

# **Summary of Discussion Science Advisory Board Meeting**

**October 20, 2004**

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## Participants

<p><b>SAB Members</b></p> <p>Linda Lusby (Vice Chair, A/Chair)  Lorne Babiuk  Keith Bailey  Robert Brunham  Mark Goldberg  Kathryn O’Hara  David Roy  Dixie Snider (by teleconference)</p>	<p><b>Ex Officio Members</b></p> <p>Ian Green  Janice Charette  Pierre-Gerlier Forest  Susan Fletcher  Diane Gorman  Wendy Sexsmith  Mostafa Askari (for Marcel Nouvet)</p>
<p><b>Secretariat</b></p> <p>Tammy Davies  André La Prairie  Susan Tessier</p>	<p><b>Regrets</b></p> <p>Alan Bernstein  Patrick Borbey  Chris Loomis  Ian Potter  Ian Shugart  Stanley Vollant</p>

**October 20, 2004**

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

**Opening Remarks**

**Linda Lusby, Vice Chair**

Linda Lusby welcomed all and noted that the agenda offered the opportunity to evaluate what the Board currently does and what it could do to be effective to the Department. It is a time of renewal in Health Canada: since the last meeting there are many new people in place or coming in – Minister of Health, Chief Scientist, SAB members and Chief Public Health Officer. She welcomed Pierre-Gerlier Forest as the interim Chief Scientist, citing that he is doing a tremendous job in these times of change. Karen Grant, a retiring Board member, and those who have resigned due to professional commitments - Patricia Clements, Janet Rossant and John Kelton - were valued members and will be sorely missed. The Minister was urged to make new appointments to the Board as quickly as possible to bring the Board back to its full complement and allow it to address the full spectrum of science and policy perspectives for the Department.

Linda Lusby referred to the dinner of the previous evening, noting that it had provided an excellent opportunity to speak with both the Minister of Health and Minister of State for Public Health. She was impressed with both their commitment and engagement. Members were encouraged to read both the September 2004 report from the First Ministers' meeting on the future of health care and the October 2004 Speech from the Throne to familiarize themselves with the context within which Health Canada works.

**Opening Remarks**

**Ian Green, Deputy Minister and Janice Charette, Associate Deputy Minister**

Ian Green opened by observing that it continues to be a period of transition and renewal for both Health Canada and the Science Advisory Board (SAB). He recognized the contribution of the departing SAB members who had taken a keen interest in the workings of the Department and had posed some challenging questions. He has spoken with the Ministers about the role of the SAB and, as science is one of the fundamental activities of Health Canada, he sees the Board playing an important role. Dr. Forest was commended on his tremendous work as interim Chief Scientist and the Minister is committed to and moving ahead with the appointment to this position.

Health Canada spent a significant amount of time over the summer and fall on the First Ministers' Health Agreement. The agreement clearly describes for the First Ministers and the Prime Minister their priorities in pursuing a longer term approach to health policy, programs and funding issues. A Ministerial Task Force has been established to improve the health status of Aboriginal peoples and health services in Canada. There is a commitment to work towards a National Pharmaceuticals Strategy involving a national formulary, bulk purchasing arrangements, price regulation, adverse reaction and post market safety management and catastrophic drug coverage. Government has a strong interest in reducing wait times in priority areas such as cancer, heart, diagnostic imaging, joint replacements and sight restoration.

A new Chief Public Health Officer for Canada has been appointed – Dr. David Butler-Jones, based in Winnipeg. The newly created Public Health Agency of Canada (PHAC) has a broad mandate, going beyond infectious diseases to include work on chronic diseases, injury prevention, health promotion and disease outbreaks. This as an opportunity to build a new structure using the experience of the offices, management and staff across Canada who have been part of Health Canada's Population and Public Health Branch. There will be challenges for the Department in working together efficiently across the Health Portfolio, however the fundamental fact remains that science is the basis for our work.

Janice Charest spoke of her discussions with the National Science Advisor to the Prime Minister. As part of the federal economic agenda, there is a commitment that government work to integrate in-house science. A national science strategy is being developed to position government to fulfill our regulatory and public health responsibilities to Canadians using appropriate resources. We must examine our science excellence, peer review practices, collaboration across departments, opportunities for synergies, partnerships with agencies and academe and institutional barriers. The Board's input will be sought as this plan moves forward.

## **Discussion**

It was clarified that the new Chief Public Health Officer (CPHO) reports to the Minister of Health. The relationship between the SAB and the Public Health Agency of Canada has yet to be defined. The Deputy Minister, as chief policy advisor, has a role to help ensure that a coordinated approach is taken on overall management issues and budget. The Board encouraged the Deputy Minister to strive for collaboration in science programs across the Department.

The SAB encouraged transparency and clarity around investments in intramural and extramural science research activities. A table, produced by Statistics Canada, on Health Canada Resources on Science and Technology (S&T), by Activity and Performer, 1993-94 to 2002-2003 was distributed. It was noted that there has been a decline in these expenditures since 2000, probably due to the increase in networks and partnerships. Health Canada will seek SAB input into a more coherent approach to performing S&T across Canada, including examining rationales for programs and performance measurement, to ensure that we are using our resources effectively. The Pest Management Regulatory Agency (PMRA) was cited as an example of an agency which

had faced the challenge of integrating scientists from 4 departments and has formed a coordinating committee which facilitates sharing of information.

The Board sees the National Science Strategy as an opportunity to allow a roadmap to the future to be developed through the lens of science. There should be a national consensus on projects that cross departments. The importance of the work of scientists involved in the broad context of health and the work of Health Canada (submission reviewers, pharmacists, doctors, epidemiologists, chemists, mathematicians, microbiologists, statisticians, social scientists to name a few) should be recognized and communicated to the public.

Peer review procedures at Health Canada were discussed, in particular regarding quality of grant proposals. The office of Chief Scientist is a champion of peer review and has introduced formal processes which allow for feedback to researchers. In addition, the Health Canada Framework for Science seeks to inform about the quantity and quality of science performed within the Department.

## **Chief Scientist Remarks**

### **Dr. Pierre-Gerlier Forest**

Dr. Forest, interim Chief Scientist (CS) and visiting G.D.W. Cameron Chair, updated the Board on the challenges and activities of the Office of Chief Scientist (OCS). He noted that the federal official language policy impacts the production of scientific reports and briefings and that Health Canada must find a reasonable and affordable way to manage this expectation. He is seeking to have Health Canada fully recognized as a health research organization, and to this end the OCS has offered to take the lead in discussions with Statistics Canada on how their health research data is described and put into statistics. The Research Ethics board (REB) has been functioning very efficiently having reviewed nearly 100 protocols since its inception. The future relationship between REB, PHAC and other agencies within the health portfolio is under discussion. Regardless of a future role with PHAC, public health will remain as a key issue for SAB and this expertise will continue to be required on the Board. A policy document on the Science Framework will come to the Board at the February 2005 meeting. The third Health Canada Science/Research Forum was a huge success with PHAC being heavily represented. This year we were also joined by a small Russian delegation. Next year Dr. Forest would like to invite a larger contingent of international scientists to future support the possibility for collaboration with Health Canada scientists. The OCS is developing and collaborating with CIHR on many initiatives, including one on health disparities. Consideration is being given to partner with CIHR to improve the management of a post doctorate program. The OCS provides ongoing support for the Departmental Science and Research Database, a networking tool to share information about the department's expertise. The Office will launch an intra-net site that will provide the Department with important information related to the projects and services the OCS provides. A Science and Research website has just been launched providing comprehensive information

about the scientific work supported and performed by the department. The site has been developed in a way to be engaging and appealing to the public and health professionals and inform on the high quality of science done in the department. The challenges ahead include the OCS's interface and interaction with Health Canada in providing services, the federal government's role in science and technology and our interaction with the public to communicate science and convey that this department is open and transparent.

## **Discussion**

It is hoped that a new Chief Scientist will be appointed by the time the SAB meets again in February 2005. This is seen as a priority for the department.

The OCS was invited to start a process to better understand how Health Canada scientists are involved with extramural science activities.

## **Feedback on Health Canada Science Forum**

The Forum was attended full-time by Linda Lusby and Keith Bailey and part-time by Kathryn O'Hara and Lorne Babiuk. They were impressed with the attendance (600+ Health Canada scientists) and the enthusiasm in the rooms. The hiring of young people was evident and the questions asked at sessions were well thought out and relevant. Break out sessions were well attended and the quality of the scientific presentations and posters was excellent. It was agreed that the communication of science was well done. The types of questions posed at the final plenary to the new CPHO indicate a level of staff insecurity regarding their role in the new agency. Linda Lusby, in her role as Vice Chair of the SAB, gave brief remarks in plenary at the opening of the second day. She expressed that she was impressed and humbled by the breadth of science that contributes to department's work. It was reassuring to see things that SAB has advised on come to fruition, for instance the grouping of social scientists. This was a wonderful opportunity, more so than previous laboratory tours, to interact with Health Canada scientists and learn about their work. Abstracts will be made available on CD to Board members.

## **Public Health Agency of Canada**

### **Dr. David Butler-Jones, Chief Public Health Officer for Canada**

Lorne Babiuk, discussion leader, welcomed Dr. Butler-Jones and congratulated him on his appointment. Dr. Babiuk affirmed that the SAB reports to the Minister of Health, as does the CPHO, and would like to establish a dialogue with him and work with him to serve the Canadian public. Dixie Snider, a SAB member from the US Centres for Disease Control, joined by teleconference to share his experience and perspective of the challenges of a public health organization.

Dr. Butler-Jones thanked the staff in the department who worked hard in preparing for the creation of the new agency. Agreements and protocols are now in place across jurisdictions so that if tomorrow an outbreak such as SARS occurred, we could respond better than we did 2 years ago. A pan Canadian network for public health is envisioned, the federal/provincial/territorial (F/P/T) group structure will begin to be built in January with the Deputy Ministers of Health. This will entail defining the relationships of agencies to Health Canada and where the gaps and overlaps exist. Dr. Butler-Jones is impressed by the goodwill across the country to help develop PHAC's structures and capacity.

## **Discussion**

- When looking at its relations with the SAB, PHAC must consider existing structures such as the 50+ advisory bodies with a public health mandate and F/P/T expertise as well as the need for stakeholder input
- The US priority and goal setting has focused on measures such as morbidity, mortality and health outcomes at the different stages of life while tracking dollars to health programs and impacts
- Dr. Snider warned of the danger of having national public health funds eroded when dispersed to jurisdictions; Canada should strive to link their science agenda to knowledge gaps and translation while respecting established specialty niches
- The mandate of the Board in providing advice regarding the interface between science and policy, with particular attention to value and quality of science, offers exciting opportunities for interaction with the proposed public health collaborating centres and CIHR
- Strategic alliances across the health portfolio are priority for PHAC, in addition to evolving the structure and mandate of the agency, building the collaborating centres and helping with a national science strategy
- Collaborating centres will be a specialized capacity that contribute locally and nationally, while at the same time improving the interface between knowledge development and application
- It was suggested that the Board provide periodic reviews of the collaborating centres with respect to areas such as their communication strategies, research programs and relevance to the national science agenda
- A Board teleconference was proposed for early December to discuss the creation of the collaborating centres. Board members requested background briefings and focused questions for this discussion.
- PHAC was encouraged to participate jointly in the Science Forum to minimize efforts and maximize interaction and opportunities offered with the collective expertise
- New programs which are set up in the new agency should build in an evaluation component at the onset, appropriate to the size of the activity
- Collaborating centres should be linked to training of health human resources

- Journalists and politicians should be engaged in communications on public health issues
- Public health goals should align with the national research and science strategies

Dr. Butler-Jones was thanked for his openness and willingness to discuss the challenges ahead.

## **International Regulatory Cooperation**

### **Wendy Sexsmith, A/Executive Director, Pest Management Regulatory Agency**

Keith Bailey, discussion leader, offered an historical background on the topic based on experience in Health Canada, including: Semi-formal annual "Tripartite" meetings of senior scientific regulators of foods and drugs from the USA, UK, and Canada some 30-10 years ago; exchanges at working levels among regulators from USA (FDA), Australian (TGA) and Health Canada counterparts, and Canada's participatory observer role in the International Conference Committee on Harmonization (ICH) of technical requirements for drugs (led by Europe, Japan, and the USA).

The Executive Summary and full Report of the External Advisory Committee on Smart Regulation (EAC-SR, September 2004) was distributed. Wendy Sexsmith gave a presentation on behalf of the health portfolio. She outlined approaches taken within Health Canada and PHAC on international regulatory cooperation vis-à-vis the recommendations of the EAC-SR. Views of SAB members on IRC activity were sought. Branch representatives were asked to participate with questions relating to their areas of work.

## **Discussion**

- This is a broad topic requiring considerable study before arriving at advice on promoting international collaboration in matters of actual regulation
- Health Canada needs to know when and how to share data to enlarge the understanding of science issues and maintain the confidence of Canadians in decision-making
- Sharing data is not the same as sharing the risk assessment
- Smart Regulation initiatives are largely trade-driven
- Efforts to be more open and transparent are hindered by privacy issues
- Scientific data and risk assessments from other organizations must be challenged rather than be accepted at face value
- It was suggested that food fortification would be a good context within which to better examine the use of science in formulating domestic and international regulatory policy
- Health Canada needs to clearly communicate that, although faster product submission review times are desirable, standards of evidence which support decision making in Canada are not necessarily the same as those of other regulatory bodies
- SAB members were interested in being updated on drug submission review times.



**The Honourable Carolyn Bennett  
Minister of State (Public Health)**

Dr. Bennett emphasized the importance of the Board's contribution to understanding and promoting the role of science in government and parliament. The use of appropriate language and communication tools are crucial in describing concepts such as research, surveillance, risk, regulatory activities, evidence-based decision making and benchmarks for waiting times. Health Canada and PHAC must interact with other players, such as academia and CIHR, to establish linkages to further public policy based on science. A broader approach is being taken to public health, which takes into account health determinants and common risks when looking at the disease outcomes and the overall health of Canadians.

Linda Lusby thanked Dr. Bennett for her remarks and invited her to attend SAB meetings in the future. She advised that the SAB will be examining its Terms of Reference to make it inclusive to the mandate of PHAC.

**Next Meetings:**       February 15 – 16, 2005  
                              May 17 – 18, 2005.