

**Health Canada's
Sustainable Development Strategy 2000:
*Sustaining our Health***

Final Report on Accomplishments
2001-2004

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

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1 EXECUTIVE SUMMARY

Health Canada's second Sustainable Development Strategy, *Sustaining Our Health* (SDS 2000) focussed on the Department's commitments to take account of the environmental, social/cultural and economic factors that influence health and well-being. These commitments were organized around three priority themes:

- Theme 1** - Helping to create healthy social and physical environments;
- Theme 2** - Integrating sustainable development into Departmental decision-making and management processes; and
- Theme 3** - Minimizing the environmental and health effects of the Department's physical operations and activities.

This document is the final report on the Department's accomplishments against these commitments. The Department showed the greatest level of success in meeting its commitments under Theme 1 of the strategy. Overall, Health Canada completed 83.5% of the Short-Term Targets that make up the Department's commitments in SDS 2000. The table below highlights the percentage of SDS 2000 commitments completed by theme.

Percentage of SDS 2000 Commitments Completed (%)			
	Theme 1	Theme 2	Theme 3
Short-Term Targets	92.5	73.9	58.3

SDS 2000 was an ambitious strategy and despite not meeting all of our stated commitments, our achievements over the strategy's three-year time frame represented real progress in the Department's journey to more fully integrate the concept of sustainable development (SD) into everything we do. We achieved major accomplishments in the areas of:

- Improved delivery of health care services to First Nations and Inuit;
- Building awareness among Canadians to make more informed decisions that contribute to their health;
- Supporting healthy community initiatives;
- Working collaboratively with partners on health, environmental quality and SD issues;
- Enhanced integration of SD into the planning processes at the Departmental, Branch, Regional and Agency level;
- Activities to increase SD awareness of Health Canada staff;
- Improved management of environmental issues such as water and air emissions; and
- Greening of operations and pollution prevention.

The following sections provide more detail about these accomplishments as well as the challenges that we were faced with in our SD journey.

2 INTRODUCTION

2.1 Purpose of this Report

This document is the final report on accomplishments for the Health Canada 2000 Sustainable Development Strategy (SDS). It provides a comprehensive review of our sustainable development (SD) achievements from the 2000 SDS, as well as identifying areas where progress has been made and where additional work is needed.

Section 1 includes a brief executive summary of the report, and Section 2 provides an introduction to SDS 2000 and how SD is managed at Health Canada. It also specifically addresses recommendations made by the Commissioner of the Environment and Sustainable Development (CESD) for the second set of departmental SDSs (see Section 2.4).

Section 3 of the report summarizes the Department's SDS accomplishments and discusses some of challenges Health Canada faced in meeting its SDS 2000 commitments. Section 4 describes how some of our commitments changed throughout the course of implementing the strategy, and identifies the reasons and process for setting corrective action.

Section 5 provides a conclusion and outlook to our next sustainable development strategy, *SDS 2004-2007*.

Detailed progress information against each of our commitments is outlined in Appendix 1.

2.2 Brief Description of SDS 2000

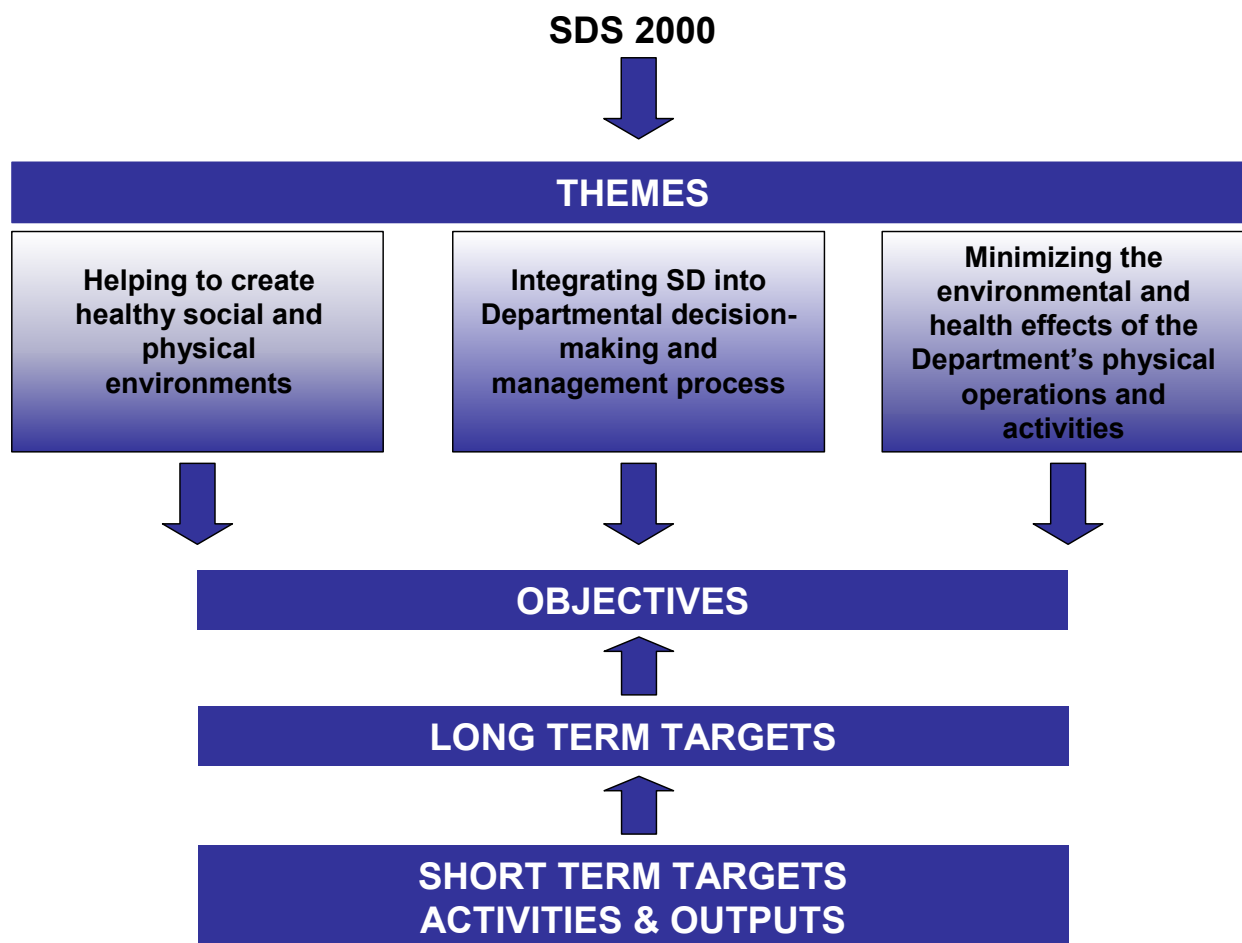
Health Canada's second SDS, *Sustaining Our Health* (SDS 2000) emphasized that, in working with Canadians to attain optimal health, the concept of sustainable development requires the Department to "to take account of the environmental, social/cultural and economic factors that influence health and well-being both now and in the long term" (Executive Summary). The strategy focused on three priority themes:

- Theme 1** - Helping to create healthy social and physical environments;
- Theme 2** - Integrating sustainable development into Departmental decision-making and management processes; and
- Theme 3** - Minimizing the environmental and health effects of the Department's physical operations and activities.

Commitments within the strategy are organized around these three broad themes. Objectives and targets laid out the SD-related actions that the Department would take to realize its sustainable development vision (see Appendix 1 for details on the status of each of the objectives and targets in the strategy). The objectives defined the intended outcomes for each theme, and the targets represented long- and short-term commitments which were more specific, measurable, time driven and output oriented (see Figure 1). Commitments in the strategy addressed key SD issues within Health Canada's mandate, ranging from addressing water quality in partnership with our federal, provincial and territorial partners, improving the sustainability of the First Nations and Inuit health system, to developing training materials for employees and

preventing pollution through our own operations. Combined, these demonstrated Health Canada's commitment to integrating the principles of sustainable development into our day-to-day policy-making and operational activities.

Figure 1: SDS 2000 Structure



2.3 Structure of SD at Health Canada

The Deputy Minister is responsible for ensuring that Health Canada adopts the principles and practices of sustainable development, prepares and implements a tri-ennial Sustainable Development Strategy, and reports annually on the progress of the Department in achieving its SD objectives.

Although overall responsibility lies with the Deputy Minister, it is the Assistant Deputy Minister (ADM), Healthy Environments and Consumer Safety Branch (HECSB), who is the Departmental ADM SD Champion. The

ADM is responsible for the coordination of SD policies and strategies, as well as chairing the Departmental Executive Committee Sustainable Development Steering Committee (DEC SDSC) which plays a key role in advising the Departmental Executive Committee (DEC) on policies and initiatives regarding the implementation of sustainable development in Health Canada. The DEC SDSC meets on a regular basis to review progress and provide advice on SD issues.

Much of the SD work at Health Canada is coordinated through the Office of Sustainable Development (OSD), which reports directly to the ADM SD Champion. The OSD is responsible for preparing the SDS and for coordinating the implementation, monitoring and reporting of SD. The OSD tracks progress on a quarterly basis and coordinates the preparation of a progress report on the Department's SDS on an annual basis (this report is the third of its kind for SDS 2000). In addition to reporting, the OSD plays a key role in coordinating SD implementation, but it is the Branch Assistant Deputy Ministers, Agency Executive Directors and Regional Directors General (RDGs) who are ultimately responsible for implementing the SDS targets/milestones within their respective branch, agency or region. They are supported by SD Coordinators that work to apply SD concepts to the policies, plans and programs of the Department in order that real results are achieved.

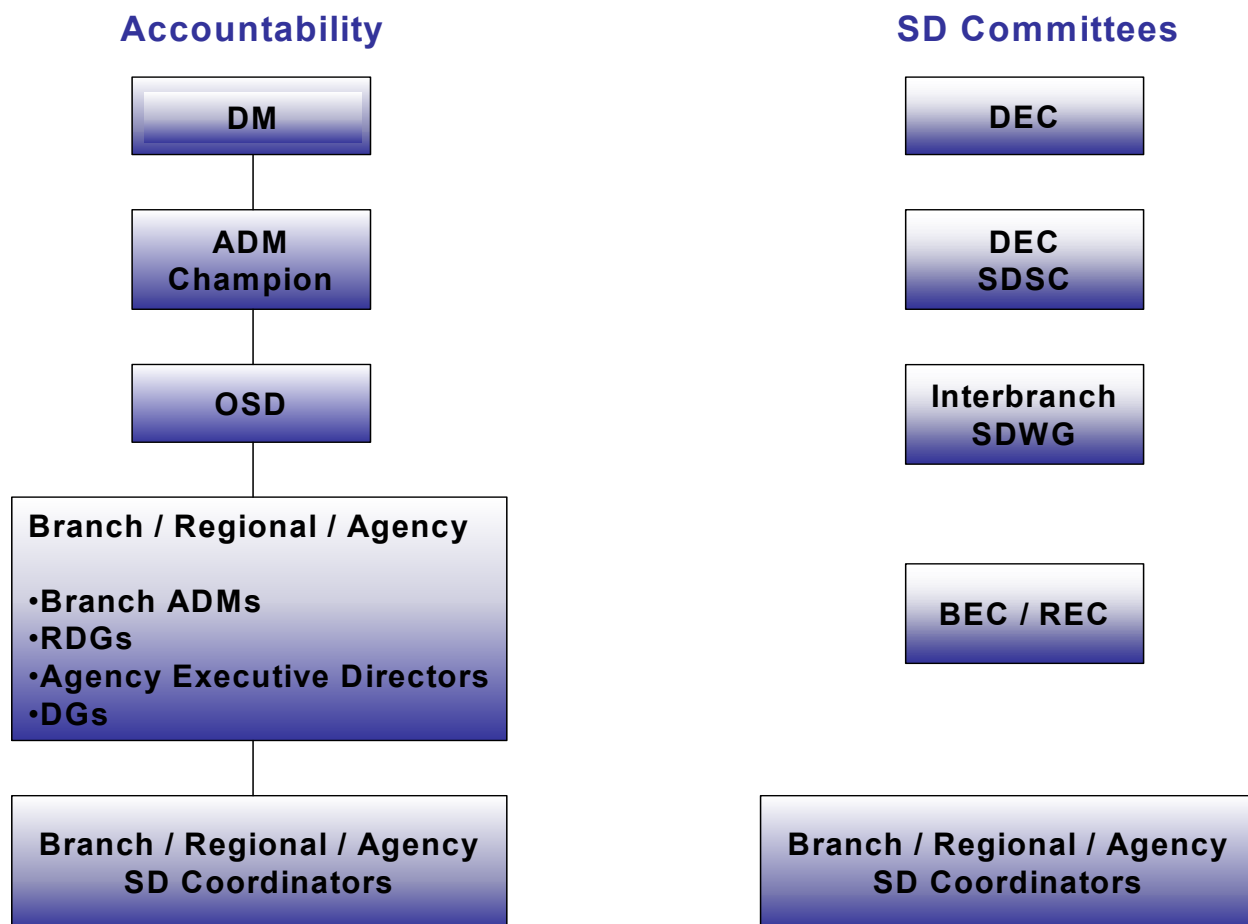
Directors General (DGs) also have obligations and must review the policies, plans and programs in areas under their responsibility to ensure that they have been developed with due application of the principles and practices of SD. They are also responsible for establishing the SD targets the Department works towards and providing regular progress statements.

In addition to the roles and responsibilities outlined above, there are also several other Departmental committees that have SD accountabilities including:

- Interbranch Sustainable Development Working Group (SDWG);
- Branch/Regional Executive Committees (BEC/REC); and
- Branch/Agency/Regional Sustainable Development Working Groups (SDWGs).

Many of these working groups/committees meet on a regular basis and are faced with the challenges of effectively coordinating and managing SD issues. In addition to these internal committees, Health Canada also participates in interdepartmental committees such as the Interdepartmental Network of Sustainable Development Strategies (INSDS) in order to share ideas and work with other federal departments on these issues. Figure 2 on the following page illustrates components of the SD structure at Health Canada described above.

Figure 2: SD Management Structure¹



2.4 Responsiveness to CESD Recommendations

In 1995, amendments to the Auditor General Act created the position of Commissioner of the Environment and Sustainable Development (CESD) as part of the Office of the Auditor General, and required Health Canada to table a Sustainable Development Strategy (SDS) in the House of Commons every three years starting in 1997. The CESD outlined expectations for the second set of departmental SDSs in the document, *Moving Up the Learning Curve: The Second Generation of Sustainable Development Strategies* (1999). The three areas where the Commissioner expected departments to focus their efforts were:

- **Assessing** their first strategies - determining what the first strategy has achieved, what has changed, and what needs to be done differently - and making those assessments available in the consultations leading to the second strategies.
- Strengthening the **planning** of strategies - drawing clear links between the departments' activities, the significant impacts of those activities and priorities for action.

¹ See Section 2.3 for a description of acronyms.

- Accelerating the development of **management systems** needed to turn the strategies from talk into action (CESD 1999, p. 5).

Our second strategy has largely met these expectations. For example, the Department conducted an assessment of its first SDS (1997) to determine what “lessons learned” would help in the development of SDS 2000. This document was shared with individuals involved in the consultations for the second strategy. The lessons learned process determined that better definition of SD roles and responsibilities was an area needing improvement. Based on this feedback, a new framework was outlined for the Department’s SD organizational structure and decision-making, accountabilities were identified, and the SDS 2000 database clearly outlined responsibility centres for all SD goals, objectives, targets and actions. The SDS 2000 database is an example of one of the Department’s management system tools that enables an effective SD monitoring and reporting mechanism. It helped us to monitor progress and ensure that our second strategy was a success, that we met the commitments we set out to achieve, or established corrective action where we could not.

In response to the expectations of the CESD our second SDS set out specific commitments to more fully develop management system elements to support implementation. Examples of improvements in this area include:

- Development of SD training tools for raising employee awareness;
- Incorporating SD concepts more fully into policies, plans and reports such as the Report on Plans and Priorities (RPP) and the Department Performance Report (DPR); and
- Publication of a decision-making framework for identifying, assessing and managing health risks which includes SD.

These have all contributed to the improved integration of SD into the Department’s decision-making and management processes.

Health Canada also strengthened the planning of SDS 2000 compared to our first strategy. Our SD commitments were more clearly aligned with the mandate and priority issues of the Department where there was significant impact. However, experience now shows that many of the targets addressed issues with an “activity-based” rather than an “outcomes-based” approach. This will need to be improved upon in future strategies. The planning of SDS 2000 also included significantly more Regional, Branch and Agency input and integration than our previous SDS.

The Commissioner also emphasized the need for effective co-ordination across departmental mandates and jurisdictions in order to meet sustainable development objectives (CESD 1999, p. 5). In this regard, Health Canada worked with numerous partners from other government departments, as well as communities and community groups to effectively implement SD initiatives in areas of shared responsibility.

The support, involvement and commitment of senior management was cited by the Commissioner as critical to an organization moving up the learning curve on these issues. In the past, there were challenges in getting consistent senior management leadership and commitment on some SD issues, but Health Canada now has a clear determination of roles and responsibilities and accountabilities for SD as described in Section 2.3. We will continue to look at new initiatives directed at accelerating the Department’s progress toward sustainable development.

2.5 Description of the SDS Themes

As mentioned previously, Health Canada's SDS 2000 was organized around three themes. This section provides a brief description of the themes and then addresses the Department's progress in achieving its commitments under each theme in Section 3.

Theme 1:

Helping to create healthy social and physical environments

The commitments under this theme focused on how Health Canada could assist in the creation of social and physical advancements that maintain and improve population health. Theme 1 is based on the recognition that the Department must strengthen collaboration and cooperation with its partners and stakeholders to make further progress on health and sustainable development. Working with other federal departments, the provinces and territories, and non-governmental organizations, Health Canada identified three key approaches to help create the social and physical environments that sustain health:

- Promoting conditions, behaviours and lifestyles that enhance health and well-being through, for example, working with others to build capacity, knowledge and skills for sustainable development;
- Preventing disease, illness and disability through, for example, working with partners to strengthen health care; and
- Protecting health from environmental risks through, for example, working to reduce exposure to environmental contaminants.

Theme 2:

Integrating sustainable development into Departmental decision-making and management processes

The focus of the commitments under this theme were to integrate sustainable development considerations into Health Canada's decision-making and management processes. The Department had already developed a sustainable development management system, a Departmental Sustainable Development Policy, and a decision-making framework that were designed to fully integrate sustainable development thinking. The objectives and targets under this theme were designed to ensure that all Health Canada decisions were considered according to each of the three pillars of sustainable development, and to strengthen the Department's capacity for sustainable development decision-making and reporting.

Theme 3:

Minimizing the environmental and health effects of the Department's physical operations and activities

The objectives and targets under this theme emphasized Health Canada's commitment to further reducing its 'ecological' footprint and to minimizing any detrimental health effects associated with the Department's physical operations and activities. This theme was based on commitments made by federal Ministers, including the Minister of Health, when the *Guide to Green Government* was released (Government of Canada, 1995) and reaffirmed in *Sustainable Development in Government Operations: A Coordinated Approach* (Government of Canada, 2000). These commitments were to:

- Adopt a pollution prevention approach;
- Meet or exceed applicable federal environmental statutes and regulations;
- Emulate best practices from the public and private sectors; and
- Develop and implement Environmental Management Systems, including action plans.

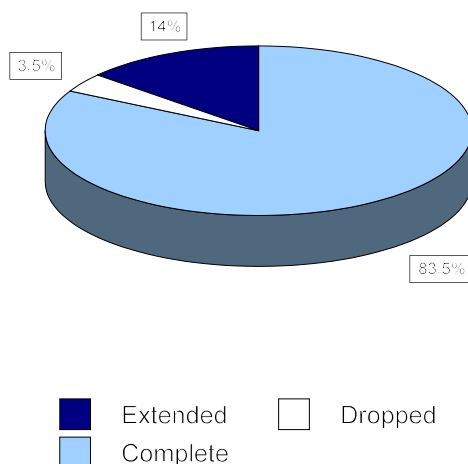
Organization of our SD commitments along these three themes has been useful in Health Canada's management of SD and the Department has maintained these themes in its third SDS. The following section provides a summary of our accomplishments in each of the themes discussed above. For more detailed progress information, please see Appendix 1.

3 SUMMARY OF ACCOMPLISHMENTS

3.1 Overall Summary

Health Canada has been successful in meeting many of the commitments it set out to achieve in SDS 2000. The Department completed 83.5% of the Short-Term Targets that make up the Department's commitments in the strategy. Figure 3 illustrates the breakdown of completed commitments by objective, Long-Term and Short-Term Targets (see Figure 3).

Figure 3: Completed SDS 2000 Commitments



As the graph above identified, 16.5% of our Short-Term Targets were not met within the identified time frame; therefore, not all of our related Long-Term Targets and Objectives can be considered complete. The table below (see Figure 4) displays more detailed information on the status of Long-Term and Short-Term Targets under the objectives for each theme of SDS 2000. The status of each Long-Term Target is determined by the status of all the associated Short-Term Targets. For example, if a Short-Term Target was determined to be incomplete and given an extended due date, then the status of the Long-Term Target is also considered extended. Only if all Short-Term Targets associated with the Long-Term Target are complete, is the status for the Long-Term Target also considered complete. The same applies for determining the status of objectives. All associated Long-Term Targets must be complete for the objective to be considered complete.

As identified below, three Short-Term Targets were dropped from the strategy (see Section 4 for a discussion of changes).

Figure 4: Status of SDS 2000 Commitments

	Total	Completed	Extended	Dropped
Theme 1				
Short-Term Targets	80	75	2	3
Theme 2				
Short-Term Targets	23	18	5	0
Theme 3				
Short-Term Targets	25	15	10	0

Overall there has been major progress in the implementation and development of the Department's internal capacity to manage SD effectively. Emphasis was placed on developing SD information and tools to assist Health Canada staff incorporate SD principles into their daily activities. These efforts have resulted in

enhanced integration of SD across the Department over the three-year time frame of SDS 2000. Achieving full integration of sustainable development throughout our operations is an ongoing challenge but one which we continue to strive towards.

One of the overarching challenges of SDS 2000 was that it was overly ambitious in what it set out to achieve within a three-year time frame. We did not meet all of our stated commitments but an Extended Action Plan (EAP) to address priority areas that faced obstacles has been developed. Some of the other general challenges we found with SDS 2000 were that several of our commitments were not auditable or measurable, making tracking and reporting on our performance difficult. There was also too great a focus on short-term activities, and too many commitments. These challenges have been addressed in our next strategy to ensure that it is more focused and linked to measurable results and outcomes.

As a department, Health Canada has moved along an SD continuum from defining and characterizing what SD means to the Department, to attempting to more effectively measure our progress in achieving our SD commitments. We now have to move to refining these commitments to ensure that they reflect Departmental priorities where we can have the most impact in sustaining the health of Canadians, ensuring our commitments are auditable and measurable, and to more actively managing our SD performance.

The following sub-sections summarize some of the more specific SDS 2000 accomplishments and challenges by theme, as well as discussing where additional work is needed in order to move us along this SD continuum.

3.2 Theme 1 Accomplishments

The objectives and targets under this theme focussed on accelerating the creation of social and physical conditions that maintain and enhance population health.

Priority areas identified by the Department under this theme included:

- Working toward the improvement of the health status of First Nations and Inuit people by implementing programs for selected health problems;
- Increasing home and community care capacity in First Nations and Inuit communities;
- Incorporating the principles of sustainable development and population health into public education and awareness campaigns;
- Providing information to Canadians so that they can make more informed decisions about their exposure to products and environmental hazards;
- Preparing and distributing accurate and up-to-date information on First Nations and Inuit health; and
- Continuing implementation of the First Nations and Inuit Health Information System (FNIHIS).

Some of our key accomplishments addressing these priorities included the progress the Department made toward improving the health status of Canada's First Nations and Inuit for selected health problems through programs such as the Aboriginal Diabetes Initiative, Home and Community Care Program and the Future of Children and Youth in the Arctic initiative. These programs have led to the enhanced delivery of health-care services to First Nations and Inuit, and will contribute to healthier lives.

Health Canada also focused its efforts on enabling Canadians to make more informed decisions that contribute to their health and SD through the provision of information and tools on a range of issues such as the exposure to products and environmental hazards (with a focus on children's exposure) and contaminants in traditional foods.

The Department was successful in supporting healthy community initiatives such as the Community Animation Program (CAP) and the Community Based Programming for children and families living in difficult life circumstances (the Community Action Program for Children [CAPC], the Canada Prenatal Nutrition Program [CPNP] and Aboriginal Head Start [AHS]). Through these programs, Health Canada's regional offices participated in and supported a variety of sustainable community initiatives. Some of the initiatives carried out by the CAP program include:

- Community-based computer training workshops;
- Community gardens and schoolyard naturalization projects;
- Waste reduction and an increase in the number of recycling projects; and
- Water quality and environmental health projects.

CAPC, CPNP and AHS are designed to:

- Support healthy child development with breastfeeding, healthy baby (CAPC/CPNP), and early child development programming;
- Promote good health practices that reduce the risk of disease and injury;
- Provide early identification and referrals for children with health, developmental concerns or behavioral issues; and
- Reduce health disparities for children, including aboriginal populations.

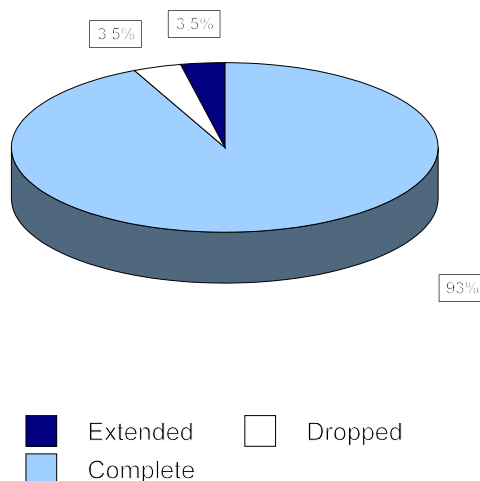
These kinds of programs contribute to healthier communities and improve the community's capacity to take action on health and healthy environments.

The Department also worked collaboratively across different sectors and jurisdictions on health, environmental quality and SD issues. Examples included work towards the early ratification of the *Stockholm Convention on Persistent Organic Pollutants*, categorization of the health risks related to 2,000 substances, and development and/or updating of water quality guidelines. These actions and others illustrated how Health Canada is meeting our commitment to use risk assessment/risk management approaches to identify and reduce the risks to population health and the environment.

One of the areas where we did not meet our commitments under Theme 1 was related to the development of a National Strategy for Chronic Disease Surveillance. Information on the incidence of chronic diseases and other health problems is essential for setting priorities, developing programs, health planning and to assess the effectiveness of risk management strategies. We have accomplished some activities related to this issue, but still need to establish a National Strategy which will lead to more comprehensive health information, better informed decisions, more targeted programs, and ultimately lead to enhanced health.

Figure 5 provides a summary of our completed SDS 2000 Theme 1 commitments. Three commitments not met are subject to the Extended Action Plan and three others were dropped through internal mechanisms to review targets.

Figure 5: Completed SDS 2000 Theme 1 Commitments



3.3 Theme 2 Accomplishments

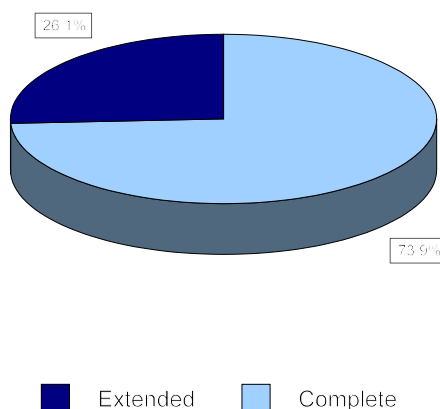
The objectives and targets under Theme 2 strived to enable Health Canada to view all decision-making from a perspective that included sustainable development. The Department is working to fully integrate SD into the planning processes at the Departmental, Branch, Regional and Agency level, to ensure that it is not considered an "add-on" to our operations. Our efforts in SDS 2000 focussed on the development and delivery of SD training and communication tools to all new and existing HC employees in order to raise awareness and improve integration. As a result of our accomplishments, the Department now has effective tools in place such as a *Guide to Integrating Sustainable Development into the Development of Policies, Programs and Plans*, training tools such as case studies on the integration of sustainable development into legislation, policies and programs, and an SD section in Health Canada's decision-making framework for health risk assessment/risk management. Examples of the communication tools the Department has developed include on-line training, an SD brochure, and an SD resource binder. The use of these and other mechanisms to improve awareness throughout the Department has led to enhanced integration of SD. Examples of enhanced integration include that SD information is now integrated into the reporting structure of the Report on Plans and Priorities, and annual progress reported in the Departmental Performance Report. This integration is an ongoing process and is at various stages throughout the Department. The Department will continue to work with its partners and stakeholders to integrate sustainable development into decision-making and will:

- Develop and provide information and tools on how to incorporate sustainable development into selected legislation, regulations, policies, programs and plans; and

- Integrate sustainable development into health legislation, regulations, policies, programs and reports when relevant.

Another area where Health Canada did not fully meet its commitments under Theme 2 included the development of Regional SDSs. Committees were formed and consultations on SD were held with the Department's partners, stakeholders and other Canadians in each of the Department's regions. Sustainable development strategies were developed in all but one region, therefore the commitment cannot be considered met. The establishment of a Departmental award of excellence in SD for Health Canada staff was also not achieved. Commitments not met during the strategy's time frame are subject to the Extended Action Plan. Figure 6 provides a summary of our completed SDS 2000 Theme 2 commitments.

Figure 6: Completed SDS 2000 Theme 2 Commitments



3.4 Theme 3 Accomplishments

The Objectives under this theme strengthened Health Canada's commitment to decreasing any adverse environmental impacts from the Department's operations and to promoting our social responsibility in communities with Health Canada facilities.

Some of the priority areas under this theme related to:

- Implementing a Department-wide Environmental Management System (EMS), consistent with ISO 14001 standards; and
- Increasing energy efficiency and reducing the air emissions of Health Canada facilities.

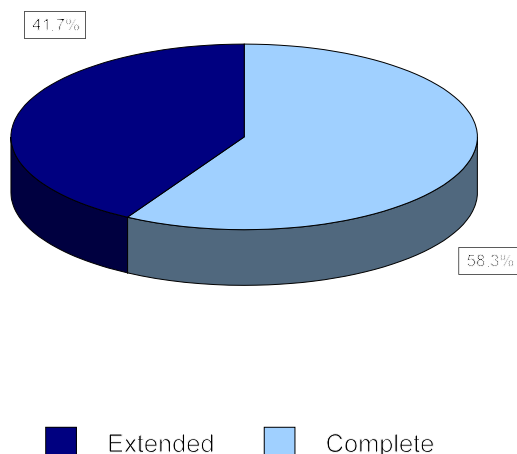
The Department has developed and implemented many of the elements of an ISO 14001 compatible EMS, but still needs to ensure comprehensive coverage. Once completed, the EMS will enable the effective

management of all the Department's environmental issues. Regular audits and reviews conducted of the Department's operations and management systems also help to assure compliance and facilitate continuous improvement.

The Department improved its management of many of the outputs from its operations such as water and air emissions. The total number of alternative fuel vehicles in use throughout the Department was increased to 19 of 540 vehicles in the fleet. Although this represented an improvement in this area, we know we can do more to increase energy efficiency and reduce air emissions from our fleet. The commitments related to phasing out ozone depleting substances from Health Canada's facilities were unfortunately not completed across all Regions/Branches. There is progress on the target of remediating 75% of the Department's known contaminated sites, with remediation ongoing at a number of sites, however the target is not complete.

Several significant challenges arose during the implementation of many Theme 3 Targets. While implementing the SDS 2000, it became evident that the commitments in Theme 3 involved more depth and breadth than what was originally expected, and exceeded the resources available to complete them properly. The allocation of sufficient resources continues to be a challenge to the effective management and integration of SD into the operational activities of the Department. As a result of these challenges, several Theme 3 Targets were not met, have been adjusted and appear in the Extended Action Plan. Our next SDS also reflects these significant adjustments in the focus and level of Targets. Figure 7 provides a summary of our completed SDS 2000 Theme 3 commitments.

Figure 7: Completed SDS 2000 Theme 3 Commitments



It is a challenging task to incorporate social, cultural, economic and environmental aspects into all areas of decision-making and management processes. We are learning as we go but are committed to moving aggressively toward full implementation of SD in all of our operations.

4 DESCRIPTION OF SDS 2000 CHANGES

Health Canada's SDS 2000 was a strategic document that outlined the goals the Department publicly committed to accomplish in a three-year time frame. The original strategy was a very ambitious plan and as it progressed, it became apparent that some targets could not be accomplished as initially intended. A variety of reasons were at cause for the changes in the strategy, including becoming no longer applicable due to changes within the Department, or needing adjustment because of shifting priorities or resource constraints. Some targets identified in SDS 2000 were also described in a way that performance of the target was difficult to identify and quantify. As the strategy progressed, some of its targets underwent review and revision, though their original intent remained consistent. Corrective actions have allowed enhanced performance measurability and improved performance reporting.

The majority of modifications made to Health Canada's SDS 2000 - 18 targets in total - were related to revising target due dates past the SDS 2000 time frame of March 31, 2004. Only three Short-Term Targets were considered no longer applicable and were therefore dropped from the strategy. Other changes, as mentioned, included modifications to the wording of targets.

In order to formally track any changes made to the Department's Sustainable Development Strategy, Health Canada developed a formal procedure. A rationale for the change must be provided by the party requesting the change. If due dates or wording are changed, a new time line and associated milestones for delivery of the amended target are required by the Office of Sustainable Development (OSD) prior to approval. The procedure includes a full review of the proposed target changes, and involvement of the OSD and Senior Regional or Branch Managers in approval of the change. Furthermore, the change process needs to be fully documented in Health Canada's Sustainable Development Database. The OSD maintains full documentation of the rationale and process of dropping or modifying targets. Targets which have been granted an extension in due date become subject to the SDS 2000 Extended Action Plan (EAP). The EAP is an internal document that contains detailed information for each extended target, such as the rationale for changes and the required milestones to ensure the target is met within the revised schedule. Please contact the OSD for more information.

5 CONCLUSION AND OUTLOOK TO SDS 2004

5.1 Conclusion

The Department's progress towards SD during the course of SDS 2000 was significant. We have improved our internal capacity to manage SD effectively by providing the necessary SD information and tools to Health Canada staff to enable them to incorporate SD principles into their daily activities. These efforts have resulted in enhanced integration of SD across the Department over the strategy's three-year time frame.

We set out an overly ambitious plan and unfortunately did not meet all of our stated SDS 2000 commitments. In response, we have committed to an Extended Action Plan to address most of these targets that were not achieved.

This allows branches to demonstrate their continued commitment to completing SDS 2000 targets. Despite the many challenges, Health Canada will continue to strive towards achieving full integration of sustainable development throughout our operations.

5.2 Outlook SDS 2004-07

Health Canada's commitment to sustainable development extends well beyond the three-year lifetime of SDS 2000. A long-term commitment is essential, because actions to improve health will take years before results are appreciable. To maximize Health Canada's positive effects on sustainable development and to minimize the negative ones, we have strengthened the Department's commitments in our third sustainable development strategy which was recently tabled in Parliament. SDS 2004-07 is based on the same three themes as the second sustainable development strategy, but includes several key differences to help the Department more effectively manage and deliver on its SD commitments. Some of these changes include:

- Higher level targets;
- Fewer targets to provide more focus to our SD activities;
- Stronger linkages to Departmental strategic outcomes and priorities; and
- More active engagement and involvement by all Health Canada's Branches, Regions and Agencies.

These changes will bring more focus to our next strategy and will enable Health Canada to progress towards integrating sustainable development into Departmental decision-making and operations.

We invite you to read our new strategy by visiting the Health Canada web site at:

http://www.hc-sc.gc.ca/hecs-sesc/osd/pdf/changes_we_wish_to_see.pdf.

APPENDIX 1: DETAILED PROGRESS INFORMATION

**Theme 1:
Helping to Create Healthy Social and Physical Environments**

Objective 1.1:

Health Canada commits to reducing health discrepancies by addressing the determinants of health and sustainable development.

Long-Term Target 1.1.1:

Reduce the health inequities between Canada's First Nations and Inuit and the general population for selected health problems.

Indicator or Rationale:

There are significant health inequities between Canada's First Nations and Inuit and the general population. For example, the 1996 crude suicide rate in Inuit from the Northwest Territories was approximately six times higher than the national rate. There is a need to understand the basis for these inequities and to develop and implement action plans to reduce them.

This Long-Term Target is supported by three Short-Term Targets, aiming to provide a better understanding of health inequities between Canada's First Nations and Inuit and the general population. Short-Term Targets included: developing action plans for targeted priority diseases; implementing program activities to improve Aboriginal health; and completing a comparative analysis of health indicators for children and youth living in the North. All Short-Term Targets were complete.

Short-Term Targets for LTT 1.1.1
100% Complete

Results:

As a result of activities to accomplish this Long-Term Target, health inequities between First Nations and the Canadian public were identified and action plans developed according to the findings.

The Aboriginal Diabetes Initiative (ADI) was also implemented as a response to the high incidence of diabetes in First Nations communities and to the growing problem of diabetes in Inuit communities. The ADI is designed to provide a comprehensive, collaborative and integrated approach to reducing diabetes and its complications among Aboriginal peoples, including First Nations living On-Reserve and in communities, Inuit in Inuit communities, Métis, Off-Reserve Aboriginal and Urban Inuit.

To ensure resources are maximised and services are not duplicated, the ADI is closely linked to other FNIHB programs such as the First Nations and Inuit Home Care and the Canada Prenatal Nutrition Program. Consequently, personnel working in existing programs, including nursing consultants, community health representatives and nutritionists have been instrumental regarding the implementation of all ADI projects.

Developed with Aboriginal people, the ADI program's components are based in communities and Aboriginal people are involved in all stages of development, implementation and program maintenance. Implementation of the ADI program was well received by communities across Canada and, by 2002, close to 600 communities were receiving services via the First Nations On-Reserve and Inuit in Inuit Communities program stream. Work on the ADI continues beyond the targets set within SDS 2000. Ongoing efforts include building capacity to manage diabetes programs at the community level, and improve access to care and treatment programs for those living with diabetes.

Long-Term Target 1.1.2:

Strengthen the Non-Insured Health Benefits Program that provides for medical necessary health-related goods and services for First-Nations and Inuit that are not provided through other provincial/territorial health insurance plans.

Indicator or Rationale:

Through the Non-Insured Health Benefits Program, Health Canada has an important role in ensuring that First Nations and Inuit have access to non-insured health care benefits. Strengthening the program will promote equity and benefit the health of First Nations and Inuit in Canada. Healthy people create healthy communities.

Two Short-Term Targets support this Long-Term Target. They aim at implementing a medical audit plan and identifying and addressing policy and financial risks to the Non-Insured Health Benefits Program.

Short-Term Targets for LTT 1.1.2
100% Complete

Results:

Health Canada established a mechanism to identify and address policy and financial risks to the Non-Insured Health Benefits Program. Established an Issues Resolution Process to ensure a transparent and equitable resolution to risk management and audit issues for all stakeholders.

Long-Term Target 1.1.3:

Increase home and community care capacity in First Nations and Inuit communities.

Indicator or Rationale:

Many First Nations and Inuit have to leave their homes and communities to receive health care. This can be disruptive to family and community life and be distressing for the patient. A First Nations and Inuit Home and Community Care Program will address these problems.

This Long-Term Target is supported by one Short-Term Target – implementation of the development phase of a First Nations and Inuit Home and Community Care Program.

Short-Term Targets for LTT 1.1.3
100% Complete

Results:

Implemented the development phase of the First Nations and Inuit Home and Community Care Program. As of March 2003, the program was accessible to 82% of the First Nations living on-reserve and Inuit, with specific focus on services to the chronically ill, disabled and post-hospital care. Work on the Home and Community Care Program continues beyond the targets within SDS 2000, continuing to increase home and community care capacity.

Summary Objective 1.1:

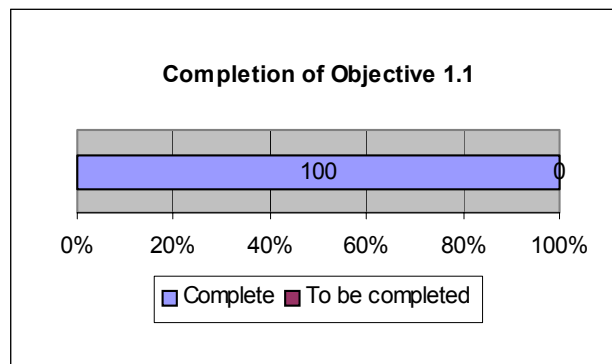
Health Canada committed to reduce health discrepancies between First Nations and Inuit and the general public by:

- Reducing health inequities;
- Strengthening the Non-Insured Health Benefits Program, and
- Increasing home and community care capacity.

To accomplish this commitment, the Home and Community Care Program was implemented. As a result of this, 82% of the targeted population have access to the services for the chronically ill, disabled and post-hospital care in their home and/or community.

The Department also established a mechanism to identify risk to the Non-Insured Health Benefits Program and established an Issues Resolution Process to ensure a transparent and equitable resolution to issues.

All Short-Term Targets under Objective 1.1 were met. Overall, through the implementation of the Aboriginal Diabetes Initiative, the development phase of the Home and Community Care Program and improvements to the Non-Insured Health Benefits Program along with many other accomplishments, improvements have been made to the delivery of health-care services to First Nations and Inuit.



Objective 1.2:

Health Canada commits to addressing the links between health needs throughout the human life cycle and sustainable development.

Long-Term Target 1.2.1:

Create and maintain community capacity and tools to promote the healthy development of children, young people and their families.

Indicator or Rationale:

In order to foster the development of healthier children, young people, adults and families, there is a need to work with parents and children on skills, practices and behaviours that will promote and sustain health. Healthy children and young people grow up into healthy adults.

This target is supported by one Short-Term Target that aims at promoting better practices relating to child development.

Short-Term Targets for LTT 1.2.1

100% Complete

Results:

Completion of Long-Term Target 1.2.1 led to provision of information related to healthy child development to health care professionals and the general public through numerous programs. The CAPC and the CPNP provided programming that spans the continuum of early childhood development, providing pregnant women and parents with the support and information they need to raise healthy children. Furthermore, research was conducted to gain a better understanding of Fetal Alcohol Syndrome (FAS) and to address the problem through a National Action Plan and targeted measures. Those measures include training for healthcare professionals in how to address the problem, and raising awareness about FAS in the general public.

Long-Term Target 1.2.2:

Ensure progress towards implementation of the *United Nations (UN) Convention on the Rights of the Child*, in collaboration with Justice Canada.

Indicator or Rationale:

Canada signed the United Nations Convention on the Rights of the Child in 1991. Raising awareness of the Convention among federal departments and monitoring its implementation will reaffirm Canada's commitment to the Articles of the Convention and assist in building common values about children's rights.

One Short-Term Target supports Long-Term Target 1.2.2. It aims at monitoring and reporting on the implementation of the *UN Convention on the Rights of the Child* through the federal government.

Short-Term Targets for LTT 1.2.2
100% Complete

Results:

Monitoring and reporting on the federal implementation of the *UN Convention on the Rights of the Child* led to the establishment of a monitoring process. Canada's second report on the application of the Convention was presented to the UN in September 2003, and training was provided to Health Canada staff on the Articles of the Convention.

Long-Term Target 1.2.3:

Reduce the risks to children's health from selected products and environmental hazards and promote healthy environments for children.

Indicator or Rationale:

Children's risks from products and environmental hazards are different and often greater than those of adults. Measures to protect adult health may therefore not be adequate to protect children's health. Moreover, healthy child development is a determinant of adult health.

Three Short-Term Targets support the Long-Term Target above. They aim at assessing some of the risks to children from the environment, hazardous chemicals and pesticides; and developing risk management approaches.

Short-Term Targets for LTT 1.2.3
100% Complete

Results:

The completion of the Short-Term Targets led to an assessment and prioritization of environmental risks to children's health, including the feasibility assessment of related studies and the development of indoor air quality toolkits for schools. An information booklet about healthy environments for children was also developed and provided to parents and caregivers. In addition, Health Canada developed a risk management approach to assess the risks to children's health from exposure to pesticides.

Summary Objective 1.2:

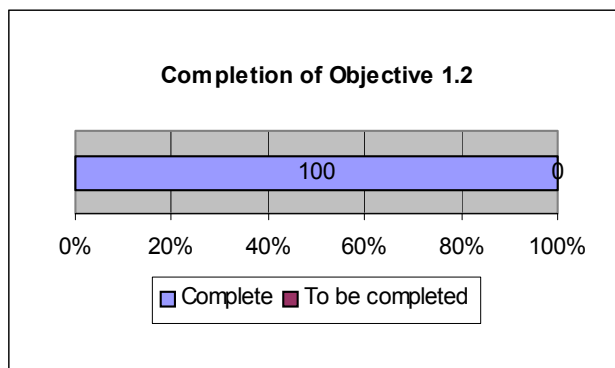
Health Canada committed to addressing the links between health needs through the human life cycle and sustainable development. Activities carried out for SDS 2000 focused on children’s health and included:

- Provision of information related to healthy child development;
- Research and training on Fetal Alcohol Syndrome;
- Monitoring and reporting on the implementation of the *UN Convention on the Rights of the child*; and,
- Reduction of risks to children’s health from selected products and environmental hazards.

All the specific commitments in the SDS 2000 for this objective were accomplished. As a result, the general public and health care professionals are better informed about children’s health issues. A number of different media were used to reach targeted audiences (expectant mothers and new parents). A National Action Plan on FAS and better information about the cause and treatment of FAS is now provided to the above mentioned audiences.

Health Canada has also increased the ability of the federal government to meet its commitments under the UN Convention on the Rights of the Child. As a result of the commitment to reduce risks to children’s health, the Department has developed an approach that focuses on assessing risks to children from exposure to pesticides.

Overall, the Department has implemented a number of initiatives that relate to high-risk infant’s and children’s health concerns.



Objective 1.3:

Health Canada commits to providing information and tools to help Canadians make decisions that contribute to population health and sustainable development.

Long-Term Target 1.3.1:

Incorporate the principles of sustainable development and population health into public service education and awareness campaigns.

Indicator or Rationale:

Public education and awareness campaigns are important tools for providing Canadians with information and tools on sustainable development and health. The Canadian public can make better informed decisions about health and sustainable development.

Three Short-Term Targets associated with this Long-Term Target aim at increased public awareness about healthy lifestyles. They also aim at distributing information about family violence to the public and disseminating best practice guidance about family violence to professionals working in this field.

Short-Term Targets for LTT 1.3.1

100% Complete

Results:

Providing information to the general public and healthcare professionals will enable Canadians to make healthier lifestyle choices. It will also lower the barrier for victims of family violence to seek help from professionals, and enable those professionals to respond appropriately.

Long-Term Target 1.3.2:

Build or improve national multi-sectoral and multi-disciplinary networks to provide the public with information and tools on health and sustainable development.

Indicator or Rationale:

There is a need to build sustainable, broad-based representation from various sectors and disciplines on child and youth health issues in order to collect, analyse, interpret and disseminate information and tools. These tools and this information will help Canadians make better informed decisions about health and sustainable development.

The related Short-Term Target aims at building the above-mentioned networks.

Short-Term Targets for LTT 1.3.2

100% Complete

Results:

Four multi-disciplinary and multi-sectoral networks through the Centres of Excellence for Children's Well-Being have been established and are expanding their networks and partnerships to carry out knowledge transfer activities aimed at improving linkages between research, policy and practice.

Long-Term Target 1.3.3:

Provide information to Canadians so they can make more informed decisions about their exposure to products and environmental hazards.

Indicator or Rationale:

Exposure to environmental hazards including chemical contaminants, biological agents and physical hazards through food, air, water, soil and consumer and blood products can cause health problems. Providing Canadians with information about these hazards and ways in which they can reduce their exposures will enable them to make more informed decisions.

The two supporting Short-Term Targets aim at providing information on the prevention of food-borne diseases and healthy food preparation, and providing information about alternatives for pesticide use in the home and garden.

**Short-Term Targets for LTT 1.3.3
100% Complete**

Results:

Provision of information about food-borne diseases concentrated on information related to SARS during the crisis in 2003. Information about healthy food preparation is provided on an ongoing basis through a healthy food preparation website.

Over the period of SDS 2000, a total of 1,921 calls to the Pest Management Regulatory Agency's information service were registered. An increasing number of annual calls can be observed. Callers were provided with information about alternatives to pesticide use in the home and garden. A total of 863 callers requested and received information materials.

Long-Term Target 1.3.4:

Provide information and tools to support healthy prenatal development and postnatal (infant) development.

Indicator or Rationale:

Healthy prenatal development contributes to infant and child health, similarly healthy postnatal development contributes to healthy child development and to adult health.

Four Short-Term Targets support this Long-Term Target. They focus on the prevention of fetal alcohol syndrome; educational support and positive parental behaviour associated with reducing the risk of Sudden Infant Death Syndrome (SIDS); and environment-related reproductive health surveillance and risk assessment.

Short-Term Targets for LTT 1.3.4
100% Complete

Results:

A strategic plan for the prevention of FAS was developed, including the development of diagnostic guidelines, the collection of baseline data and increasing public awareness of the problem. The Post Partum Support Program was delivered to an increased number of families to provide educational support to families of newborn infants.

Information related to SIDS also continues to be disseminated in order to increase positive parental behaviour. In addition, the Canadian Perinatal Health Report 2003 was successfully prepared, published and disseminated.

Long-Term Target 1.3.5:

Prepare and distribute accurate and up-to-date information on First Nations and Inuit health.

Indicator or Rationale:

There is a need to improve the accuracy and timeliness of health information on First Nations and Inuit peoples. There is also a need to synthesize/coordinate information from different sources.

Two Short-Term Targets aim at establishing a baseline understanding of First Nations and Inuit health, and to enable annual monitoring.

Short-Term Targets for LTT 1.3.5
100% Complete

Results:

Produced "A Statistical Profile on the Health of First Nations in Canada" and will continue to produce this profile annually. Monitoring First Nations and Inuit health will allow targeted healthcare initiatives and ultimately result in improved health for those groups.

Long-Term Target 1.3.6:

Complete implementation of the First Nations Health Information System (FNIHIS); make progress toward First Nations control of FNIHIS; and ensure compatibility with other health information systems.

Indicator or Rationale:

The FNIHIS is a comprehensive health information system for First Nations people. Completion is dependent on continuing collaboration with First Nations. The long-term outcome of this target is improved information on First Nations health, as well as better and more focussed local health planning and programming.

This Long-Term Target was initially supported by three Short-Term Targets, out of which one was dropped (see Section 4 of this report). The remaining targets aim at the deployment and integration of FNIHIS in First Nations Communities.

Short-Term Targets for LTT 1.3.6

67% Complete

33% Dropped

Results:

FNIHIS has been deployed to 374 sites serving 420 First Nations communities. A strategy to integrate the system with information systems in First Nations and Inuit Health Branch at Health Canada and relevant provincial and territorial health information systems was developed.

Long-Term Target 1.3.7:

Increase awareness of contaminants in traditional food consumed by Aboriginal Canadians together with Northern Contaminants Program partners.

Indicator or Rationale:

Many Aboriginal Canadians, particularly those living in the North and in remote areas, rely on traditional foods as a major component of their diet. As well as being nutritionally beneficial, the gathering, sharing and consumption of traditional foods are vitally important in maintaining Aboriginal cultures, values, communities and traditional ways of life. However, these traditional foods can be contaminated with chemicals and radioactivity.

Three Short-Term Targets aim at assessing the risks associated with traditional foods, and communicating the results of related studies to Aboriginal Canadians.

Short-Term Targets for LTT 1.3.7

100% Complete

Results:

Risk assessments of radionuclides in traditional foods, and two toxicological studies on chemical contaminants in traditional foods were conducted. The results were communicated to Aboriginal Canadians and to the scientific community through publication in scientific literature. Knowing about the risks associated with traditional foods enables Aboriginal Canadians to make informed choices about their nutrition.

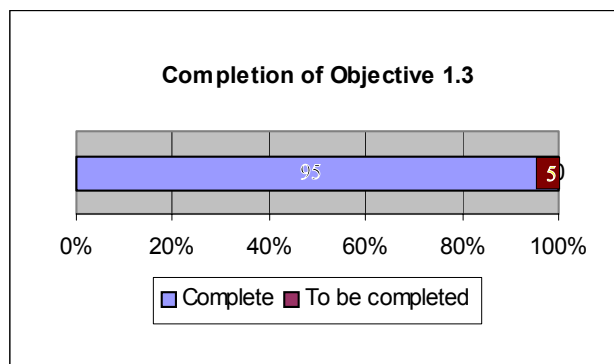
Summary Objective 1.3:

Health Canada committed to providing information and tools to help Canadians make decisions that contribute to population health and sustainable development. It did so by:

- Raising awareness and building networks to provide information;
- Providing information about exposure to products and environmental hazards;
- Supporting healthy pre-natal and infant development;
- Providing accurate information about First Nations and Inuit health through a First Nations Health Information System; and,
- Increasing awareness of contaminants in traditional foods.

As a result of accomplishing these commitments, Canadians are able to make healthier lifestyle choices; have better access to services for victims of family violence; and are able to limit their exposure to hazardous products and environments. A number of initiatives were also implemented that will result in a decrease in the number of infants affected by SIDS and FAS.

The level of accomplishment for Short-Term Targets set for Objective 1.3 was 95% completion at the time this report was written.



Objective 1.4:

Health Canada commits to supporting initiatives that contribute to sustainable and healthy communities.

Long-Term Target 1.4.1:

Support projects, research and initiatives to improve community capacity to take action on health and healthy environments.

Indicator or Rationale:

Local communities often want to take action on local environmental and health issues, but lack adequate capacity. This Long-Term Target will support projects that lead to improved community capacity.

Two Short-Term Targets support this Long-Term Target. They aim at enhancing community capacity to take action on health and healthy environments, and at maintaining and improving existing related Health Canada programs.

Short-Term Targets for LTT 1.4.1

100% Complete

Results:

Action taken to enhance community capacity included the participation of Health Canada and Environment Canada in roundtables about sustainable community development in all six regions. It also included capacity building to enable communities to take action on environmental health issues such as pesticides, water, food security, toxins, but also climate change and air quality related issues such as respiratory illness.

The existing Community Action Program for Children (CAPC) and the Canadian Prenatal Nutrition Program (CPNP) continue to provide networks for information exchange (through the provision of online resources, among other initiatives). Both programs also partner with other initiatives to extend their reach. Additionally, program guidelines were developed to ensure consistent program implementation and an infrastructure was established to enhance community capacity to identify and respond to emerging health issues.

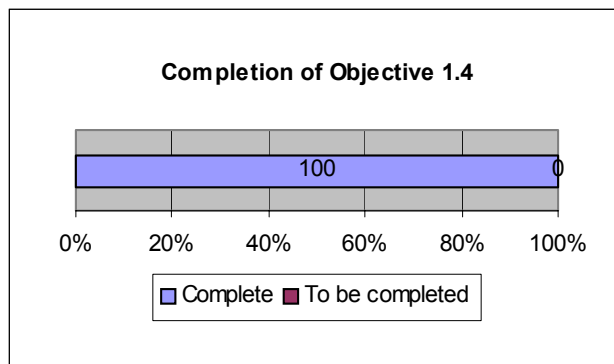
Summary Objective 1.4:

Health Canada committed to supporting initiatives that contribute to sustainable and healthy communities. It did so by:

- Improving community capacity to take action on health and healthy environments.

Health Canada activities for completion of this target included the facilitation of numerous community projects, workshops and roundtables, as well as the development of training and educational measures about sustainable development and health. They also included sponsorship of professional development for community members, and the formation of new partnerships in all six Health Canada regions.

As a result of these activities, thousands of community members from all regions attended capacity building events facilitated through, or funded by, Health Canada. The community’s capacity to take action on health related issues has increased as their level of awareness about health and the environment, and sustainable development is improved. Ultimately, activities completed under Objective 1.4 will lead to increased community health in Canada.



Objective 1.5:

Health Canada commits to strengthen partnerships on health, environment and sustainable development.

Long-Term Target 1.5.1:

Promote and participate in international agreements, charters and programs on environment and sustainable development.

Indicator or Rationale:

International agreements, charters and programs are needed to ensure effective, coordinated responses to international environmental, health and sustainable development issues and to provide a 'level playing field' among nations. The Long-Term outcome of this target will be strengthened international action to protect the environment and health and to promote sustainable development.

To accomplish this Long-Term Target, four Short-Term Targets were selected that aim at facilitating the further development of health-related international agreements, and to provide health related advice related to chemicals management.

Short-Term Targets for LTT 1.5.1
100% Complete

Results:

Canada actively participates in UN efforts to globally harmonize the classification and labeling of chemicals. Early ratification of the Stockholm Convention was accomplished as a result of Canadian initiative. Fifty countries had ratified the Convention by February 16, 2004. Furthermore, Canada hosted a meeting of the Ministers of Health of the Pan American Health Organization to consider a new Charter on Health and the Environment in the Americas. Ultimately, a new Charter will contribute to an improved quality of life.

A proposal was written to control mercury in thermometers and the evaluation of five substances subject to the North American Agreement on Environmental Cooperation (NAAEC) under the Substance Selection Task Force was completed. Participation in numerous activities related to health advice on the Sound Management of Chemicals (SMOC) also took place.

Long-Term Target 1.5.2:

Improve coordination with other federal Departments and Agencies on health, the environment and sustainable development.

Indicator or Rationale:

Responsibility for many of the environmental determinants of health and sustainable development lie outside Health Canada's mandate, and within the mandates of other federal Departments and Agencies. Improved coordination will result in more effective health protection and promotion and progress towards sustainable development.

Nine Short-Term Targets were initially selected to support this Long-Term Target, out of which two were dropped during the course of SDS 2000. The remaining seven targets include the development of communications and initiatives on sustainable development and healthy Canadians across government, coordination of pesticide related research and management between involved government departments, the increase of climate change and health awareness, the implementation of an inter-departmental plan to reduce family violence, and the incorporation of health, environmental and sustainable development considerations into interdepartmental and "health-sector" biotechnology strategies and initiatives.

Short-Term Targets for LTT 1.5.2

78% Complete

22% Dropped

Results:

Completed initiatives on sustainable development (SD) include the publishing of a fact sheet on Air Pollution and Active Transportation; evaluation and development of remediation options for selected contaminated sites; and preparation of a proposal on the development of an international science and capacity linkage project to support sustainable development domestically and internationally. The proposal was accepted at the World Summit on Sustainable Development in Johannesburg. Also, Health Canada participated in a major event to promote SD in Quebec. Other results achieved include:

- A number of activities were taken to strengthen linkages between research and regulatory activities on pesticides. Also, a document on Sustainable Pest Management was published by the Pest Management Regulatory Agency.
- A database on climate change and health was developed and is accessible to all federal departments in order to increase awareness on this issue.
- A strategic plan to reduce family violence was developed and implemented.
- A customizable brochure "Sustainable Development and Healthy Canadians" was developed and distributed as a training tool to promote SD and healthy Canadians across government.

Long-Term Target 1.5.3:

Improve coordination with the provincial and territorial governments, and federal/provincial/territorial advisory committees on issues related to health, the environment and sustainable development.

Indicator or Rationale:

Responsibility for many of the environmental determinants of health and sustainable development lie outside Health Canada's mandate, and within the mandates of the provincial and territorial governments. Improved coordination will result in more effective health protection and promotion and progress towards sustainable development.

Three Short-Term Targets support this Long-Term Target. They aim at providing information on sustainable development to members of the Advisory Committee on Population Health, evaluating the effectiveness of provincial training programs on improving the safety practices of licenced pesticide applicators, and encouraging and augmenting an initiative for 'greening' at least three aspects of the health-care system.

All three Short-Term Targets were completed.

Short-Term Targets for LTT 1.5.3
100% Complete

Results:

As a result of activities under Long-Term Target 1.5.3, a presentation on sustainable development was given to members of the Advisory Committee on Population Health. The effectiveness of the provincial training programs on improving safety practices of pesticide applicators was evaluated by providing evaluation forms with the training material. Health Canada has also worked with the Canadian Centre for Pollution Prevention to develop a protocol for hospitals to undertake EMS audits to promote greening, as well as developing other educational initiatives such as panel displays, fact sheets, brochures and online tools to aid the greening of healthcare operations.

Long-Term Target 1.5.4:

Strengthen partnerships with stakeholders, such as Aboriginal organizations, non-governmental organizations, community groups, health professionals and the private sector, to take coordinated and effective action on health, the environment and sustainable development.

Indicator or Rationale:

Effective action on health, environmental quality and sustainable development requires collaboration across different sectors of Canadian society. The long-term outcome of this target is improved health protection and promotion, and progress towards sustainable development.

One related Short-Term Target is to develop and implement at least five health model infrastructure projects. The second Short-Term Target aims to establish a mechanism to share sustainable development information between Health Canada and the Assembly of First Nations and the Inuit Taparizat of Canada. The second target is not yet complete and subject to the Extended Action Plan.

Short-Term Targets for LTT 1.5.4**50% Extended Action Plan****50% Complete*****Results:***

One Short-Term Target is complete: develop and implement at least five health model infrastructure projects. To date, nine such models have been implemented. The second Short-Term Target (1.5.4.1) is subject to the Extended Action Plan.

Summary Objective 1.5:

Health Canada committed to strengthen partnerships on health, environment and sustainable development. That includes the strengthening of:

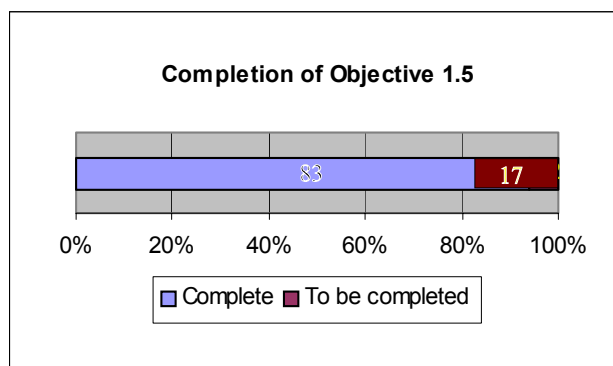
- International cooperation on health-related issues;
- Intra-governmental cooperation on SD-related issues, in federal, provincial and territorial levels; and
- Partnerships with organizations outside the government.

The Stockholm Convention was ratified ahead of schedule due in part to Canadian efforts. Other international agreements were prepared and brought forward, and will ultimately result in healthier environments.

Intra-governmental cooperation led to the production and sharing of SD-related information (fact sheets, a database etc.), development of a cross-departmental approach to pest management and a common strategic plan to address family violence. Training tools to promote SD and healthy Canadians across government are also in the process of being delivered.

Health Canada’s international efforts and work to drive inter-departmental cooperation on sustainable development issues will contribute to the creation of healthy social and physical environments.

The level of accomplishment for Short-Term Targets set for Objective 1.5 was 83% completion at the time this report was written.



Objective 1.6:

Health Canada commits to using risk assessment/risk management approaches to identify and reduce the risks to population health and the environment.

Long-Term Target 1.6.1:

Improve the quality and quantity of information available for use in Health Canada's risk assessment/risk management process.

Indicator or Rationale:

Comprehensive, accurate and up-to-date information is essential to ensure the effectiveness of Health Canada's risk assessment/risk management processes. This includes information on health, the environment, environmental contaminants and different types of products.

The supporting Short-Term Targets aim at gathering knowledge and data about health effects of energy use, food consumption and nutrient intake, and developing the structure for a national database to collect annual pesticide sales data in Canada. Another target aims at building a surveillance framework for the sharing and integration of food data, as well as animal health and environmental data with public health information for enteric pathogens.

Short-Term Targets for LTT 1.6.1
100% Complete

Results:

The target was completed by developing collaborations with relevant agencies, promotion of standardized electronic data collection, designing and implementing of GIS analysis tools, and promoting standardized analytic methods. A database was also developed and tested to collect information about annual pesticide sales data in Canada.

Knowledge on the health effects of energy use in the transportation and building sectors was gained through the completion of several studies.

Food survey data were collected from four Canadian provinces and entered into a national database.

Long-Term Target 1.6.2:

Reduce risk from selected products and environmental hazards by improving risk assessment and risk management processes.

Indicator or Rationale:

Comprehensive and accurate risk assessment and risk management processes are needed to reduce the risks associated with products and environmental hazards.

Twelve Short-Term Targets were defined to improve risk assessment and management, including the improvement of health and environmental risk assessment for pesticides. Other Short-Term Targets aim to complete studies examining indoor and outdoor air pollution, and the exposure of Canadians to chemicals or pathogens in food. Risk assessments and risk management strategies about chemicals in food, risks to health associated with human/animal interface, and water consumption in areas of high cattle density, are also Short-Term Targets. Finally, an integrated surveillance and research program on anti-microbial resistance and the use of antimicrobials in the agri-food and aquaculture sectors was to be developed, as well as detailed reports on the risks and health implications of human exposure to contaminants in the arctic.

**Short-Term Targets for LTT 1.6.2
100% Complete**

Results:

Due to the lack of baseline data, revision of one Short-Term Target (1.6.2.7) became necessary. It now includes collecting baseline data. Some of the results from action of these commitments include:

- The evaluation of two *Food Quality Protection Act* policy procedures (American legislation);
- Publication of a regulatory directive “Harmonization of environmental chemistry and fate data requirements for chemical pesticides under NAFTA”;
- Action taken to discontinue products that contain a List 1 formulant²;
- Discontinuation of nine out of 17 organophosphates to date. Eight have been proposed for continuing registration with label changes that will mitigate risks. Documents announcing the final decisions following stakeholder consultations have also been drafted for five organophosphates and will be published soon;
- Completion of studies on the health impacts of indoor and outdoor air pollution. The studies focused on changes in the health of pregnant women associated with indoor and outdoor pollutants, and on factors in the home that might cause infant hospitalization for respiratory diseases;
- Completion of two studies on the exposure of Canadians to chemicals in food;
- Establishment of baseline information about the prevalence of antimicrobial resistance in the Canadian food chain. Data were collected and analyzed, and the results provided to stakeholders on the Internet and in print.
- Development of an integrated surveillance and research program on antimicrobial resistance and the use of antimicrobials in the agri-food and aquaculture sectors.
- Completion of risk assessments for levels of chemicals in food (e.g. cadmium in molluscs, arsenic in seaweed, dioxin, furans and PCBs in fish and shellfish, and others), and for potential risks associated with the presence of undeclared allergens in pre-packaged foods. Risk management strategies were also recommended for the assessments;
- Completion of five research projects on microbial pathogens in food annually for the duration of SDS 2000;
- Completion of risk assessments on the risk to health associated with the human/animal interface and water consumption in the Oldman River Basin and Lethbridge Northern Irrigation District; and
- Publication of two reports on the risks and implications of human exposure to contaminants in the Arctic.

²A ‘formulant’ means any component of a pest control product that is intentionally added to the product that is not an active ingredient and serves a purpose other than the actual control of the targeted pest (e.g., solvents to dissolve solids, emulsifiers to prevent the settling of liquids in the container, carriers to deliver the active ingredient uniformly to the site, etc.). List 1 Formulants have been identified by the US Environmental Protection Agency as being of toxicological concern.

Long-Term Target 1.6.3:

Reduce risk to health and the environment of new and existing substances, in accordance with the new *Canadian Environmental Protection Act (CEPA 1999)*.

Indicator or Rationale:

The *Canadian Environmental Protection Act (1999)*, the main federal instrument for reducing the health and environmental risks associated with new and existing substances, specifically contains a commitment to sustainable development. The long-term outcome of this target is reduced risks to human health and the environment.

The four Short-Term Targets in support of Long-Term Target 1.6.3 mainly aim at assessing the health risk from substances under *CEPA (1999)* – categorizing them in terms of potential for human exposure or inherent toxicity; identifying health-risk management options; and assessing new substances and recommending control measures.

**Short-Term Targets for LTT 1.6.3
100% Complete**

Results:

Long-Term Target 1.6.3 was completed through categorization of 2,000 of the 23,000 substances on the Domestic Substance List (DSL) in terms of potential for human exposure or inherent toxicity. Furthermore, options to manage the health risks associated with ten substances declared “toxic” under *CEPA (1999)* were identified. A total of 2,100 new substance notifications for suspicion of toxicity were assessed, and control measures recommended when warranted.

Long-Term Target 1.6.4:

Develop and/or update selected health-based guidelines, standards, or objectives.

Indicator or Rationale:

Health-based guidelines, standards and objectives are important risk management tools for protecting health from environmental hazards.

Four related Short-Term Targets aim at developing/updating national and international drinking and recreational water guidelines, and guidelines associated with drinking water (such as for drinking water materials).

**Short-Term Targets for LTT 1.6.4
100% Complete**

Results:

Six national drinking water guidelines were reviewed/updated and Provinces were scheduled to consider nine new or revised guidelines for completion of this Long-Term Target. Health risk assessment and risk management tools for evaluating and developing drinking water and recreational water guidelines were also enhanced. In addition, health-based performance standards for drinking water materials were improved through revisions and amendments to the *National Plumbing Code* and proposed new legislation.

Health Canada, in collaboration with the World Health Organization (WHO) contributed to the development of international water quality guidelines.

Long-Term Target 1.6.5:

Enhance surveillance for chronic diseases and other health problems.

Indicator or Rationale:

Information on the rates of chronic diseases and other health problems is essential for setting priorities, developing programs, health planning and to assess the effectiveness of risk management strategies. The long-term outcome of this target will be better health information, more informed decisions, and more targeted health programs, leading to enhanced health.

Better health information is accomplished through activities related to five Short-Term Targets. Three targets aim at improved surveillance systems for - and management of - diabetes, chronic diseases including chronic obstructive pulmonary disease (COPD). The two remaining Short-Term Targets aim at implementing the Canadian Diabetes Strategy and phase II of the Canadian Breast Cancer Initiative.

Short-Term Targets for LTT 1.6.5
20% Extended Action Plan
80% Complete

Results:

The priority of chronic diseases in Canada has expanded from life threatening diseases such as cancer and cardiovascular diseases to include diseases that reduce quality-of-life such as mental illness and arthritis. The development of a national chronic disease surveillance strategy requires long-term commitment and extensive resources. Several accomplishments have been achieved by fulfilling Short-Term Targets:

- Implementation of a diabetes surveillance system and a Canadian Diabetes Strategy;
- Development of an asthma and COPD management strategies; and
- Initiation of phase II of the Canadian Breast Cancer Initiative.

Completion of these initiatives will lead to improved availability of health information, more informed decisions, more targeted health programs, and ultimately enhanced health

One Short-Term Target (1.6.5.2) was not completed and is subject to the Extended Action Plan.

Long-Term Target 1.6.6:**Maintain and/or increase surveillance systems for blood-borne pathogens.*****Indicator or Rationale:***

The Blood Surveillance Program was established further to the recommendations of the Krever Commission. It will strengthen public health programs through enhanced surveillance of blood-borne pathogens, thereby contributing to the sustainable health of Canadians.

The associated Short-Term Targets aim at establishing nine systems related to the surveillance and/or reporting of blood-borne diseases, enhancement of surveillance, screening and risk assessment for Creutzfeldt-Jakob Disease (CJD), and completion of studies on the economic impacts associated with blood-borne pathogens.

Short-Term Targets for LTT 1.6.6**100% Complete*****Results:***

Health Canada achieved the following results associated with this target:

- Establishment of nine systems related to the surveillance and/or reporting of bloodborne pathogens;
- Enhanced surveillance, risk assessment and targeted research for CJD;
- Finalization of the “Cost of Illness Study” on hepatitis C virus infection in Canada;
- Development of economic benefit models in the areas of blood and, organs and tissue transplantation; and
- Production of a cost-effective analysis of vaccination strategies for hepatitis A.

Summary Objective 1.6:

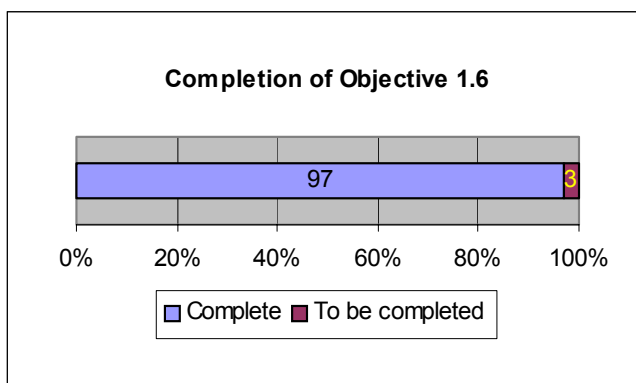
Health Canada committed to using risk assessment/risk management approaches to identify and reduce the risks to population health and the environment. SDS 2000 efforts focused on:

- Data gathering, sharing and establishing surveillance systems to provide the means for effective risk management;
- Improving risk management processes and reducing risks from new and existing substances; and
- Developing or updating relevant health related guidelines.

Activities completed in relation to Short- and Long-Term Targets under Objective 1.6 led to new knowledge about the health effects of energy use in the transportation and building sector, and health concerns related to the exposure to chemicals through food. The Department's improved risk assessment approaches also led to regulatory actions on a number of organophosphate pesticides.

Through the re-evaluation of 50 *CEPA* (1999) substances and the evaluation of 2,000 substances from the Domestic Substances List, the Department has a better understanding of their inherent toxicity. This, in combination with the issuance of new and/or revised health-related guidelines for drinking and recreational water, will contribute to improvements in population health. New surveillance systems for chronic diseases and other health problems allow Health Canada to address these issues effectively.

The overall level of accomplishment for Short-Term Targets set for Objective 1.6 was 97% completion at the time this report was written.



Theme 2: Integrating Sustainable Development into Departmental Decision- Making and Management Process

Objective 2.1:

Health Canada commits to develop plans to integrate sustainable development into Departmental decision-making and management processes.

Long-Term Target 2.1.1:

Prepare regional sustainable development strategies for each of Health Canada's regions.

Indicator or Rationale:

Health Canada has six regions across Canada. Although the regions were involved in the preparation of SDS 2000, there is a need to ensure that each region has its own strategy, so that sustainable development can be more fully integrated into regional activities in the future. Furthermore, regional sustainable development strategies directly address regional needs and issues.

The three associated Short-Term Targets address logical steps to develop individual Regional SD strategies, including establishing SD committees, conducting consultations on SD, and the eventual development of regional strategies.

Short-Term Targets for LTT 2.1.1

33% Extended Action Plan

67% Complete

Results:

Committees were formed and consultations on sustainable development were held with the Department's partners, stakeholders and other Canadians in each Health Canada region. Sustainable development strategies were developed for all but one region. The related Short-Term Target 2.1.3.3 has been carried over to the Extended Action Plan.

Long-Term Target 2.1.2:

Develop and provide information and tools on how to incorporate sustainable development into selected legislation, regulations, policies, programs and plans.

Indicator or Rationale:

Health Canada staff need information and tools to help them to incorporate sustainable development into key proposed and existing legislation, regulations, policies, programs and plans. The Department is in the process of preparing a guide to integrating sustainable development into the development of policies, programs and plans and further work will build on this document.

The two associated Short-Term Targets aim to develop a tool to integrate sustainable development and to develop at least five case studies on how to assess the sustainable development implications of existing policies, programs or plans.

Short-Term Targets for LTT 2.1.2
100% Extended Action Plan

Results:

The Department developed the SD lens, a tool for integrating sustainable development into new and existing legislation, regulations, policies, programs and plans. All of the supporting case studies have yet to be completed. Depending on the results from the additional case studies, revisions to the SD lens may be required before dissemination. This target is subject to the Extended Action Plan.

The development of the above-mentioned case studies (second Short-Term Target) was extended as well.

Long-Term Target 2.1.3:

Develop strategies, information and tools to influence Health Canada's "organizational culture" to support sustainable development.

Indicator or Rationale:

Influencing organizational cultures, including people's assumptions and values, is an important means of encouraging the growth of sustainable development. Training and awareness programs are ways of achieving this, but there is also a need to build enthusiasm and commitment at all levels of the Department.

Three Short-Term Targets supporting this Long-Term Target consist of developing training initiatives, as well as tools and communications initiatives on sustainable development, and establishing and issuing an award for excellence in sustainable development in the Department.

Short-Term Targets for LTT 2.1.3
33% Extended Action Plan
67% Complete

Results:

General training/information on sustainable development is now offered to all new Health Canada staff. An on-line training tool, and an interactive workshop on the use of the sustainable development management tools are available to all staff. Communication tools were developed, including a brochure, a column in Intracom (an internal Health Canada newsletter), a customizable poster on sustainable development, and the development of a sustainable development resource binder. Environment Week is used as a primary vehicle for communicating sustainable development information to Departmental employees.

Development of an award of excellence in sustainable development has not yet been completed and is subject to the Extended Action Plan.

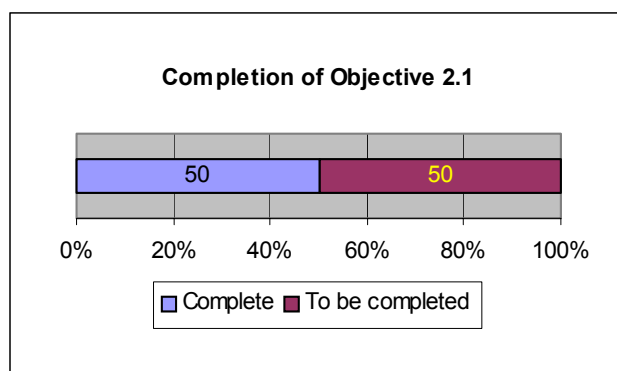
Summary Objective 2.1:

Health Canada committed to developing plans to integrate sustainable development into Departmental decision-making and management processes. This was intended to be accomplished through the development of regional sustainable development strategies, provision of tools in how to incorporate SD into policy making, and through training of Health Canada employees.

As a result of Objective 2.1, SD training and communication tools are now available to all new and existing Health Canada employees. This equips Health Canada employees with the knowledge that is required to consider sustainability issues in their daily activities.

The development of regional SD strategies is almost complete, as is the completion of the SD lens and associated case studies. Once completed, Health Canada regions will have the framework in place on which to continually build sustainable development into their decision-making and management processes.

The overall level of accomplishment of Short-Term Targets set for Objective 2.1 was 50% completion at the time this report was written.



Objective 2.2:

Health Canada commits to integrate sustainable development into Departmental decision-making and management processes.

Long-Term Target 2.2.1:

Integrate sustainable development into health legislation, regulations, policies, programs, plans and reports, when relevant.

Indicator or Rationale:

There is a need to integrate sustainable development into relevant health legislation, regulations, policies, programs, plans and reports. Recent legislation, including the *Canadian Environmental Protection Act*, the *Pest Control Products Act* and the *Canadian Environmental Assessment Act*, incorporate commitments to sustainable development. It is now important to ensure that planned Health Canada legislation and regulations, as well as new and existing Departmental policies, programs, plans and reports also incorporate sustainable development, when relevant.

In order to achieve this Long-Term Target, opportunities for including sustainable development considerations in the renewal of Health Canada's health protection legislation need to be identified. Sustainable development concepts need to be integrated into policies, programs plans or reports, and it needs to be ensured that the Department's processes for policy review and analysis incorporate sustainable development principles. Furthermore, a Health Canada 'decision-making framework' for health risk assessment/ management, which includes sustainable development, has been published and implemented. These issues are subject to the four related Short-Term Targets.

Short-Term Targets for LTT 2.2.1

25% Extended Action Plan

75% Complete

Results:

The identification of opportunities for including sustainable development in health protection legislation is not yet complete and the related Short-Term Target (2.2.1.1) is subject to the Extended Action Plan. A number of other milestones to integrate sustainable development concepts into 10 policies, programs, plans or reports were completed. These milestones include managers meetings to focus efforts on sustainable development, an internal audit of sustainable development management, and incorporation of sustainable development into reporting structure of The Report on Plans and Priorities (RPP) among others. The Health Canada 'decision-making framework' for health risk assessment was completed, and it ensured that the Departmental process for policy review and analysis incorporated sustainable development principles.

Long-Term Target 2.2.2:

Inform and/or update all existing and new Health Canada employees on sustainable development principles and practices.

Indicator or Rationale:

In order for Health Canada staff to fully integrate sustainable development into their day-to-day activities, it is important for them to understand sustainable development concepts.

Short-Term Targets supporting this Long-Term Target aim at providing general sustainable development training to all new Health Canada employees, increasing awareness among selected groups, providing detailed training to four groups and 80% of all Health Canada managers, and to developing and implementing a workplace health initiative.

Short-Term Targets for LTT 2.2.2
100% Complete

Results:

The implementation of Objective 2.2 has led to a stronger consideration of sustainable development related issues in Departmental decision-making and management processes.

All Short-Term Targets related to this Long-Term Target have been met. This has been accomplished through the delivery of hands-on training and the development of tools to assist Health Canada staff integrate sustainable development into their day-to-day activities.

Summary Objective 2.2:

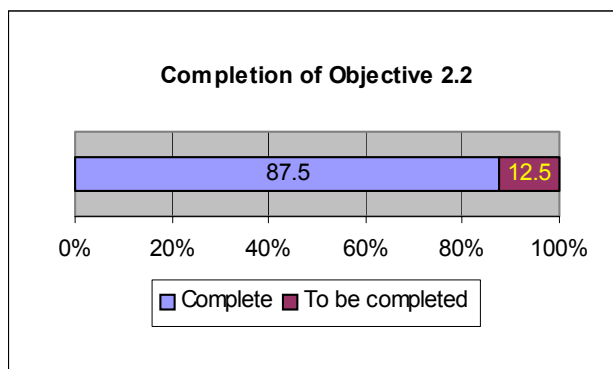
Health Canada committed to integrate sustainable development into Departmental decision-making and management processes. This objective was going to be accomplished by:

- Identifying opportunities for including SD considerations into health protection legislation;
- Integrating SD development concepts into 10 policies, plans or reports by the end of 2004;
- Incorporating SD into the departmental policy review processes;
- Publishing a decision-making framework for health risk assessment/management, which includes sustainable development; and,
- Providing updated SD information and raising the SD awareness among Health Canada employees.

As a result of Objective 2.2, sustainable development was integrated into the business lines and services lines of the RPP. Successful incorporation of sustainable development into the Department’s policy review assures that SD issues are considered when decisions about the strategic direction of the Department are being made. The decision-making framework for health risk assessment/management was also published and disseminated with the appropriate training. Users of the framework will be guided to include SD considerations into their decision-making.

SD training is now delivered to all new Health Canada employees, enabling them to incorporate SD considerations into their daily routine. SD awareness building is available to all Health Canada employees through an on-line tool. Selected employee groups whose work routine has potentially higher impacts on sustainable development related issues (such as purchasers, laboratory staff or managers) received additional SD training, enabling them to make more informed decisions.

The target to identify opportunities for including sustainable development considerations into health protection legislation has not yet been accomplished. The overall level of accomplishment of Short-Term Targets set for Objective 2.2 was 87.5% completion at the time this report was written.



Objective 2.3:

Health Canada commits to reviewing and reporting on its integration of sustainable development into Departmental decision-making and management processes.

Long-Term Target 2.3.1:

Report annually on the Department's progress on the implementation of sustainable development.

Indicator or Rationale:

The Minister of Health is accountable to Parliament for Health Canada's progress on sustainable development. Reporting also enables Health Canada staff and Canadians to track the Department's progress.

Five Short-Term Targets support this Long-Term Target. They include incorporating information on sustainable development into the Department's RPP and Departmental Performance Report (DPR) on an ongoing basis, preparing annual progress reports on the implementation of the Department's sustainable development policy, as well as annual progress reports for Canadians on Health Canada's overall progress on sustainable development, and conducting at least three internal or third party reviews of Departmental progress.

Short-Term Targets for LTT 2.3.1
100% Complete

Results:

Two annual progress reports have been issued. Also, the RPP now highlights the Department's plans and priorities for sustainable development, and the DPR reports on SD performance progress. Annual reports provide updates on the Department's implementation of its sustainable development policy, and two summary documents were also produced at the end of SDS 1997 and SDS 2000. Finally, internal and external reviews of Health Canada's progress on the implementation were completed.

Long-Term Target 2.3.2:

Develop and disseminate information on indicators of health and sustainable development to Canadians.

Indicator or Rationale:

It is important for Canadians to have access to information on indicators of change in health status, environmental, social, cultural and economic conditions.

The two Short-Term Targets supporting this Long-Term Target are the development of macro indicators of social and environmental change, and the development and dissemination of information on indicators of health related to environmental, social and economic conditions. Fifteen indicators were proposed for development.

Short-Term Targets for LTT 2.3.2
100% Complete

Results:

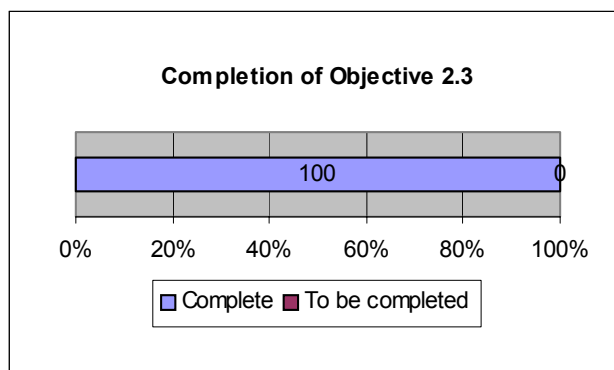
Health Canada cooperated with partners to finalize a list of health indicators related to environmental, social and economic conditions. In addition, a Performance Management Framework is currently under development as part of the efforts to accomplish Short-Term Target 2.3.2.2. This Framework will include performance measures and/or indicators for objectives and targets of SDS 2000.

Summary Objective 2.3:

Health Canada committed to reviewing and reporting on its integration of sustainable development into Departmental decision-making and management processes. As a result of accomplishing targets under Objective 2.3, Health Canada now reports annually on its progress with regard to SD. Sustainable development information has also been included in both the RPP and DPR. All information is publicly available.

A set of 15 indicators was developed, covering population health, as well as environmental and social aspects. These indicators allow Health Canada to monitor its progress towards sustainable development in the medium- to long-term.

All Short-Term Targets set for Objective 2.3 were completed.



Theme 3: Minimizing the Health and Environmental Effects of the Department's Physical Operation and Activities

Objective 3.1:

Health Canada commits to greening its operations and to integrating environmental concerns into all decision-making processes.

Long-Term Target 3.1.1:

Implement a department-wide environmental management system (EMS), consistent with the international standard, ISO 14001.

Indicator or Rationale:

The federal government has committed to implement environmental management systems, consistent with the internationally accepted standard ISO 14001. Health Canada has already made significant progress towards developing and implementing EMS, but further work is needed to ensure comprehensive coverage. These systems will strengthen environmental management and accountability and reduce the Department's 'ecological footprint'.

Four Short-Term Targets were set in support of this long-term goal, including regularly scheduling EMS as an item at Health Canada Executive Committee meetings, implementing a hazardous waste EMS at all Health Canada laboratories and hospitals, implementing a process for ongoing annual reporting, and conducting annual building performance reviews at all Health Canada laboratories.

Short-Term Targets for LTT 3.1.1

25% Extended Action Plan

75% Complete

Results:

EMS is now a regularly scheduled agenda item on Regional, Branch/Agency and Departmental Executive Committees, and is discussed at least quarterly. The Short-Term Target 3.1.1.2 (implementing hazardous waste EMS at all Health Canada laboratories and hospitals) was not completed during the course of SDS 2000 and is now subject to the Extended Action Plan. A reporting process for the Departmental EMS was established, and building performance reviews are now a mandatory deliverable of Health Canada's National Services Agreement with Public Works and Government Services Canada. The Facilities Management Group will review the performance reviews annually.

Long-Term Target 3.1.2:

Increase awareness and promote environmental stewardship among all Health Canada employees.

Indicator or Rationale:

There is a need to increase awareness about issues related to health and safety and environmental management among all Health Canada employees, including those in the laboratories. This will promote environmental stewardship, strengthen environmental management and help to ensure a safe and healthy working environment for all Health Canada employees.

The related Short-Term Targets aim at providing Workplace Hazardous Materials Information System (WHMIS) and general environmental training to laboratory and other personnel, as well as training to First Nations and Inuit Health Branch fuel operators in safe fuel handling, maintenance and operation of fuel storage tanks, in addition to general facility management training. One Short-Term Target related specifically to acquisition card holders receiving green procurement training.

Short-Term Targets for LTT 3.1.2
40% Extended Action Plan
60% Complete

Results:

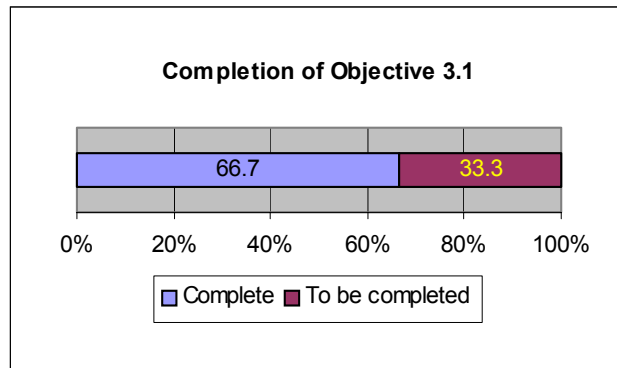
Short-Term Targets 3.1.2.1 and 3.1.2.2 were almost completed during SDS 2000. Just one Branch (out of 7 Branches, 6 Regions and 1 Agency) did not complete the Targets on time. Therefore, they are subject to the Extended Action Plan. General environmental awareness training and green purchasing training was delivered to the respective target groups, and a training program to address Environmental Management and Sustainable Development issues was developed for the First Nations and Inuit Health Branch. FNIHB also delivered 'Fuel Storage and Distribution System Operations Training' to diesel fuel operators in the Ontario region. Further progress towards these targets is underway and will be included in the EAP.

Summary Objective 3.1:

Health Canada committed to greening its operations and to integrating environmental concerns into all decision-making processes. The Department has developed and implemented many of the elements of an ISO 14001 compatible EMS, but still needs to ensure comprehensive coverage. Once completed, the EMS will assure the effective management of all the Department’s environmental aspects. Regular audits and reviews conducted of the Department’s operations and management systems also assure compliance and facilitate continuous improvement.

Targeted training measures for groups with environmentally sensitive work are in the process of being delivered. The training will raise environmental awareness of those groups.

The level of accomplishment for Short-Term Targets related to Objective 3.1 were 66.7% completion at the time this report was written.



Objective 3.2:

Health Canada commits to adapting a pollution prevention approach in all its operations and to emulating best practices for conservation efforts from the public and private sectors.

Long-Term Target 3.2.1:

Reduce resource consumption and environmental risks through 'green procurement'.

Indicator or Rationale:

Purchasing products that are less harmful to the environment is an important way that Health Canada can reduce its consumption of resources, such as paper, and reduce its environmental risks.

The three related Short-Term Targets aim at reduced resource consumption through increased use of recycled paper products and the use of energy efficient office equipment (computers, copiers) which also make more efficient use of paper (double-sided printing and copying capacity).

Short-Term Targets for LTT 3.2.1

67% Extended Action Plan

33% Complete

Results:

Short-Term Targets 3.2.1.1 (increase the recycled content of all office paper products by at least 10% by the end of March 2004) and 3.2.1.2 (purchase only Energy Star labelled computers and low emission, high efficiency copiers and ensure that the power saving modes are enabled on both by the end of March 2004) were not completed during the course of SDS 2000 and are subject to the Extended Action Plan. Short-Term Target 3.2.1.3 was completed on time. As a result, Health Canada offices with new copy/print equipment will experience a decrease in paper consumption.

Long-Term Target 3.2.2:

Reduce amount of solid waste generated by Health Canada that is destined for disposal in landfill sites.

Indicator or Rationale:

By reducing the amount of its solid wastes being sent to landfill sites, Health Canada will reduce its 'ecological footprint'.

This Long-Term Target is supported by initiatives that aim at promoting electronic rather than paper-based information exchange, and at implementing a waste reduction program.

Short-Term Targets for LTT 3.2.2
100% Complete

Results:

All Short-Term Targets and related Milestones were completed. The Health Canada internal newsletter *Inforoute* (formally Health.ca.Santé) is now published electronically and zero-waste programs were implemented at all Health Canada facilities where operationally feasible. The PMRA has developed a secure electronic information exchange system in order to streamline PMRA's ability to capture, process and disseminate information to stakeholders.

Long-Term Target 3.2.3:
Increase water conservation and efficient wastewater management.

Indicator or Rationale:

Conserving water will reduce Health Canada's resource use and result in cost-savings. Making wastewater management systems more efficient will reduce the Department's 'ecological footprint'.

In order to meet this Long-Term Target, two Short-Term Targets were established:

- Conduct water audits to investigate water saving initiative; and
- Develop water conservation strategies at all Health Canada owned and operated facilities and connected to municipal wastewater treatment plants.

Short-Term Targets for LTT 3.2.3
100% Complete

Results:

Water audits were conducted at five Health Canada laboratories as well as at Health Canada's hospitals. The results of the water audits were reviewed by Health Canada staff and provided information that was incorporated into the Health Canada Water Conservation Strategy developed by Corporate Services Branch.

Long-Term Target 3.2.4:

Increase energy efficiency and reduce air emissions.

Indicator or Rationale:

Increasing energy efficiency through the use of alternative transportation fuels and energy efficient vehicles will help to reduce Health Canada's resource use. Reducing air emissions will result in less air pollution.

The three associated Short-Term Targets area aimed at increasing energy efficiency in transportation, monitoring air emissions from Health Canada laboratories and hospitals, and at creating an inventory of, and phase-out plan for ozone depleting substances (ODS) at Health Canada.

Short-Term Targets for LTT 3.2.4

67% Extended Action Plan

33% Complete

Results:

The total number of alternative fuel vehicles has increased to 19. An annual Green Fleet Sheet on new fleet and vehicle initiatives in the federal government was produced. Although some progress has been made on this Short-Term Target, its target completion date has been extended. Annual monitoring of air emissions from laboratories and hospitals was also conducted to meet this Long-Term Target. However, the remaining Short-Term Targets related to ODS were not met in all regions/branches, and are therefore subject to the Extended Action Plan.

Long-Term Target 3.2.5:

Control risks to health and the environment through environmentally responsible land and facilities management.

Indicator or Rationale:

In recent years, Health Canada has made significant progress in managing and reducing the health and environmental risks associated with its lands and facilities. Further work is needed to remediate contaminated sites, implement asbestos management plans, and ensure the development of emergency response plans for all the Department's laboratories.

Three related Short-Term Targets deal with remediation of First Nations and Inuit Health Branch assessed fuel contaminated sites, the development of asbestos management plans and the development of emergency response plans.

Short-Term Targets for LTT 3.2.5

67% Extended Action Plan

33% Complete

Results:

Formal environmental emergency response plans are now in place at all Health Canada laboratories. The remediation of fuel-contaminated First Nations and Inuit Health Branch sites is behind schedule due to resource constraints. A Contaminated Sites Management Plan was developed and remediation of contaminated sites is occurring on a priority basis. FNIHB has performed Environmental Site Assessments for fuel tank systems, operation and potential contamination at all of its health facilities and remediation was completed at 20 out of 47 known contaminated sites (43%). Ongoing remediation activities are also occurring at an additional 18 sites.

The development of a formal asbestos management plan for all facilities is also behind schedule. In the interim, Health Canada used Federal Department Best Management Practices as guides to assist in asbestos abatement projects. Asbestos assessments and abatement/remediation projects have been completed at many health facilities, including Percy E. Moore Hospital, Norway House Hospital and Moose Factory General Hospital.

These targets are subject to the Extended Action Plan.

Summary Objective 3.2:

In order to meet the above-stated Objective, Health Canada set out to:

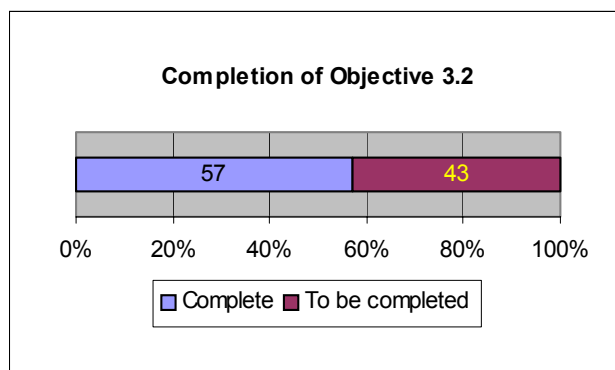
- Introduce green procurement;
- Reduce the amount of solid waste;
- Introduce water conservation and wastewater management measures;
- Improve energy efficiency and thereby reduce air emissions; and,
- Chose an environmentally sensitive approach to land- and facility management.

As a result of these efforts, the amount of recycled content paper used in office operations increased, and the increased use of environmentally friendly office equipment will contribute to the reduction in the amount of resources consumed by the Department. A Zero Waste Program has also now been implemented at Health Canada facilities where operationally feasible.

The Department has had success managing some of the outputs from its operations by, for example, conducting water audits at selected Health Canada facilities and using the results to implement a Departmental Water Conservation Strategy. Vehicle fleet air emissions were also reduced through the purchase of alternative fuel vehicles. The phasing out of ozone depleting substances from Health Canada facilities is underway, but was not completed across all regions/branches within the stated time frame of SDS 2000 and is subject to the EAP.

All Health Canada laboratories now have formal emergency response plans in place that can guide staff in case of an emergency and help minimize the risks posed by environmental disasters. The remediation of Health Canada contaminated sites is ongoing.

The level of accomplishment for Short-Term Targets related to Objective 3.2 were 57% completion at the time this report was written.



Objective 3.3:

Health Canada commits to meeting or exceeding all applicable federal environmental legislation and regulations.

Long-Term Target 3.3.1:

Zero incidence of regulatory infractions at Health Canada's facilities.

Indicator or Rationale:

Health Canada must ensure that it continues to comply with the *Canadian Environmental Protection Act 1999* and its regulations, as well as other relevant environmental legislation and regulations, to make itself a model of environmental excellence.

Completion of the two supporting Short-Term Targets will ensure environmental compliance at all Health Canada laboratories and nursing stations in First Nations and Inuit communities, and the replacement and removal of all PCB-containing transformers and ballasts at all facilities owned by Health Canada.

Short-Term Targets for LTT 3.3.1
50% Extended Action Plan
50% Complete

Results:

Environmental compliance audits were conducted according to the Short-Term Target 3.3.1.1. In addition, many of these audits were conducted in conjunction with environmental site assessments and hazardous materials surveys. The information gathered from the audits/assessments/surveys provided the basis to take corrective action in managing the environmental concerns identified.

Health Canada also continued to assess facilities for the presence of polychlorobiphenyls (PCBs) and replace low efficiency and PCB containing light ballasts with energy efficient light systems, fostering safe environments and increased energy efficiency. This project is ongoing and occurs as resources become available. Progress continues and will be recorded in the EAP.

Summary Objective 3.3:

Health Canada committed to meeting or exceeding all applicable federal environmental legislation and regulations. The Department’s goal is to prevent all regulatory infractions in its operations. Short-Term Targets under this Objective are 50% completed. Environmental compliance audits and, in some instances Phase I Environmental Site Assessments and Hazardous Materials Surveys, were conducted at all Health Canada laboratories and nursing stations in First Nations and Inuit communities, unveiling non-compliances that have enabled Health Canada to put in place corrective action to address the issues. PCB removal from all Health Canada facilities is ongoing.

