1 Improved surveillance capacity, and emergency preparedness and response strategies. 2.2 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. 2.3 Collaborations that help Canadians maintain and improve their health. 2.4 Preventive initiatives and practices to reduce illness, disability, injury and/or death.
Service Line B: Health Products and Food	2.5 Protection of Canadians against risk factors related to health products and food. 2.6 An integrated approach to managing risks to health associated with health products and food, through science, policy, protection, promotion and information activities. 2.7 Canadians adopting and practising healthy behaviours.

Business Line	Strategic Outcomes
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 (including cosmetics), radiation emitting devices, 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 controlled 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 Improved access and quality of services resulting in enhanced quality of life, increased span of healthy life and significant reductions in preventable death, illness and disability.</p> <p>3.2 Strengthened health care system.</p> <p>3.3 Strengthened information and knowledge in support of evidence-based decision making.</p> <p>3.4 Sustainable and accountable health services that support a modernized First Nations and Inuit health system, in the context of greater First Nations control.</p>
Information and Knowledge Management	<p>4.1 A well-functioning national health information infrastructure which respects privacy and shares information in support of decision making and public accountability.</p> <p>4.2 Evidence-based health policy decision making including a better understanding of the issues relating to health care.</p> <p>4.3 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, grants and contributions, contracting accountability, and human resources planning.</p>

3.1 Business Line 1: Health Care Policy

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

(millions of dollars)

	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Net expenditures**	\$118.3	\$227.4*	\$285.6	\$274.2
FTEs	350	305	305	305

* This represents 8.6% of the Department's total net planned spending.

** The changes in net expenditures are mainly due to the implementation of the Primary Health Care initiative.

B. Objective

To provide a leadership role in collaboration with provinces/territories, health professionals, administrators and other key stakeholders, focussed on developing a shared vision for Canada's health system and identifying key priorities and implementation approaches to achieve needed changes that will improve the timeliness of access, and the quality and integration of health services (including 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 on all areas of Canada's health system, with emphasis on ensuring the viability and accessibility of Medicare; and collaborative efforts, with provinces/territories, and other stakeholders, to strengthen, modernise and sustain Canada's health system.

D. Strategic Outcomes, Priorities and Planned Activities

Strategic Outcome 1.1 Publicly funded hospital and physician services consistent with the principles of the *Canada Health Act*.

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

Planned Activities:

- 7 Monitor and analyse provincial and territorial health insurance plans for compliance with the criteria, conditions and extra-billing and user-charge provisions of the *Canada Health Act* (CHA).

- 7 Work in partnership with provinces and territories to investigate and resolve CHA compliance issues and pursue activities that encourage cooperation and compliance with the Act.
- 7 Improve reporting to Parliament and Canadians on insured health services provided by the provinces and territories, through the *Canada Health Act Annual Report*.

Strategic Outcome 1.2 Initiatives and approaches that strengthen the Canadian health care system.

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

Planned Activities:

- 7 Implement the Primary Health Care Transition Fund, with focus for 2002-2003 on the solicitation and approval of proposals for the provincial/territorial per capita component of the Fund, and the four envelopes (national, multi-jurisdictional, Aboriginal, and official language minority communities) of the Fund dedicated to common approaches to reform.
- 7 Support federal/provincial/territorial implementation of the Common Drug Review, Best Practices in Prescribing and Utilization initiative, and the National Prescription Drug Utilization Information System to ensure timely access to cost-effective drugs.
- 7 Collaborate on efforts to enhance the evidence base and develop supply-demand projections for health human resources through federal/provincial/territorial mechanisms, federal interdepartmental cooperation, and consultation with provider and health care organizations.
- 7 Develop a health care quality framework for use within the Department and with key stakeholders which outlines federal goals, objectives and directions.

Priority: Analytical initiatives to track, understand and provide evidence-based policy advice on key current and emerging health care issues.

Planned Activities:

- 7 Conduct research and analysis on the key aspects of the health care system: access, financing and coverage of health care services; nurses' health and its impact on recruitment, retention and the ability to provide quality care; human resources supply and demand; and the cost effectiveness and sustainability of home and continuing care.
- 7 Continue to monitor the effects of health system reform on the lives and health of women as care recipients as well as paid and unpaid caregivers.
- 7 Analyse and synthesise best practices on informal caregiving, effective home care substitution for long-term care, supportive housing options, and home adaptation models to assist individuals to live independently in their own homes.

- 7 Identify, analyse and propose policy options on pharmaceuticals management, to ensure Canadians continue to have access to new, appropriate and cost-effective drugs.
- 7 Prepare for the upcoming recommendations of the Commission on the Future of Health Care in Canada through policy analysis and interdepartmental consultation.

Priority: Support for the provision of quality end-of-life/palliative care within the Canadian health care system.

Planned Activities:

- 7 Coordinate the development of a strategy to improve end-of-life care for Canadians and to improve support for family caregivers of dying individuals.
- 7 Identify priority issues and strategies to strengthen research capacity and the development of quality data and surveillance systems for palliative care.

Priority: Support for the provision of effective health services for women in Canada.

Planned Activities:

- 7 Gather and disseminate evidence regarding health service access for women, particularly those underserved because of social, geographical or economic barriers.
- 7 Continue to fund the Centres of Excellence for Women's Health and Canadian Women's Health Network to generate and disseminate research and evaluative studies on best practices in women-centred care.

Strategic Outcome 1.3 Partnerships among federal, provincial and territorial governments, key stakeholders, Canadians and international organizations.

Priority: Effective and productive partnerships.

Planned Activities:

- 7 Strengthen linkages with federal government departments, provincial and territorial governments and interested organizations to accelerate consideration of gender and women's health in health policy and programs.
- 7 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.
- 7 In partnership with key federal departments/agencies, advance intersectoral policy development through health professional sector studies and the Canadian Rural Partnership on accessibility to rural health care.

Priority: Development and dissemination of knowledge about health policies and practices through participation in, and organization of, international conferences, meetings and dialogues.

Planned Activities:

- 7 Manage Canada's participation in meetings such as the World Health Assembly; the Pan American Health Organization Directing Council and the Organisation for Economic Co-operation and Development; and strengthen health partnerships and dialogue with the U.S. and the European Union.
- 7 Share best practices and exchange knowledge with other countries on new and emerging health threats, and on policies, priorities and initiatives to renew and enhance the health system.

Priority: Canadian position on international trade policy issues reflecting health policy objectives.

Planned Activity:

- 7 Provide strategic advice on international trade negotiations, such as the General Agreement on Trade in Services and the 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

Health Care Policy Web Links

Canada Health Act

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

Canadian Rural Partnership

<http://www.rural.gc.ca/>

Commission on the Future of Health Care in Canada

<http://www.healthcarecommission.ca/>

Health Policy and Communications Branch/International Affairs

<http://www.hc-sc.gc.ca/datapcb/iad/index.htm>

Primary Health Care Transition Fund

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

Women's Health Bureau/Centres of Excellence for Women's Health

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

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 Equivalents (FTEs)

(millions of dollars)

	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Gross expenditures	\$814.1	\$818.1	\$753.9	\$763.2
Expected revenue	(\$57.5)	(\$52.9)	(\$52.9)	(\$52.9)
Net expenditures	\$756.6	\$765.2*	\$701.0	\$710.3
FTEs	4,206	4,249	4,214	4,181

* This represents 28.8% of the Department's total net planned spending.

B. Objective

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 providing information and tools so that they can make informed decisions about their health.

C. Description

Through its four service lines, this business line pursues a consistent and horizontal approach to developing policies and programs that support disease, illness and injury prevention, and health promotion. The business line provides strategies to promote and protect health by addressing health determinants that fall within and outside of the health sector. The prevention, protection and promotion activities recognise and emphasise the importance of a proactive approach 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 natural and human-caused emergencies. It ensures that the drugs, medical devices and other therapeutic products available to Canadians are safe, effective and of high quality.

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 Equivalent (FTEs)

(millions of dollars)

	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Net expenditures**	\$378.3	\$378.9*	\$322.5	\$322.0
FTEs	928	941	927	889

* This represents 14.3% of the Department's total net planned spending.

** The decrease in net expenditures is mainly due to the Hepatitis C Lookback/Traceback and the Hepatitis C Health Care Services initiatives.

B. Service Line Objective

Promote health, and prevent and control injury and disease.

C. Service Line 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. Strategic Outcomes, Priorities and Planned Activities

Strategic Outcome 2.1 Improved surveillance capacity, and emergency preparedness and response strategies.

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

Planned Activities:

- 7 Enhance the Department's emergency preparedness and response capability by modernising the National Emergency Stockpile System; training personnel across Canada in emergency planning preparedness and relief; enhancing capacities to detect and respond to high-impact threats from infectious diseases; and applying timely surveillance information to emergency preparedness planning and response.
- 7 Develop preparedness and contingency plans to address clinical practice, medical laboratory practice, pandemics, terrorism and natural disasters.
- 7 Share best practices, exchange knowledge and collaborate with domestic and international partners on joint plans to address high priority risk/threat situations.

Priority: Improved capacity for health surveillance.

Planned Activities:

- 7 In cooperation with provincial and territorial partners, develop a health surveillance infostructure to increase surveillance capacity at a national level.
- 7 Develop a policy framework for health surveillance information.
- 7 Manage the Network for Health Surveillance in Canada to ensure coordination with electronic health record development.
- 7 Develop modules for Internet-based training of field epidemiologists.
- 7 Strengthen the Canadian Public Health Laboratory Forum to coordinate laboratory surveillance across the country.

Strategic Outcome 2.2 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.

Priority: Increased public awareness of methods of preventing and controlling chronic diseases.

Planned Activities:

- 7 Raise public awareness and understanding of diabetes and its complications and of treatments and supports available for breast cancer.
- 7 Develop a child and youth strategy for diabetes and a progress report on diabetes in Canada.
- 7 Generate and disseminate knowledge about heart disease prevention at the community level.

Priority: Share information and build community capacity to improve the health and well-being of children, seniors and rural Canadians.

Planned Activities:

- 7 Support the five Centres of Excellence for Children's Well-Being.
- 7 Support community-based programs that provide pre- and postnatal parent support and promote parenting and caregiving awareness of healthy child development.



**Fetal Alcohol Syndrome/
Fetal Alcohol Effects
(FAS/FAE)**

Based on estimated rates in industrialised countries of 1-3 per 1,000 births, it is estimated that in Canada at least one child is born with FAS each day.

Initial studies suggest that the rates of FAS/FAE in some Aboriginal communities may be significantly higher.

- 7 Support and disseminate research on fetal, child and adolescent health.
- 7 Improve public information and resources on factors influencing seniors' health and well-being and the prevention of injury.
- 7 Support community-based and intersectoral initiatives that foster health-enhancing practices, environments, products and systems for seniors.
- 7 Advance the four priorities of the Ministerial Advisory Council on Rural Health (health human resources, building healthy communities, health information technology, and Aboriginal health).

Priority: Improve Canadians' health through the prevention of family violence, and through the promotion of mental health and fitness/active living.

Planned Activities:

- 7 Coordinate and lead the multi-departmental Family Violence Initiative.
- 7 Develop and release a new Health Canada policy on physical activity, and complete and launch *Canada's Physical Activity Guide for Children and Youth*.
- 7 Develop expertise, knowledge and best practices on the physical activity component of the Canadian Diabetes Strategy.

Strategic Outcome 2.3 Collaborations that help Canadians maintain and improve their health.

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

Planned Activities:

- 7 Facilitate voluntary organizations' capacity to work with Health Canada to develop better public policy, and support voluntary sector activities that promote volunteerism and organizational effectiveness.
- 7 Implement a partnership between Health Canada and the Canadian Consortium for Health Promotion Research Centres.
- 7 Foster accountability to the public through performance measurement and reporting on Early Childhood Development.

Strategic Outcome 2.4 Preventive initiatives and practices to reduce illness, disability, injury and/or death.

Priority: Contribute to the development of immunization initiatives, and prevention and control programs for food- and water-borne diseases, zoonoses, sexually transmitted infections, blood-borne diseases, respiratory diseases, and health care acquired infections.

Planned Activities:

- 7 Conduct surveillance, investigation, targeted research and policy development in the area of infectious diseases.
- 7 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.

Priority: Improve the health of those affected or infected by HIV/AIDS and hepatitis C through health promotion projects and support of peer-reviewed research.

Planned Activities:

- 7 Provide information, resources, and expert advice to develop and support community-based activities, and intergovernmental and intersectoral partnerships, for HIV/AIDS and hepatitis C.
- 7 Manage hepatitis C financial transfers and the Department's international AIDS activities.

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

Planned Activities:

- 7 Develop a prototype for a progress report on chronic disease control in Canada and expand the National Diabetes Surveillance System coverage to all provinces.
- 7 Conduct chronic disease risk assessment studies and population-based analyses, and disseminate the results to raise awareness and support for chronic disease interventions, including an assessment of diabetes in multicultural communities.

Priority: Increase scientific knowledge of human health risks from enteric (intestinal) pathogens that originate with animals and the environment.

Planned Activities:

- 7 Strengthen the capacity for research, surveillance, health risk assessment and intervention strategies on enteric pathogens, and determine the effectiveness of risk reduction policies.
- 7 Develop molecular approaches to the surveillance and detection of enteric diseases originating in animals and the environment.

Priority: Increase the capacity for population-based research and analysis concerning child abuse and neglect.

Planned Activities:

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

E. Accountability

Assistant Deputy Minister, Population and Public Health Branch

Population and Public Health Web Links

Canadian AIDS Strategy

<http://www.aids.gc.ca>

Canadian Breast Cancer Initiative

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

Canadian Diabetes Strategy

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

Centres of Excellence for Children's Well-Being

<http://www.hc-sc.gc.ca/hppb/childhood-youth/centres/index2.html>

Family Violence Initiative

<http://www.hc-sc.gc.ca/hppb/familyviolence/initiative.htm>

Population and Public Health Branch

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

Service Line B: Health Products and Food

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

(millions of dollars)

	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Gross expenditures	\$191.8	\$189.7	\$185.9	\$182.7
Expected revenue**	(\$40.7)	(\$36.1)	(\$36.1)	(\$36.1)
Net expenditures	\$151.1	\$153.6*	\$149.8	\$146.6
FTEs	1,739	1,727	1,717	1,688

* This represents 5.8% of the Department's total net planned spending.

** The decrease in expected revenue between 2001-2002 and 2002-2003 and future years is due to the exclusion, in 2002-2003 and future years, of vote netted authorities for Medical Devices.

B. Objective

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, the promotion of good nutrition and the informed use of drugs, medical devices, food and natural health products.

C. Description

This service line is responsible for the policies, standards and programs relating to:

- 7 the safety and nutritional quality of food, the safety and efficacy of drugs, medical devices, natural health products, biologics and related biotechnology products in the Canadian marketplace and health system; and
- 7 the promotion of good nutrition and the informed use of pharmaceuticals, medical devices, biologics, food and natural health products.

D. Strategic Outcomes

Strategic Outcome 2.5 Protection of Canadians against risk factors related to health products and food.

Priority: Effective emergency preparedness and response.

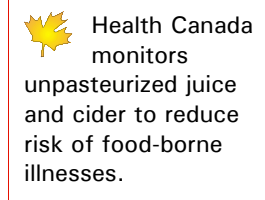
Planned Activity:

- 7 Strengthen the capacity for overall emergency preparedness and response, including updating protocols and contingency plans, providing training, and improving laboratory capacity.
- 7 Improve coordination of laboratories between Health Canada and its partners and linkages to improve the capacity and security of Canada's blood supply.

Priority: Effective, timely and relevant assessment and management of risks related to food.

Planned Activities:

- 7 Develop and implement policies and procedures to improve the safety assessment of foods derived from biotechnologies.
- 7 Communicate and consult with Canadians on food safety and nutrition labelling, nutrition content claims and generic health claims of food products, and develop enhanced labelling of allergy risks in prepackaged food.
- 7 Continue to monitor and enhance surveillance on nutrition, healthy eating, and chemical and microbiological contaminants in food.
- 7 Manage and reduce food safety risks across the food continuum, in collaboration with other agencies and partners in the food industry.



Priority: A more relevant, timely and effective regulatory program for drugs, food, medical devices, biologics, natural health products and genetic therapies.

Planned Activities:

- 7 Modernise and integrate regulations on therapeutic products into a new regulatory framework that covers the full life cycle of these products.
- 7 Refine the submission review process for pharmaceutical products and medical devices through quality improvement and implementation of best practices.
- 7 Review policies and processes on environmental assessments of new pharmaceutical products and medical devices as required by the *Canadian Environmental Protection Act* (CEPA) in accordance with the departmental Sustainable Development Strategy.

- 7 Enhance post-market surveillance and assessments on drugs, medical devices, biologics, genetic therapies and therapeutic products, and increase communications on these product assessments.
- 7 Coordinate with the appropriate stakeholders to develop a coherent, consistent policy on the regulation of biotechnology products and processes.
- 7 Develop new regulations for the safety of cells, tissues and organs used in transplantation and whole blood, and update current regulations for blood and blood products including plasmapheresis.
- 7 Complete regulatory frameworks for blood, semen used for assisted conception, cells, tissues, organs and xenotransplants.
- 7 Finalise the development of a new regulatory framework to establish a common set of standards for reviewing all natural health products.
- 7 Collaborate with the United States and increase access to Adverse Event Reporting System to provide information and regular feedback to Health Canada on adverse drug reactions reported in North America.
- 7 Support consumers in making informed choices regarding risks and benefits through research, education and clear labelling of natural health products.

Priority: More effective veterinary drugs regulatory programs.

Planned Activities:

- 7 Strengthen research, scientific assessment, policy development, compliance, and surveillance on veterinary drugs for livestock and aquaculture.
- 7 Develop policies and procedures on the use of anti-microbial drugs in agri-food production.
- 7 Improve the efficiency of the approval process for veterinary drugs.

Strategic Outcome 2.6 An integrated approach to managing risks to health associated with health products and food, through science, policy, protection, promotion and information activities.

Priority: A consistent and integrated approach to the development and implementation of policies and regulations related to health products and food.

Planned Activities:

- 7 Implement Health Canada's *Decision Making Framework* for identifying, assessing and managing health risks.
- 7 Continue to develop a process to better determine how combination products meeting the definition of more than one of food, drug, and natural health product will be regulated,

and which regulatory framework would achieve the most appropriate control of these products.

- 7 Develop e-business processes for regulatory submissions and their review, and correspondence with the client.

Priority: Canadians engaged in dialogue and consultations regarding policies and programs related to health products and food.

Planned Activities:

- 7 Provide opportunities for the public and stakeholders to participate in the decision making process on policies, regulations and programs related to health products and food.
- 7 Communicate to Canadians how the Department's programs work to ensure consistent and coherent regulation of biotechnology products.



Health Canada has a growing mandate to provide the public with increased transparency in its initiatives, regulations, policies and programs and it provides opportunities for public participation. This results in more informed decisions and a greater understanding of public issues, concerns, priorities and solutions.

Strategic Outcome 2.7 Canadians adopting and practising healthy behaviours.

Priority: Providing the public with timely and accurate information and tools on healthy behaviours associated with health products and food.

Planned Activities:

- 7 Develop and disseminate educational material on healthy behaviours regarding health products and food.
- 7 Increase collaboration with partners to provide nutrition labelling education through the Prevention and Promotion Contribution Program of the Diabetes Strategy.
- 7 Update the scientific evidence on nutrient requirements for Canadians, and disseminate and communicate the *Canadian Guidelines to Healthy Weights*.

E. Accountability for Key Results

Assistant Deputy Minister, Health Products and Food Branch

Health Products and Food Web Links

Food Programme

<http://www.hc-sc.gc.ca/food-aliment/english/index.html>

Health Products and Food Branch

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

Nutrition

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

Therapeutic Products

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

Veterinary Drugs

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

Service Line C: Healthy Environments and Consumer Safety

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

(millions of dollars)

	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Gross expenditures	\$213.6	\$212.4	\$204.7	\$215.3
Expected revenue	(\$9.8)	(\$9.8)	(\$9.8)	(\$9.8)
Net expenditures**	\$203.8	\$202.6*	\$194.9	\$205.5
FTEs	1,151	1,142	1,109	1,112

* This represents 7.6% of the Department's total net planned spending.

** The fluctuation in net expenditures is mainly due to sunsetting resources for Health Canada's legal responsibilities concerning toxic substances (*Canadian Environmental Protection Act*) and an increase in funding for the Federal Tobacco Control initiative.

B. Service Line Objective

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

C. Service Line Description

This service line:

- 7 promotes healthy and safe living, working and recreational environments;
- 7 assesses and reduces health risks posed by environmental factors;
- 7 regulates the safety of commercial and consumer chemicals and products, and promotes their safe use;
- 7 regulates tobacco and controlled substances and promotes initiatives that reduce or prevent the harm associated with these substances and alcohol;
- 7 provides expert advice and drug analysis services to law enforcement agencies across the country;
- 7 establishes workplace health and safety policies and provides services to protect the health of the public sector, the travelling public and dignitaries visiting Canada;
- 7 is responsible for public health measures designed to prevent the entry and spread of communicable diseases in Canada; and

- 7 is responsible for coordinating the implementation and monitoring of Health Canada's Sustainable Development Strategy.

D. Strategic Outcomes, Priorities and Planned Activities

Strategic Outcome 2.8 Reduced risks to health and safety, and improved protection against harm associated with workplace and environmental hazards, consumer products (including cosmetics), radiation emitting devices, new chemical substances and products of biotechnology.

Priority: Safeguard the health and well-being of Canadians in response to natural and man-made disasters.

Planned Activities:

- 7 Manage the Federal Nuclear Emergency Plan to enhance the preparedness and response of Canadian authorities for unplanned nuclear events.
- 7 Support the physical and psychological health of employees of the Government of Canada and its agencies who respond to emergencies affecting Canadians.

Priority: Reduce exposure to hazards related to environmental and clinical radiation.

Planned Activities:

- 7 Assess the impact of the transportation of radioactive materials on Arctic First Nations' country food.
- 7 Promote the highest quality in mammography to improve the rate of early detection of cancers.

Priority: Increase knowledge of the health impacts of pollutants and climate change, and reduce exposure of Canadians to toxic substances in the environment.

Planned Activities:

- 7 Revise existing and develop new drinking water guidelines to protect Canadians against chemical and microbiological contaminants.
- 7 Carry out research and risk assessment to determine which substances are toxic under the *Canadian Environmental Protection Act (CEPA)* and develop risk management strategies and control measures to limit Canadians' exposure to them.
- 7 Fill significant research gaps on indoor and outdoor air pollutants.
- 7 Implement a strategy for assessing and managing the health risks of climate change.

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

Planned Activity:

- 7 Provide health impact assessment advice to other federal departments and public review panels that pursue environmental assessments of projects under the *Canadian Environmental Assessment Act*.

Priority: Reduce exposure of Canadians to hazards related to consumer products (including cosmetics), radiation emitting devices, commercial chemicals and products of biotechnology.

Planned Activities:

- 7 Develop controls and new regulations to reduce health risks and environmental concerns from new chemical substances, biotechnology products, and cosmetic ingredients as required by CEPA, or as required by the *Food and Drugs Act*.
- 7 Develop hazard-based regulations which protect consumers, especially children, from potentially harmful exposure to lead in consumer products.
- 7 Promote revised equipment safety regulations under the *Radiation Emitting Devices Act*.

Priority: Reduce exposure of travelers in Canada to health hazards.

Planned Activities:

- 7 Develop programs to protect the health of Canadians traveling on common carriers such as planes, trains, passenger ships and ferries.
- 7 Strengthen partnerships to protect against communicable diseases entering Canada.

Priority: Contribute to increased organizational effectiveness, productivity and competitiveness by improving worker health, safety and well-being.

Planned Activities:

- 7 Develop a Canadian Healthy Workplace national agenda to increase Canadians' understanding of the benefits of a comprehensive healthy workplace.
- 7 Improve the information on hazardous workplace chemicals by administering the Workplace Hazardous Materials Information System (WHMIS) requirements under the *Hazardous Products Act*.



Health Canada Workplace Health Initiative

Health Canada recognises that a workplace that supports health and well-being has a positive effect on employees, leading to improvements in productivity. This new initiative strengthens current efforts to further develop a workplace that values employees' health and well-being, ultimately improving the Department's capacity to deliver high-quality service to Canadians.

Strategic Outcome 2.9 Reduced health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol and other controlled substances.

Priority: Provide national leadership and manage programs aimed at reducing and preventing the harm associated with drugs, alcohol and other controlled substances.

Planned Activities:

- 7 Coordinate national knowledge sharing and development on drug, alcohol and substance abuse.
- 7 Promote innovative, accessible and effective alcohol and drug treatment and rehabilitation services and programs for Canadians.
- 7 Provide effective, accurate and legally valid identification of controlled substances, and dismantle illicit drug laboratories.
- 7 Regulate access to controlled substances to facilitate legitimate use for research, medical treatment and permissible commercial purposes, and prevent their diversion for illegal purposes.

Priority: Reduce the use of tobacco and the consequent incidence of disease and death in Canada.

Planned Activities:

- 7 Develop programs and training resources to help prevent smoking uptake among youth; assist smokers to quit smoking; reduce exposure to environmental tobacco smoke; and disseminate information to the public.
- 7 Strengthen partnerships with the provinces, territories and non-governmental organizations on tobacco-related research, analysis and dissemination of findings.
- 7 Launch the Mass Media Five Year Strategy with campaigns on second-hand smoke, youth and cessation, and build media relations coalitions in support of community initiatives.
- 7 Lead the Canadian delegation in negotiations on the International Framework Convention on Tobacco Control and develop Canada's positions on issues relating to research, surveillance, regulation, youth access, prevention, cessation, education and advertising.

E. Accountability

Assistant Deputy Minister, Healthy Environments and Consumer Safety Branch

Healthy Environments and Consumer Safety Web Links

Drug Strategy and Controlled Substances Programme

<http://www.hc-sc.gc.ca/hecs-sesc/hecs/dscs.htm>

Healthy Environments and Consumer Safety Branch

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

Occupational Health and Safety Programme

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

Product Safety Programme

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

Safe Environments Programme

<http://www.hc-sc.gc.ca/hecs-sesc/hecs/sep/index.htm>

Tobacco Control Programme

<http://www.hc-sc.gc.ca/hecs-sesc/tobacco>

Service Line D: Pest Management Regulation

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

(millions of dollars)

	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Gross expenditures	\$30.4	\$37.1	\$40.8	\$43.2
Expected revenue	(\$7.0)	(\$7.0)	(\$7.0)	(\$7.0)
Net expenditures**	\$23.4	\$30.1*	\$33.8	\$36.2
FTEs	388	439	461	492

* This represents 1.1% of the Department's total net planned spending.

** The increase in net expenditures is mainly due to an initiative to strengthen the pest management regulatory system.

B. Service Line Objective

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

C. Service Line Description

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

- 7 New product evaluation including regulatory decisions within specified performance standards on applications for the registration of new pest control products;
- 7 Registered product evaluation where registered products are reevaluated against current standards;
- 7 Compliance enforcement under the *Pest Control Products Act* (PCPA) and Regulations through investigations and inspections; and
- 7 Development and implementation of sustainable pest management policies and programs to integrate sustainable pest management in registration decisions.

D. Strategic Outcomes, Priorities and Planned Activities

Strategic Outcome 2.10 Safe and effective pest control products.

Priority: Regulatory decisions based on sound, progressive science.

Planned Activities:

- 7 Make regulatory decisions under the *Pest Control Products Act* (PCPA) on applications for the registration of pesticides and amendments to their conditions of registration, and establish Maximum Residue Limits for pesticides under the *Food and Drugs Act* and Regulations.
- 7 Work closely with the United States Environmental Protection Agency (EPA) to develop and implement new risk assessment approaches and methods for pesticide residues in light of the more stringent standards in the 1996 U.S. *Food Quality Protection Act*.
- 7 Conduct reevaluation of older pesticides including priority reevaluation of the most common insecticides and herbicides now registered for lawn and turf, focussing on their use on residential property, parks, playgrounds and playing fields.
- 7 Work with Environment Canada on implementation of the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade.



What is a pesticide?

A pesticide is any product that controls an injurious, noxious or troublesome insect, fungus, bacterial organism, virus, weed, rodent or other plant or animal.

Priority: Open, transparent and participatory regulatory process, and timely access to safe and effective products.

Planned Activities:

- 7 Propose to replace the PCPA with a new Act.
- 7 Continue consultative, governmental and non-governmental mechanisms to provide cost-effective strategic direction and management that does not compromise health or environmental protection.
- 7 Provide information to, consult with and provide training and regulatory guidance to stakeholders.
- 7 Work with industry to encourage and adopt practices that will increase efficiency in product approvals.
- 7 Continue efforts with U.S. and Mexican partners to harmonise regulatory processes, and increase work sharing with the Organisation for Economic Co-operation and Development (OECD) to harmonise test protocols and data requirements for pesticides.
- 7 Conduct a comprehensive five-year review of the Agency's cost recovery program.

Strategic Outcome 2.11 Compliance with the *Pest Control Products Act* and Regulations.

Priority: Compliance with the requirements for the import, packaging, manufacturing, distribution, labelling, sale and use of pesticides.

Planned Activities:

- 7 Conduct regular inspection activities and investigation of suspected violations of the PCPA and Regulations, and collaborate with provinces and territories in the enforcement of legislation.

Strategic Outcome 2.12 Sustainable pest management practices that reduce reliance on the use of pesticides.

Priority: Develop and implement a framework for pesticide risk reduction.

Planned Activities:

- 7 Develop and promote a framework for pesticide risk reduction in partnership with other federal departments, the provinces and territories, and stakeholders.
- 7 Work with the provinces and territories to develop and promote approaches to pest management in lawns, consistent with the principles of integrated pest management.
- 7 Develop and use measurement tools for risk reduction by using a National Pesticide Sales Database and developing pesticide risk reduction indicators in collaboration with the OECD.
- 7 Implement a national program to facilitate the registration of reduced-risk pesticides.
- 7 Conduct joint reviews with the U.S. EPA of reduced-risk chemicals, biopesticides and replacements for organophosphate insecticides and methyl bromide.

E. Accountability

Executive Director, Pest Management Regulatory Agency

Pest Management Regulation Web Links

Pest Management Regulatory Agency

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

3.3 Business Line 3: First Nations and Inuit Health

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

(millions of dollars)

	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Gross expenditures	\$1,368.8	\$1,322.1	\$1,356.2	\$1,375.2
Expected revenue	(\$9.1)	(\$9.1)	(\$9.1)	(\$9.1)
Net expenditures**	\$1,359.7	\$1,313.0*	\$1,347.1	\$1,366.1
FTEs	1,412	1,427	1,426	1,394

* This represents 49.4% of the Department's total net planned spending.

** Resource fluctuations are mainly explained by the difference between increased pressures that were addressed in 2001-2002, but not reflected for 2002-2003 and beyond. The increased funding in the planning years is due to the annual growth of the First Nations and Inuit Envelope.

B. Objective

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:

- 7 the provision of community-based health promotion and prevention programs on-reserve and in Inuit communities;
- 7 the provision of non-insured health benefits to First Nations and Inuit people regardless of location of residence in Canada; and
- 7 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.

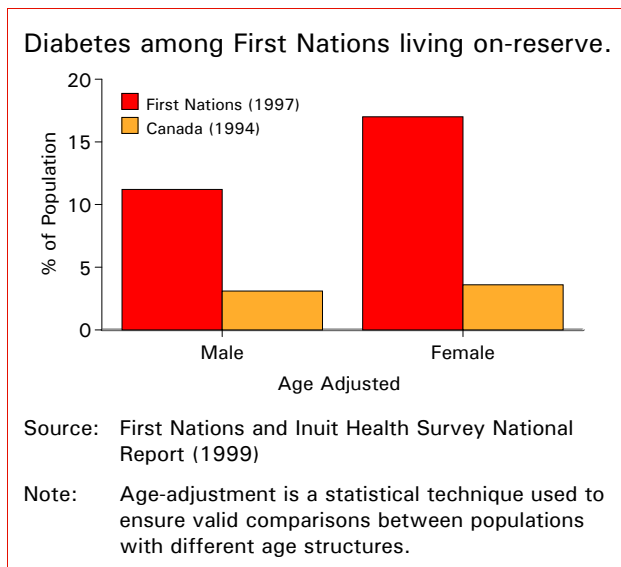
D. Strategic Outcomes, Priorities and Planned Activities

Strategic Outcome 3.1 Improved access and quality of services resulting in enhanced quality of life, increased span of healthy life and significant reductions in preventable death, illness and disability.

Priority: Investment in the health of First Nations and Inuit by providing public health and primary health care services in the most effective and sustainable way possible.

Planned Activities:

- 7 Develop and implement national drinking water quality protocols on monitoring First Nations and Inuit communities, and a water quality database for First Nations in the Environmental Health Information System, and increase the availability of portable lab kits.
- 7 Make available by March 2003, a First Nations-specific food safety course.
- 7 Continue the eight regional Aboriginal Diabetes Initiative work plans already under way, and the 40 diabetes prevention and promotion projects for Métis, off-reserve Aboriginals and Urban Inuit, and develop a national Aboriginal diabetes social marketing campaign.
- 7 Implement eight regional Canada Prenatal Nutrition Program work plans and more than 500 community-based work plans to address maternal nourishment, nutrition education and breast feeding support.
- 7 By the end of 2002-2003, expand access to the Home and Community Care Program to a minimum of 75 per cent of First Nations living on-reserve and Inuit, with specific focus on services to the chronically ill, disabled and post hospital-care.
- 7 Develop tools to assist with HIV/AIDS programs and service delivery, and to support the Canadian Aboriginal AIDS Network and Pauktuutit in the development of HIV/AIDS networks that will increase awareness and capacity among HIV/AIDS workers.



Strategic Outcome 3.2 Strengthened health care system.

Priority: Cooperation and collaboration between the federal government, First Nations and Inuit communities, provinces and territories, and service providers to modernise and adapt the health service system for First Nations and Inuit.

Planned Activities:

- 7 Continue to fund Health Careers Bursaries and Scholarships in order to increase the number of Aboriginal students in the health and health-related professions.
- 7 In conjunction with the Assembly of First Nations and Inuit Tapiriit Kanatami, develop a telehealth blueprint and strategic plan and work with the province of Alberta to link 20 First Nations communities to telehealth services over 2002-2004.

Strategic Outcome 3.3 Strengthened information and knowledge in support of evidence-based decision making.

Priority: Enhanced and integrated information and knowledge on health indicators and health care for improved service delivery, planning and program evaluation.

Planned Activities:

- 7 Continue to deploy the First Nations and Inuit Health Information System.
- 7 Establish key building blocks for a First Nations and Inuit Primary Care Electronic Health Record.
- 7 Participate in the National Diabetes Surveillance System through the Aboriginal Working Group, and assess the feasibility of linking surveillance databases to improve monitoring of First Nations and Inuit health status.
- 7 Implement, by June 2002, the Environmental Health Information System, and begin to monitor environmental health indicators by November 2002.
- 7 Conduct and fund research into known and emerging contaminants in First Nations communities.
- 7 Program evaluations for the Canada Prenatal Nutrition Program for First Nations on reserves, Aboriginal Head Start for First Nations on reserves, and the Canadian Strategy on HIV/AIDS for First Nations on reserves by March 31, 2003.
- 7 Complete evaluations by March 31, 2004, for the Aboriginal Diabetes Initiative and the First Nations and Inuit Home and Community Care program by March 31, 2005.

Strategic Outcome 3.4 Sustainable and accountable health services that support a modernized First Nations and Inuit health system, in the context of greater First Nations control.

Priorities: Implement responsive, sustainable, effective and accountable measures that will foster healthy individuals, healthy families and healthy communities while better demonstrating results on investments in programs and services, identifying gaps in service, improving the capacity to deliver services, measuring performance and improving overall management practices.

Increase Health Canada's and First Nations and Inuit communities' capacity to manage transferred funds in an accountable manner.

Planned Activities:

- 7 Implement the Non-Insured Health Benefits Results-based Management Framework.
- 7 Implement the Non-Insured Health Benefits consent strategy, which seeks formal consent for the use of personal information from all recipients of Non-Insured Health Benefits.
- 7 Establish a risk-based audit plan and increase the number of audits conducted on First Nations and Inuit Health Contribution Programs.
- 7 Continue the enhancement of both departmental and First Nations and Inuit community accountability mechanisms to ensure compliance with government policies, as well as strengthen governance and management practices.
- 7 By 2004, increase capacity development for First Nations and Inuit partners focussing on reporting and financial controls, performance management, and complaints and allegations management.
- 7 Over 2002-2003, establish a number of pilot sites for community health plans for First Nation and Inuit communities.
- 7 Enhance communication capacity in remote isolated communities.

E. Accountability

Assistant Deputy Minister, First Nations and Inuit Health Branch

First Nations and Inuit Health Web Links

First Nations and Inuit Health Branch

<http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/fnihb-dgspni.htm>

First Nations Head Start on Reserve

<http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/chp/fnhsor/index.htm>

Non-Insured Health Benefits

<http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb/index.htm>

3.4 Business Line 4: Information and Knowledge Management

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

(millions of dollars)

	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Net expenditures**	\$300.3	\$179.5*	\$127.0	\$127.3
FTEs	657	741	725	725

* This represents 6.8% of the Department's total net planned spending.

** The decrease in net expenditures from 2001-2002 to 2002-2003 is mainly due to the one-year grant to the Canadian Institute for Health Information and to the decrease in Program Integrity resources for the Information Management and Information Technology (IM/IT) initiative. The decrease in net expenditures from 2002-2003 to 2003-2004 is mainly due to the sunsetting of the Canada Health Infostructure Partnerships Program (CHIPP) and decreased resources for the IM/IT Program Integrity initiative.

B. Objective

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

This business line is 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. Strategic Outcomes

Strategic Outcome 4.1 A well-functioning national health information infrastructure which respects privacy and shares information in support of decision making and public accountability.

Priority: Demonstration of the potential for measurable improvements in the quality, accessibility and efficiency of health systems and services, through the use of information and communications technology.

Planned Activities:

7 Implement in 2002-2003 some 29 model telehealth and electronic health record projects and a program-wide evaluation framework, under the Canada Health Infostructure Partnerships Program.

7 Participate in the Federal/Provincial/Territorial Advisory Committee on Health Infostructure, and strengthen partnerships with provincial and territorial governments, other federal departments, Canada Health Infoway Inc., the health sector and other organizations on health information and communications technologies.

7 Provide single-window access to health-related information and services through the Canada Health Portal.



Did you know that . . .

A telehealth project funded through Canada Health Infostructure Partnerships Program allows doctors in Toronto to listen through a digital stethoscope to the heartbeat of patients in Northern Ontario?

Priority: Significant progress on key priorities for a pan-Canadian Health Infostructure as recommended in the Tactical Plan Update 2001, approved by federal/provincial/territorial Deputy Ministers of Health.

Planned Activities:

7 Network for Health Surveillance in Canada—augment the network by the development of the Canadian Integrated Public Health System (CIPHS) and the Product Related Risk Data Network (ProdTox), to improve the use and sharing of health surveillance information among federal, provincial, territorial, regional and local health surveillance professionals. The CIPHS will be implemented in four provinces by 2003, eight provinces by 2004, and ten by 2005.

7 Canadian Health Network (CHN)—continue to develop and promote the CHN to ensure that Canadians have access to information on health promotion and disease prevention, and determine the feasibility of an integrated portal for health care workers to access electronic health records.

7 First Nations and Inuit Primary Care Electronic Health Record (EHR)—the EHR will build on the First Nations and Inuit Health Information System, with full implementation in 566 sites planned by 2005.

- 7 Electronic Health Records (EHR) and Telehealth—advance the development of pan-Canadian EHR and telehealth systems in areas such as health information and telehealth standards.
- 7 Standards and Security—work with the Canadian Institute for Health Information and other partners to accelerate development of a national set of approved health information and technology standards.
- 7 Personal Health Information—complete the development, with the provinces and territories, of a framework to harmonise the protection of personal health information.
- 7 Integrated Provider Solutions Initiative—enable seamless and integrated access to existing and future components of Canada’s health infostructure. For 2002-2003, Health Canada, in cooperation with the Advisory Committee on Health Infostructure, will assess the requirements of physicians, nurses and pharmacists, review existing technology solutions, and develop strategies on how to integrate these solutions.

Strategic Outcome 4.2 Evidence-based health policy decision making including a better understanding of the issues relating to health care.

Priority: Increase data and analysis on the health of Canadians and the performance of the health care system.

Planned Activities:

- 7 Analyse the impact on health system costs and growth rates of the differences in demographics and disease prevalence between the First Nations and Inuit populations and the Canadian population.
- 7 Support the Canadian Institute for Health Information and Statistics Canada in producing and disseminating data on health and the health care system.
- 7 Publish health policy research documents, including working papers and the *Health Policy Research Bulletin*.

Priority: Develop a better understanding among health policy decision makers of human resources issues facing health professionals.

Planned Activities:

- 7 Develop and perform ongoing analysis of an integrated model of supply and demand of health human resources.
- 7 Analyse health human resources pressures with particular emphasis on current aging issues.
- 7 Validate models and data analysis with Health Canada partners.

Priority: Implement an information system to enable the Department to readily access a wide range of data on health status, its determinants, and the performance of the health care system.

Planned Activity:

- 7 Redevelop/convert in 2002-2003 two information and data systems to create an Internet/web-based application available to all Health Canada staff.

Strategic Outcome 4.3 Accountability for, and effectiveness of, Health Canada's programs, policies and functions.

Priority: Collaborate with the provinces and territories to develop a comprehensive reporting framework of comparable indicators of health status, health outcomes, and quality of service so that each government can begin reporting by September 2002, as agreed in the September 2000 First Ministers' Agreement.

Planned Activity:

- 7 Reach agreement on comparable indicators so that reporting can begin in September 2002.

Priority: Strengthen the evaluation function in Health Canada to support strategic reviews, evaluations and decisions, as well as the development and implementation of appropriate performance measures.

Planned Activity:

- 7 Increase the number of evaluation staff, and evaluation learning and development opportunities.

Priority: Increased capacity, speed and security of the departmental information technology infrastructure.

Planned Activity:

- 7 Complete the major three-year departmental information technology infrastructure program costing approximately \$60M.

E. Accountability for Key Results

Assistant Deputy Minister, Information, Analysis and Connectivity Branch

Information and Knowledge Management Web Links

Canada Health Infostructure Partnerships Program

http://www.hc-sc.gc.ca/ohih-bis/whatfund/index_e.html

F/P/T Advisory Committee on Health Infostructure

http://www.hc-sc.gc.ca/ohih-bis/available/plan/index_e.html

Health Canada Government On-Line

http://www.hc-sc.gc.ca/english/achieving_gol.html

Information, Analysis and Connectivity Branch/Applied Research and Analysis Directorate

<http://www.hc-sc.gc.ca/iacb-dgiac/arad-draa>

3.5 Business Line 5: Departmental Management and Administration

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

(millions of dollars)

	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Gross expenditures	\$178.9	\$171.3	\$164.0	\$159.6
Expected revenue	(\$0.7)	(\$0.7)	(\$0.7)	(\$0.7)
Net expenditures**	\$178.2	\$170.6*	\$163.3	\$158.9
FTEs	1040	1208	1207	1174

* This represents 6.4% of the Department's total net planned spending.

** The change in net expenditures is mainly due to decreases in resources for the Capital Rust-out initiative.

B. Objective

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. Strategic Outcomes, Priorities and Planned Activities

Strategic Outcome 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, grants and contributions, contracting accountability, and human resources planning.

Priority: To effectively support the delivery of Health Canada's programs and sound management practices across the Department, including modern comptrollership.

Planned Activities:

- 7 Develop an action plan for modern comptrollership to improve management practices capabilities, and capacity, leading to improved decision making and resource management by managers.
- 7 Implement a departmental action plan to improve modern comptrollership.



Examples of activities in the Regions

- 7 In British Columbia, the Vancouver Agreement, signed March 9, 2000, is addressing complex and urgent social, economic, and health and safety issues, starting with Vancouver's Downtown Eastside. The five-year agreement commits the federal, provincial and municipal governments to coordinated activities that benefit residents in the city's poorest neighbourhood, and the city as a whole.
- 7 Through the combined efforts of Health Canada's Alberta, Manitoba and Saskatchewan offices and Environment Canada, over 80 federal managers and scientists met at a Prairie Water Quality Workshop in Winnipeg and produced an interdepartmental resolution recommending the development of a regional water framework. This resolution will be carried to prairie federal/provincial councils with the goal of building the foundation for common federal strategies to address prairie water quality issues.
- 7 Expansion of the "Care for a Smile" program in the Alberta Region is bringing dental care to infants as well as pre-school children in First Nations communities.
- 7 Manitoba and Saskatchewan Region is leading a national Public Health Pilot Project. Planning activities are intended to demonstrate the need for coordination of public health activity throughout Canada.
- 7 In partnership with Environment Canada, Health Canada's Ontario Regional Office undertook the Federal Interdepartmental Clean Water Initiative. The purpose of this initiative was to follow the Walkerton Inquiry and to identify any scientific and technical issues that may need to be taken into account at the federal level.
- 7 In Quebec Region, the Community Animation Program (CAP), created by Health Canada and jointly maintained with Environment Canada, helps to increase each community's capacity to establish links between its citizen's health and their environment. This program is completely decentralized and set up in cooperation with regional partners.
- 7 The recently launched "programme des ambassadeurs" assists regional employees to be effective spokespersons for Health Canada.
- 7 Health Canada's Atlantic Region acts as both leader and partner with Environment Canada, Nova Scotia, the Cape Breton Regional Municipality and the community (the Joint Action Group) to assess chronic health risk problems for residents living near the Sydney tar ponds/coke ovens. The community is moving toward identifying cleanup options which should be presented to governments in the spring of 2003.

- 7 Develop action plans for the Grants and Contributions and Accountability frameworks.
- 7 Prepare a management action plan to improve the Department's contracting procedures, including:
 - a renewed governance structure to clarify the roles, responsibilities and accountabilities of individuals and committees involved in contracting;
 - the development of a risk-based monitoring framework; and
 - a guide to help managers deliver programs and services in the most effective and efficient manner possible, consistent with current legislation, regulations and policies.
- 7 Establish a departmental Quality Assurance Unit for active monitoring and early detection of risks and vulnerabilities.
- 7 Develop and implement a Health Canada Plan for Leadership in Human Resources.

- 7 Define, discuss and communicate departmental values through the departmental-wide dialogue on values and ethics so that they will be fully integrated into the work environment and daily activities.
- 7 Continue to implement Section 41 of the *Official Languages Act* to strengthen the contribution of federal institutions to the development of official language minority communities.
- 7 Promote an enabling work environment that embraces employment equity values, is free of harassment or discrimination, and encourages employees to work to their full potential.

Priority: To provide, through the Regional Directors General and their staff, effective regional delivery of Health Canada's programs, tailored to meet local conditions.

Planned Activities:

- 7 Increase collaboration of regional offices with provinces, territories, health authorities, other federal departments and federal councils and other health system stakeholders.
- 7 Ensure, through the Regional Directors General and their staff, that regional intelligence is integrated into national programs and policies.
- 7 Ensure horizontal coordination within the regions and cohesion across programs and issues so that Health Canada is seen as one entity responsive to the needs of Canadians across the regions.

Priority: To improve, through the Office of the Chief Scientist, the Department's ability to perform and harness excellence in health science and research to ensure the health and safety of Canadians.

Planned Activity:

- 7 Foster and coordinate science and research that is of high quality, aligned with departmental mandates and linked with the research efforts of others in the national and international health research systems, to enhance timely, evidence-based program delivery and decision making by:
 - fostering and implementing new competitive, multi-stakeholder models for performing departmental science and research;
 - facilitating health research partnerships with academe, industry, non-governmental organizations and international organizations;
 - investing in catalytic, strategic initiatives to enhance Health Canada's science and research capacity;
 - increasing the use of external, expert review processes to ensure the excellence of science and research performed within Health Canada; and
 - increasing the transparency of science and research performed by Health Canada.

E. Accountability

Assistant Deputy Minister, Corporate Services Branch

Assistant Deputy Minister, Information, Analysis and Connectivity 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

Executive Offices

Section 4

Joint Initiatives



4.1 Government-Wide Initiatives

A. Accountability

A prerequisite for accountability is a strong foundation of information and analysis. Health Canada aims to be seen as 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.

Building upon plans detailed in the *Report on Plans and Priorities 2001-2002*, Health Canada is strengthening accountability measures for federal transfers to provinces and territories under the Canada Health and Social Transfer. Governments will begin reporting on health status, health outcomes and quality of service by September 2002. This reporting will use the jointly agreed comparable indicators developed as a result of the September 11, 2000 First Ministers' commitment to clear accountability and reporting to Canadians.

Health Canada has developed, in partnership with officials in provinces and territories, an information standard for reporting on qualitative and quantitative indicators for the *Canada Health Act Annual Report* on the compliance of provincial and territorial health care plans with the principles of the *Canada Health Act*. The new standard has resulted in improvements to the Annual Reports for 1999-2000 and 2000-2001, and will be further enhanced for future *Canada Health Act Annual Reports*.

Other initiatives related to departmental accountability include:

- 7 continued implementation of the Financial Information Strategy of April 2001 to improve the quality and timeliness of financial data through the adoption of accrual accounting methods;
- 7 development and implementation of Results-Based Management and Accountability Frameworks by 2005 for all grants and contributions programs; more training to improve performance measurement and management in the Department;
- 7 improved program and functional performance through the development and implementation of performance frameworks; improved capacity to track and analyse performance; improved reporting of performance and health outcomes to Canadians and Parliament; and
- 7 development of a departmental action plan for modern comptrollership; strengthened audit capacity to ensure that the Department manages its responsibilities in this area and assumes a more proactive role.

Accountability for Key Results:

Assistant Deputy Minister, Information, Analysis and Connectivity Branch
Assistant Deputy Minister, Corporate Services Branch
Executive Director General, Audit and Accountability Bureau

B. Modern Comptrollership

Modern comptrollership is a renewed emphasis on improving and modernizing management that focusses on sound resource management and effective decision making, underscores results and values, and makes comptrollership every manager's responsibility. It means a commitment to clear accountabilities, performance assessment, effective control of public resources, sound risk management and open reporting of results.

A number of modern comptrollership initiatives are under way, including:

- 7 delivery of a "Managing for Results" course for managers;
- 7 the development of action plans for the Grants and Contribution and Contracting Accountability frameworks;
- 7 establishment of a departmental Quality Assurance Unit for active monitoring and early detection of risks and vulnerabilities;
- 7 a Department-wide dialogue on values and ethics; and
- 7 a Records Improvement Project to support information management.

In 2002-2003, as part of its overall strategy for implementing modern comptrollership in Health Canada, an action plan will be developed to integrate the ongoing departmental management improvement initiatives, including actions to address the key findings of the recent self-assessment of the Department's modern management capabilities.

Accountability for Key Results

Assistant Deputy Minister, Corporate Services Branch
Executive Director General, Audit and Accountability Bureau

C. Government On-Line (GOL)

The Government On-Line initiative aims to serve Canadians better and to make the Government of Canada the government most connected to its citizens. The GOL Directorate is responsible for the development, implementation and management of Health Canada's GOL program, including a consultation process that will allow the program to meet the needs of all branches, regions and agencies in the federal health portfolio. The Department will also establish partnerships for e-service delivery with other government departments, provincial and territorial governments, and non-governmental organizations.

GOL priorities include:

- 7 Canada Health Portal (CHP)—led by Health Canada, the portal will provide single-window access to health-related electronic information and services under the "Canadians" gateway of the Canada web site.

- 7 Web Management—a redesigned and improved Health Canada web site will be implemented by December 2002 .
- 7 First Nations Telehealth—as part of the Health Care Electronic Service Delivery initiative, the First Nations Telehealth Project will implement telehealth in 20 First Nations communities in Alberta.
- 7 First Nations and Inuit Primary Care Electronic Health Record (EHR)—the EHR will build on the First Nations and Inuit Health Information System, and will incorporate information beyond that gathered in community health facilities. It will initially support community health programs on addictions, home and community care, and diabetes.
- 7 Network for Health Surveillance in Canada—the development of the Canadian Integrated Public Health System and the Product Related Risk Data Network will improve the use and sharing of health surveillance information.
- 7 Pest Management Regulatory Agency On-Line—the on-line processes for core business will be modified so that the Agency will achieve efficiency gains in pesticide submissions and their review by 2003.

Accountability for Key Results

Assistant Deputy Minister, Information, Analysis and Connectivity Branch

D. Sustainable Development Strategy

Health Canada's second sustainable development strategy, *Sustaining Our Health* (2000), is currently under way within the Department. 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*, and the strategy documents the Department's commitment to further significant progress over the next three years (April 2001 to March 2004).

To maximise Health Canada's contributions to sustainable development, the Department will continue to promote the three theme areas identified in *Sustaining Our Health*:

- 7 Helping to create healthy social and physical environments.
- 7 Integrating sustainable development into departmental decision making and management processes.
- 7 Minimizing the environmental and health effects of the Department's physical operations and activities.

In the coming year, the Department will continue to work with its partners and stakeholders to integrate sustainable development into decision making and will:

- 7 Work toward the reduction of health inequities between Canada's First Nations and Inuit and the general population for selected health problems.
- 7 Increase home and community care capacity in First Nations and Inuit communities.

- 7 Incorporate the principles of sustainable development and population health into public education and awareness campaigns.
- 7 Provide information to Canadians so that they can make more informed decisions about their exposure to products and environmental hazards.
- 7 Prepare and distribute accurate and up-to-date information on First Nations and Inuit health.
- 7 Implementation of the First Nations and Inuit Health Information System (FNIHIS), make progress toward First Nations control of FNIHIS, and ensure compatibility with other health information systems.
- 7 Develop and provide information and tools on how to incorporate sustainable development into selected legislation, regulations, policies, programs and plans.
- 7 Integrate sustainable development into health legislation, regulations, policies, programs and reports when relevant.
- 7 Implement a Department-wide Environmental Management System, consistent with ISO 14001 standards.
- 7 Increase energy efficiency and reduce air emissions.

Accountability for Key Results

Deputy Minister, Departmental Champion for Sustainable Development

E. Gender-Based Analysis

Health Canada remains actively engaged in the Government of Canada's commitment to gender equality, as outlined in the 1995 *Federal Plan on Gender Equality*. The plan calls on all departments to identify and assess the different effects of policies and legislation on women and men in order to ensure the development of equitable options that benefit all Canadians and lead to gender equality.

Health Canada's *Women's Health Strategy (1999)*, and Health Canada's *Gender-based Analysis Policy (2000)* outline the Department's approach to incorporating gender analysis into its work, including health system modernisation, population health, risk management, direct services and research. The Department is building awareness and capacity in gender analysis, developing ways to monitor its incorporation into departmental work, and will include progress assessments in accountability reports. In its contributions to the Interdepartmental Committee on Gender-Based Analysis (chaired by Status of Women Canada), the Department brings a gender-based health perspective to bear on the broader federal policy agenda.



There are differences in the health experiences of males and females.

- 7 Some drugs—even common drugs like antihistamines and antibiotics—can cause different reactions and side effects in males and females.
- 7 Depression is two to three times more common in women than in men.
- 7 Women who smoke are more likely to develop lung cancer than men who smoke the same number of cigarettes.
- 7 The intermittent form of multiple sclerosis occurs predominantly in females but has more severe effects on males.

An important component of Health Canada's efforts is its funding of the Centres of Excellence for Women's Health, which provide information and research on gender as a cross-cutting determinant of health.

Accountability for Key Results

Assistant Deputy Minister, Health Policy and Communications Branch

F. Service Improvement Initiative

The Service Improvement Initiative (SII) applies to departments with significant direct service delivery to Canadians, and its purpose is to improve Canadians' satisfaction with the services they receive. Health Canada is one of six lead departments implementing the SII.

The Department has identified six key services for inclusion in the SII:

- 7 National NIHB Drug Exception Centre—processing of limited use and exception drugs under the Non-Insured Health Benefits Program.
- 7 It's Your Health—fact sheets used to convey general background information to Canadians.
- 7 General Enquiries Lines—telephone access to products and services offered by Health Canada.
- 7 Pest Management Information Service—routine enquiries concerning human health and environmental risks associated with pest control products.
- 7 Canadian Health Network—national, bilingual Internet-based health information services.
- 7 24/7 Emergency Call Management System—single access point for management of 24/7 national health emergencies.

Over the period 2001-2005, the goal is a minimum 10 per cent improvement in client satisfaction in the six key services. To meet this target, the Department has developed a common baseline template for client service, which will be followed by national surveys or pilot projects in 2002. The results of these initiatives will form the basis for annual service improvement plans.

Accountability for Key Results:

Assistant Deputy Minister, Corporate Services Branch

Government-Wide Initiatives Web Links

Gender-Based Analysis

<http://www.swc-cfc.gc.ca/gba-acis/index.html>

Women's Health Bureau/Centres of Excellence for Women's Health

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

Government On-Line

<http://www.gol-ged.gc.ca>

Health Canada Government On-Line

http://www.hc-sc.gc.ca/english/achieving_gol.html

Service Improvement Initiative

<http://www.tbs-sct.gc.ca/si-si/sii-ias/>

Sustainable Development Information System

<http://www.sdinfo.gc.ca/>

Health Canada Sustainable Development Strategy

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

4.2 Horizontal/Collective Initiatives

The following Horizontal/Collective Initiatives are newly reported, or are ongoing initiatives for which there are new plans. For more information on previously reported, yet ongoing initiatives, please refer to the Health Canada web site.

< <http://www.hc-sc.gc.ca/english/care/estimates/> >.

Initiative	Goal of Initiative	List of Partners	Money Allocated by Partners	Planned Results
Health Security: Emergency Preparedness and Response Implementation: 2001-2007	Strengthened capability to respond to a health emergency.	Lead: Health Canada. Partners: other federal departments; provinces; territories; non-governmental organizations; international partners, including the World Health Organization.	\$88.89M to Health Canada; over 6 years; \$12M to Health Canada annually thereafter.	7 A laboratory network for the detection of toxic biological agents. 7 Expanded National Emergency Stockpile System. 7 Better trained emergency health and social service workers. 7 Strengthened radiological and nuclear counter-measures. 7 Improved surveillance and contingency planning capacity.
Federal Tobacco Control Strategy Implementation: 2001-2011	Reduced use of tobacco and the consequent incidence of disease and death in Canada.	Lead: Health Canada. Partners: Solicitor General Canada; Royal Canadian Mounted Police; Justice Canada; Canada Customs and Revenue Agency.	\$501M over five years; \$114M annually thereafter.	7 Reduced smoking prevalence and tobacco consumption. 7 Reduced exposure of Canadians to environmental tobacco smoke. 7 Reduced harm caused by tobacco products. 7 Sustainable tax policy that contributes to tobacco control.

Initiative	Goal of Initiative	List of Partners	Money Allocated by Partners	Planned Results
<p>The Vancouver Agreement</p> <p>Implementation: 2000-2005</p>	<p>Promotion and support for sustainable economic, social and community development in Vancouver, focussing initially on the Downtown Eastside.</p>	<p>Federal Lead: Health Canada; Western Economic Diversification; Human Resources Development Canada.</p> <p>Provincial Lead: Premier's Office; British Columbia Ministry of Health Services.</p> <p>City Lead: Mayor's Office, Vancouver.</p> <p>Partners include: Canada Mortgage and Housing Corporation; Canadian Heritage; Citizenship and Immigration Canada; Correctional Service of Canada; Indian and Northern Affairs Canada; Industry Canada; Justice Canada; Royal Canadian Mounted Police; Status of Women Canada; Vancouver Coastal Health Authority; and non-governmental organizations.</p>	<p>Activities are financed through existing government allocations.</p>	<p>7 An evaluation framework.</p> <p>7 Implement an intergovernmental Vancouver Agreement Secretariat.</p> <p>7 Action plans regarding community health and safety, economic and social development, and community capacity building.</p> <p>7 Downtown Eastside health and safety initiatives, including the Lifeskills Centre.</p>
<p>Canadian Biotechnology Strategy</p> <p>Implementation: 2002-2005</p>	<p>Foster the use of biotechnology to enhance Canadians' quality of life.</p>	<p>Lead: Industry Canada</p> <p>Partners: Health Canada; Agriculture and Agri-Food Canada; Environment Canada; Natural Resources Canada; Fisheries and Oceans Canada; Foreign Affairs and International Trade.</p>	<p>\$9.52M annually for 3 years.</p>	<p>7 A regulatory regime that balances social, ethical, health, economic and environmental considerations of biotechnology.</p> <p>7 The Canadian public engaged and aware of biotechnology issues.</p>

4.3 Summary of Proposed Major Legislative / Regulatory Initiatives

Table 1: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part II between April 1, 2002 and March 31, 2003

Regulatory Initiative	Planned Results
Food and Drug Regulations (Prohibition of Certain Veterinary Drugs)	Enhanced safety of food products from potentially harmful residues from animal sources.
Natural Health Products Regulations	Natural health products that are safe, effective and of high quality, while respecting Canadians' philosophical and cultural diversity.
Food and Drug Regulations (Health Claims for Foods)	The use of certain diet-related health claims on food labels and established conditions for their use, as well as a regulatory framework for consideration of other claims.
Food and Drug Regulations (Nutrient Content Claims)	Consistent, accurate and clear nutrient content claims based on health criteria, that support dietary guidance and are not in conflict with health and safety issues.
Food and Drug Regulations (Nutrition Labelling)	More detailed and pertinent nutritional information on food labels in a standardised format to allow consumers to select a healthy diet.
Food and Drug Regulations (Food Irradiation)	Optional food irradiation of additional food products to control pathogens, reduce microbial load and insect infestation, and extend shelf life.

Table 2: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part I between April 1, 2002 and March 31, 2003

Regulatory Initiative	Planned Results
Regulations Amending the Food and Drug Regulations (1247 – Establishment Licences and Good Manufacturing Practices)	Listing of the designated regulatory authorities in countries which have signed Mutual Recognition Agreements (MRA) in the drugs sector with Canada. Recognise the implementation of the MRA between Switzerland and Canada.
Comprehensive review of Notice of Compliance with Conditions (NOCC)	A process for the approval of drugs intended for serious, life-threatening or severely debilitating conditions that have demonstrated promising benefit in clinical trials where there is no drug available on the Canadian market.
New regulatory framework for disinfectant products subject to the <i>Food and Drugs Act</i>	A regulatory program for this group of products based on product risk to ensure product safety, efficacy and quality, without imposing an unacceptable regulatory burden.
Removing Schedule F from the Food and Drug Regulations, and replacing it with an administrative list which could be managed outside the federal regulatory process	More timely and efficient updates to the list of prescription drug ingredients expediting availability of some products to the Canadian market. All products would continue to meet the present standards of safety, quality and efficacy. Benefits would accrue to both industry and government.
Development of regulations to meet the needs of the new <i>Pest Control Products Act</i> (PCPA)	Regulations in light of new PCPA, and new regulations for Mandatory Reporting of Adverse Effects, Workplace Hazardous Material Information System, Data Protection, Prior Informed Consent, Research Permits and National Pesticide Sales Data Base.
Tobacco Promotion Regulations prohibiting “light” and “mild” descriptors	Reduced confusion among smokers regarding these descriptors. Greater awareness that no class of cigarettes is a “safer” alternative.
Control of Precursors and Other Substances frequently used in the clandestine production of controlled substances	Increased level of control for these substances to international standards, and reduced domestic diversion for clandestine production.

Table 2: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part I between April 1, 2002 and March 31, 2003 (continued)

Regulatory Initiative	Planned Results
Scheduling of substances pursuant to the United Nations Convention on Psychotropic Substances	Canadian compliance with international obligations to the 1971 United Nations Convention.
Scheduling modafinil to Schedule III of the <i>Controlled Drugs and Substances Act</i> (CDSA) and Part G of the Food and Drug Regulations	Reduced potential for abuse of modafinil.
Scheduling of zaleplon, zolpidem, zopiclone to the CDSA and the Benzodiazepines and other Targeted Substances Regulations, and deletion of zolpidem and zopiclone from Schedule F of the Food and Drugs Regulations	Reduced potential for abuse of zaleplon, zolpidem, zopiclone.
Omnibus Amendment-Common Law Partner	An amendment to modernise the language in the <i>Controlled Drugs and Substances Act</i> and <i>Food and Drugs Act</i> .
Food and Drug Regulations (Miscellaneous Amendments to Division 15)	New or revised maximum residue limits for veterinary drugs currently listed in the Food and Drug Regulations, to ensure the safety of food products from animals treated with veterinary drugs.
Food and Drug Regulations (Enhanced Labelling of Foods)	Mandatory labelling of specific food allergens, and sulphites when present at 10 parts per million or more, on the labels of prepackaged food products, whether they have been added directly or indirectly.
Food and Drug Regulations (Revisions to Division 12 – Prepackaged Water and Ice)	Modernisation and expansion of the safety and labelling requirements for prepackaged water and ice products.
Food and Drug Regulations (Product-Specific Health Claims for Foods)	Pre-clearance requirements for product-specific claims on foods that are manufactured, sold or represented to have a direct, measurable effect on a body function or structure beyond normal growth and development or maintenance of good health.

Table 2: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part I between April 1, 2002 and March 31, 2003 (continued)

Regulatory Initiative	Planned Results
Food and Drug Regulations (Miscellaneous Amendments to Division 16)	The use of new food additives and expanded uses of food additives currently listed in the Food and Drug Regulations, allowing Canadians access to new or improved food products.
Regulatory framework for cells, tissues and organs	New regulations under the <i>Food and Drugs Act</i> with respect to the safety and quality of cells, tissues and organs intended for transplantation; the ability to address emerging issues in a timely manner; increased stakeholder participation, surveillance and adverse event reporting and the development of a compliance and enforcement strategy.
Regulatory framework for blood safety	Enhanced safety, efficacy and quality of blood and blood components for a vein-to-vein Canadian blood system; clear, innovative and flexible safety standards and regulations; the ability to deal with emerging issues in a timely manner; and increased stakeholder participation.

Table 3: Legislative Initiatives that may be tabled in Parliament in 2002-2003

Legislative Initiative	Planned Results
Act to Regulate Assisted Human Reproduction	The new Act would result in comprehensive legislation on assisted human reproduction (AHR) involving both prohibitions and the establishment of the authorities necessary in law to implement a regulatory framework for acceptable AHR and related research.
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"> 7 greater certainty that marketed pesticides do not pose unacceptable risks; 7 enhanced public confidence in the pesticide regulatory system; and 7 cost-effective regulation.
Health Protection Act	<p>The proposed legislative framework would address health risks before they led to injury or disease by correcting numerous gaps and inconsistencies found in the current statutes (such as the <i>Food and Drugs Act</i>, <i>Hazardous Products Act</i> and <i>Quarantine Act</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 continuing to develop a detailed legislative proposal to serve as a basis for a further round of discussions before tabling a Bill in Parliament.</p>

Section 5

Financial Information



Table 5.1:
Net Cost of Program for 2002-2003

(millions of dollars)

Gross Planned Spending (Budgetary Main Estimates plus Adjustments)	\$2,718.4
<i>Plus: Services received without charge</i>	
Accommodation provided by Public Works and Government Services Canada (PWGSC)	\$29.2
Contributions covering employees' share of employees' insurance premiums and expenditures paid by Treasury Board Secretariat (TBS)	\$34.3
Worker's compensation coverage provided by Human Resources Development Canada (HRDC)	\$0.7
Salary and associated expenditures of legal services provided by Justice Canada	\$3.3
<i>Less: Respendable Revenues</i>	<i>(\$62.7)</i>
<i>Less: Non-Respendable Revenues</i>	<i>(\$7.6)</i>
2002-2003 Net Cost of Program	\$2,715.6

Table 5.2: Source of Respendable Revenues

(millions of dollars)

Business Lines Service Lines	Total Authorities*	Planned Authorities**	Planned Authorities**	Planned Authorities**
	2001-2002	2002-2003	2003-2004	2004-2005
Health Promotion and Protection				
Health Products and Food*	\$36.1	\$36.1	\$36.1	\$36.1
Healthy Environments and Consumer Safety	9.8	9.8	9.8	9.8
Pest Management Regulation	7.0	7.0	7.0	7.0
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	\$62.7	\$62.7	\$62.7	\$62.7

* Does not include additional respendable revenue for Medical Devices (\$4.6M). Approval-in-principle only, conditional on Health Canada providing a final report by year end.

** Includes only authorities approved by Parliament.

Table 5.3: Source of Non-Respendable Revenues

(millions of dollars)

Business Lines Service Lines	Forecast Revenue 2001-2002	Planned Revenue 2002-2003	Planned Revenue 2003-2004	Planned Revenue 2004-2005
Health Promotion and Protection				
Health Products and Food	\$3.2	\$3.2	\$3.2	\$3.2
Healthy Environments and Consumer Safety	1.0	1.0	1.0	1.0
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	\$7.6	\$7.6	\$7.6	\$7.6
Total Respendable and Non-Respendable Revenues	\$70.3	\$70.3	\$70.3	\$70.3

Table 5.4: Summary of Transfer Payments

(millions of dollars)

Business Lines	Forecast Spending 2001-2002	Planned Spending 2002-2003	Planned Spending 2003-2004	Planned Spending 2004-2005
Grants				
Health Care Policy	\$1.2	\$0.9	\$0.9	\$0.9
Health Promotion and Protection	\$33.3	\$30.3	\$30.3	\$30.0
Information and Knowledge Management	\$95.0	\$0.0	\$0.0	\$0.0
Total Grants	\$129.5	\$31.2	\$31.2	\$30.9
Contributions				
Health Care Policy	\$47.6	\$167.1	\$225.6	\$215.6
Health Promotion and Protection	\$178.1	\$214.8	\$176.9	\$168.1
First Nations and Inuit Health	\$653.4	\$651.3	\$672.8	\$680.2
Information and Knowledge Management	\$49.1	\$65.2	\$21.8	\$22.3
Departmental Management and Administration	\$26.7	\$27.5	\$24.6	\$20.1
Total Contributions	\$954.9	\$1,125.9	\$1,121.7	\$1,106.3
Other Transfer Payments				
Health Promotion and Protection	\$55.8	\$40.1	\$24.9	\$50.1
Total Other Transfer Payments	\$55.8	\$40.1	\$24.9	\$50.1
Total Transfer Payments	\$1,140.2	\$1,197.2	\$1,177.8	\$1,187.3

Table 5.5: Details on Transfer Payments, 2002-2003 Planned Spending

(millions of dollars)

Grants	Amount	Objectives	Planned Results
Health Care Policy	\$0.9		
Business line grants less than \$5M*	0.9	* Includes a) Grant to eligible non-profit international organizations in support of their projects or programs on health.	
Health Promotion and Protection	\$30.3		
Grant to the Canadian Blood Service – blood safety and effectiveness, and research and development	5.0	To support procedures for maintaining a safe and effective blood service, and for related research and development.	Well managed administrative processes, standard operating procedures and safety and screening routines to ensure safety and effectiveness of the blood supply service.
Grant to persons & agencies to support health promotion projects in the areas of community health, resource development, training & skill development, and research	10.6	To expand activities in community health, resource development, training and skill development, and research.	Expanded community-based initiatives that promote healthy activities and create a larger cadre of trained community members. Renewal date for terms and conditions (T&C) of program: April 1, 2004
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; to support biomedical and clinical research.	Prevention of spread of HIV in vulnerable populations. Strengthened community capacity to address HIV/AIDS issues in vulnerable populations. Progress toward the development of effective drugs, vaccines and therapies. T&C renewal date: April 1, 2004

Grants	Amount	Objectives	Planned Results
Grants less than \$5M*	6.7	* 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, d) Grant to eligible non-profit international organizations in support of their projects or programs on health, e) Grant to the Canadian Blood Service Agency – Creation of a blood stockpile for emergency purposes; f) Grant to Hema Québec – Creation of a blood stockpile for emergency purposes; g) Grants to Medical Marijuana Research Program.	

Departmental Grants Total	\$31.2		
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Contributions	Amount	Objectives	Planned Results
Health Care Policy	\$167.1		
Contribution for the Primary Health Care Transition Fund	164.0	To support sustainable change in provincial and territorial primary health care systems, and also in primary health care for aboriginal communities and official language minority communities.	<p>Improved access to and quality of primary health care services.</p> <p>Increase in the number of primary health care organizations.</p> <p>Increased health promotion, disease prevention and chronic disease management programming.</p> <p>Better integration of primary health care with other health services.</p> <p>Renewal date: June 2006</p> <p>Interim evaluation: March 2004</p> <p>Final evaluation: June 2007</p>
Contributions less than \$5M*	3.1	* Includes a) Women's Health Contribution Program.	

Contributions	Amount	Objectives	Planned Results
Health Promotion and Protection	\$214.8		
Contributions to persons & agencies to support health promotion projects in the area of community health, resource development, training & skill development, and research	66.5	To expand the knowledge base for program and policy development, to build more partnerships and to develop intersectoral collaboration.	Evidence of the effectiveness of interventions to improve and promote health, reduce risks, and prevent disease, illness and injury. T&C renewal date: April 1, 2004
Payments to provinces, territories and national non-profit organizations to support the development of innovative alcohol and drug treatment and rehabilitation programs	14.5	To provide treatment and rehabilitation services to Canadians affected by substance abuse through: 7 early identification and goal-directed intervention 7 systematic and comprehensive assessments and appropriate referrals 7 basic counselling and effective re-integration services.	Improved access to effective and innovative treatment and rehabilitation for Canadians via cost-sharing agreements with the provinces and territories. T&C renewal date: April 1, 2004
Contributions to non-profit community organizations to support, on a long-term basis, the development & provision of preventive & early intervention services aimed at addressing the health & 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.	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. T&C renewal date: April 1, 2004
Contributions towards the Canadian Strategy on HIV/AIDS	10.5	To support prevention of HIV/AIDS; to promote care, treatment and support for people affected by HIV/AIDS; to support epidemiological and community-based research.	Prevention of spread of HIV in vulnerable populations. Strengthened community capacity to address HIV/AIDS issues of vulnerable populations. Increased knowledge of HIV epidemiology. T&C renewal date: April 1, 2004

Contributions	Amount	Objectives	Planned Results
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 & their families	19.0	To develop early intervention programs for off-reserve Aboriginal pre-school children and their families.	Enhanced programming for prenatal involvement and support for special needs children in the 114 community sites. T&C renewal date: April 1, 2004
Contribution in support of the Federal Tobacco Control Strategy	20.1	To help meet the objectives of the Federal Tobacco Control Strategy (FTCS) through assistance to provinces and other bodies. In doing this, the FTCS Contribution Program will support the implementation of the four components of the Strategy, namely: protection, prevention, cessation and harm reduction.	Enhanced ability of national tobacco organizations to gather, analyse and disseminate information on tobacco control and to recommend effective approaches to tobacco control within and outside Canada. Best practices identified in tobacco prevention, cessation, protection etc., and used to enhance tobacco control programs and resources. More opportunities for individuals and organizations involved in tobacco control to meet for purposes of information sharing and training. Provincial and municipal partners developing more effective tobacco control regulations. Enhanced ability of provinces and territories to deliver mass media activities related to tobacco control. T&C renewal date: March 31, 2006 Evaluation date: 2006

Contributions	Amount	Objectives	Planned Results
Contributions less than \$5M*	2.1	* 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 public health, b) Contributions to Canadian Blood Services and other designated transfusion/transplantation centres to support adverse event surveillance activities.	
First Nations and Inuit Health			
	\$651.3		
Contributions to integrated Indian and Inuit community-based health care services	291.8	To provide funding in support of integrated community health services to status Indians and Inuit, 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.	Improved physical and mental health, and social well-being of First Nations and Inuit (FNI). Reduction of death, illness, injury, disability and addictions.
Payments to Indian bands, associations or groups for the control and provision of health services	178.1	To increase responsibility and control by Indian communities of their own health care and to effect improvement in the health conditions of Indian people.	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. T&C renewal date: 2004 Evaluations are done for individual community projects.

Contributions	Amount	Objectives	Planned Results
Contributions to support pilot projects to assess options for transferring the Non-Insured Health Benefits Program to First Nations and Inuit Control.	12.0	To provide financial support to Indian bands, associations or groups for the control and provision of health services.	NIHB services appropriate to the unique health needs of FNI. NIHB program/project sustainability from both cost and benefit management perspectives.
Contributions to Indian bands, Indian and Inuit associations or groups or local governments and the territorial governments for Non-Insured Health Services	99.0	To provide contributions to Indian bands, Indian and Inuit associations or groups or local governments and territorial governments for Non-Insured Health Services.	Capacity building for FNI groups. A pilot project agreement as part of a move toward increased autonomy.
Payments to the Aboriginal Health Institute / Centre for the Advancement of Aboriginal Peoples' Health	5.0	To support and provide payments to the Aboriginal Health Institute / Centre for the Advancement of Aboriginal Peoples' Health.	Empowerment of Aboriginal peoples through advancement and sharing of knowledge on Aboriginal health. Strengthened collective knowledge and abilities.
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	37.0	To contribute toward FNI health promotion and prevention projects and developmental projects to support FNI control of health services.	Overall good health of community members. Community support to promote good health practices and to build capacity to remedy community health problems.
Contribution toward the Aboriginal Head Start On-Reserve Program	22.5	To support early child development strategies designed and controlled by First Nations communities.	Increased awareness of nutritional needs. Increased family involvement in Aboriginal Head Start. Increased community networking and support of pre-school needs.

Contributions	Amount	Objectives	Planned Results
Contributions less than \$5M*	5.9	* Includes a) Contributions to universities, colleges & other organizations to increase the participation of Indian & Inuit students in academic programs leading to professional health careers, b) Contributions to the Government of Newfoundland toward the cost of health care delivery to Indian and Inuit communities, c) Contributions to Indian & Inuit associations or groups for consultations on Indian & Inuit health, d) Contributions on behalf of, or to, Indians or Inuit toward 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.	

Information and Knowledge Management		\$65.2	
Canada Health Infostructure Partnership Program	43.4	To support collaboration, innovation, and renewal in health care delivery through the use of information and communication technologies by investing in model implementation projects in two strategic areas: telehealth and electronic health records model projects.	A better understanding of the effects and outcomes of EHR and telehealth in health services delivery, particularly as they improve the accessibility and quality of health care delivery to Canadians and enhance the efficiency and long-term viability of the health system. Program ends: March 31, 2003 Evaluation date: March 31, 2003
Contributions for First Nations and Inuit Health Promotion and Prevention Projects and for Developmental Projects to support First Nations and Inuit Health Services.	8.0	To develop the basic infrastructure and capacity to track and manage FNI health issues.	Better understanding and management of FNI health through voluntary use of the FNI Health Information System. Renewal date: March 31, 2005 Individual evaluation dates are available for each project but not for the overall program.

Contributions	Amount	Objectives	Planned Results
Contributions to persons & agencies to support health promotion projects in the area of community health, resource development, training & skill development, and research	7.0	To provide Canadians with an Internet-based health information service built collaboratively by government and non-government organizations across Canada.	On-line access to credible, relevant, up-to-date information resources in four key health areas: health promotion, disease prevention, self care, and performance of the health care system. (See: www.canadian-health-network.ca/) Evaluation date: June 2002
Contributions less than \$5M*	6.8	* Includes a) Contributions to the Canadian Institute for Health Information, b) Knowledge Development and Exchange program, c) Health Policy Program.	
Departmental Management and Administration			
	\$27.5		
Contributions on behalf of, or to, Indians or Inuit toward 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	24.2	To financially assist the maintenance and provision of hospitals, other facilities and health care equipment in support of health services for FNI communities.	Improved access to health services.
Contributions less than \$5M*	3.3	* Includes a) Contributions for integrated Indian & Inuit community-based Health Care Services.	
Departmental Contributions Total			
	\$1,125.9		

Other Transfer Payments	Amount	Objectives	Planned Results
Health Promotion and Protection	\$40.1		
<p>Payments to Provinces and Territories to improve access to health care and treatment services to persons infected with hepatitis C through the blood system</p>	40.1	<p>To increase the capacity of publicly financed health care programs to ensure that all Canadians infected with hepatitis C through the blood system have reasonable access to health care services used for the treatment of hepatitis C.</p>	<p>Reasonable access to key health care services, such as current and emerging antiviral drug therapies, immunisation and nursing care, for persons infected with hepatitis C through the Canadian blood system.</p> <p>T&C renewal date: April 1, 2020</p> <p>Next evaluation date: 2005</p>
Departmental Other Transfer Payments Total	\$40.1		
Total Grants, Contributions and Other Transfer Payments	\$1,197.2		

Section 6

Other Information



6.1 Statutes and Regulations

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

This first list includes the Acts in whole or in part and/or specific regulations which are under the responsibility of the Minister of Health.

- 1) *Agriculture and Agri-Food Administrative Monetary Penalties Act*, S.C. 1995, c. 40 with SOR/2001-132
 - Order transferring from the Minister of Agriculture and Agri-Food to the Minister of Health the powers, duties and functions under the *AAFAMP Act* in relation to the *Pest Control Products Act* and Regulations.
- 2) *Canada Health Act*, R.S.C. 1985, c. C-6
 - Extra-billing and User Charges Information Regulations, SOR/86-259
- 3) *Canadian Centre on Substance Abuse Act*, R.S.C. 1985, c. 49 (4th Supp.)
- 4) *Canadian Environmental Protection Act 1999*, R.S.C. 1985, c. 15.31
- 5) *Canadian Institutes of Health Research Act*, S.C. 2000 c. 6
 - Designation Order of the Responsible Minister, SI/77-207
 - Order fixing May 31, 2001 for certain sections of the Act to come into force, SI/2001-66
- 6) *Controlled Drugs and Substances Act*, R.S.C. 1985, c. C-38.8
 - Marihuana Medical Access Regulations, SOR/2001-227
- 7) *Department of Health Act*, R.S.C. 1985, c. H-3.2
 - Potable Water on Common Carriers, C.R.C. 1105 as amended by SOR/78-400
 - Human Pathogens Importation Regulations, SOR/94-558
- 8) *Financial Administration Act*, R.S.C. 1985, c. F-11
 - Radiation Dosimetry Services Fees Regulations, SOR/90-109 as amended by SOR/94-279
 - Authority to Sell Drugs Fees Regulations, SOR/95-31

- Drug Evaluation Fees Regulations, SOR/95-424
 - Medical Devices Fees Regulations, SOR/98-432 as amended by SOR/2000-312
 - 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, (1056) SOR/98-4
 - Licensed dealers for Controlled Drugs and Narcotics Fees Regulations, SOR/98-5
- 9) *Fitness and Amateur Sport Act*, R.S.C. 1985, c. F-25
- 10) *Food and Drugs Act*, R.S.C. 1985, c. F-27
- 11) *Hazardous Materials Information Review Act*, R.S.C. 1985, c. H-2.7
- 12) *Hazardous Products Act*, R.S.C. 1985, c. H-3
- 13) *Patent Act*, R.S.C. 1985, c. P-4
- Patented Medicines (Notice of Compliance) Regulations, SOR/93-133 as amended by SOR/98-166, SOR/99-379
 - Patented Medicines Regulations, 1994, SOR/88-474, SOR/94-688 as amended by SOR/95-172, SOR/98-105
 - Order designating the Minister, SI/93-114
 - Manufacturing and Storage of Patented Medicines Regulations, SOR/93-134 repealed 2000-373
- An Act to amend the Patent Act*, S.C., 2001, c. 10
- Order fixing to July 12, 2001 the coming into force of *An Act to Amend the Patent Act*, SI/2001-83
- 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
 - Tobacco Reporting Regulations, SOR/2000-273

B. Statutes not administered by the Minister of Health

This second list includes Acts administered by other Ministers and in which the Minister of Health plays an advisory or consultative role.

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

6.2 Departmental Contacts

Regional Offices

Atlantic

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Vancouver, British Columbia V6C 1A1
Telephone: (604) 666-2083
Facsimile: (604) 666-2258

Headquarters

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Facsimile: (613) 941-5366
Internet: <http://www.hc-sc.gc.ca>

or write to:

Health Canada
0913A, 13th Floor, Brooke Claxton Building
Ottawa, Ontario, CANADA
K1A 0K9

6.3 References

Selected Health Canada Publications

A Way Out: Women with Disabilities and Smoking

Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Use During Pregnancy

Best Practices: Treatment and Rehabilitation for Youth with Substance Use Problems

Best Practices: Treatment and Rehabilitation for Women with Substance Use Problems

Canada Health Infoway: Paths to Better Health

Canada's Physical Activity Guide for Healthy Active Living for Older Adults

Healthy Development of Children and Youth: The Role of the Determinants of Health

Intersectoral Action . . . Towards Population Health

It Helps to Talk: How to Get the Most from a Visit from your Doctor – Patient's Guide

It Helps to Talk: the 5-minute Guide to better Communication – Doctor's Guide

It's Your Health

- Lead and Human Health
- Mammography
- Preventing Skin Cancer—It's up to You
- Unpasteurized Juices and Ciders
- Water Chlorination

Nutrition for Healthy Term Infants

Perspectives on Complementary and Alternative Health Care

Profile—Substance Abuse Treatment and Rehabilitation in Canada

Second Report on the Health of Canadians: Toward a Healthy Future

The Many Faces of Diabetes

Trends in the Health of Canadian Youth

Documents can be ordered from:

Publications
Health Canada
Ottawa, Ontario
K1A 0K9

Telephone: (613) 954-5995

Facsimile: (613) 941-5366

Telecommunication Device for the Deaf: 1-800-267-1245

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