Health Canada

1998-99

Estimates

A Report on Plans and Priorities

Allan Rock
Minister of Health

This Report

This report presents Health Canada's plans for the 1998-99 fiscal year. It explains how the Department will use its resources to deliver its programs to the Canadian public. These plans are based on decisions that have received approval and funding. Our plans and strategies will, of course, evolve to meet new challenges in health and to reflect federal priorities.

Our progress on meeting the plans presented in this Report will be provided in the Departmental Performance Report for the year ending March 31, 1999.

Starting in 1998-99, Health Canada's programs will be managed by five business lines and one support business line as follows:

- Health Policy, Planning and Information
- Health System Support and Renewal
- Management of Risks to Health
- Promotion of Population Health
- Aboriginal Health
- Corporate Services

At the request of Treasury Board, the third business line, Management of Risks to Health, has been given detailed treatment of the plans of individual service lines in Section III C.

Every effort has been made to make this report as clear and concise as possible. If you have further questions or want more detailed information on a particular program or service, please contact:

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SECTION 1: MESSAGES

MINISTER'S MESSAGE

I take great pride in presenting to Parliament and all Canadians, Health Canada's *Report on Plans and Priorities, 1998-2001.* I am deeply committed to the principle that the resources allocated to a Department should be applied in as strategic, integrated and effective manner as possible, and that we be accountable for achieving intended results. To this end, the plans and priorities highlighted in this *Report* describe how Health Canada intends to manage the fiscal resources currently allocated to it to help the people of Canada maintain and improve their health.

One of the greatest challenges our country will face is that of maintaining its proud tradition of ensuring that Canadians have access to high quality health care when they need it. At the same time, we recognize that we need to find and implement innovative measures to reduce the cost of our health care system and reduce the demand on it. We must also help Canadians manage their own health better so as to improve health outcomes from their own activities. These objectives are at the core of the five key result-areas around which Health Canada has built its business lines.

Through our activities, we seek to:

- modernize the health care system to ensure its long-term sustainability;
- improve the health of Canadians by addressing threats and risks to health before they lead to injury, illness or disease; and
- develop the linkages and strike the fine balance among measures aimed at treating ill health and those directed to producing and maintaining good health.

Health Canada is a science-based department, with a vast store of specialized knowledge. We also tap the wisdom of professional organizations, special-interest groups, universities and research bodies, and other governments—federal, provincial/territorial and those in other countries. Cooperation, partnerships, information-sharing, and consensus-building—these are not merely fashionable notions in Health Canada. They are and will in future be even more, basic to our whole operation.

We have a special responsibility to Aboriginal peoples. In the past, Health Canada provided direct health services to First Nations and Inuit people. Increasingly, Aboriginal communities are taking responsibility for their own health services. We are committed to supporting First Nations in this transition.

This document discusses very practical, down-to-earth matters. Canadians can see the immediate value of our programs and services. What about our future?

As part of the Main Estimates, this *Report's* intent is to describe Health Canada's activities and outcomes associated with current approved funding for the Department. The period covered by this *Report,* however, will be one of change and evolution within the health sector. I expect to consult with my Cabinet colleagues, federal/territorial governments, health stakeholders and the public, in order to better determine the direction, scope and magnitude of change in our country's health agenda. As this report is being prepared, we are holding consultation and planning sessions to examine a range of issues, such as home care, pharmacare and the health info-structure. Reforming and renewing our health care system is a priority. Developing and putting in place the tools that allow Canadians to access timely and relevant health information is another. Streamlining regulations without compromising Canadians' health or the environment—this also is high on our list. I am fully confident that we will meet these challenges in a spirit of ongoing partnership, pragmatism and innovation with our partners.

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

MANAGEMENT REPRESENTATION

Report on Plans and Priorities 1998-99

I submit, for presentation, the 1998-99 Report on Plans and Priorities (RPP) for Health Canada.

To the best of my knowledge, the information:

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

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

Robert S. Lafleur
Senior Assistant Deputy Minister

March 6, 1998

SECTION II: DEPARTMENTAL OVERVIEW

Health Canada has a general responsibility for the health and safety of the people of Canada. Health services fall under several jurisdictions and sectors. The Department and its Regional Offices therefore work closely with other federal departments, provincial and territorial governments, and numerous health stakeholders to protect, preserve and improve all aspects of Canadians' health.

Mission

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

Mandate and Roles

Health Canada's legislative mandate is expressed in the *Department of Health Act* and other legislation. The Department works with the provinces and other stakeholders to ensure the long-term sustainability of our national health system, including safeguarding the principles of the *Canada Health Act*.

The Department is also responsible for the administration of over 20 pieces of legislation covering areas such as:

- the safety of food, water, drugs, medical devices and consumer products;
- the sale and advertising of tobacco;
- control of narcotics, pest control products and radiation-emitting devices;
- environmental and workplace hazards; and
- the application of quarantine measures.

In addition, Health Canada has responsibility for a range of specific services, such as providing medical services to visiting dignitaries, overseeing occupational health and safety for federal government workers, and supporting disaster and emergency relief operations. The Department provides essential health services to First Nations and Inuit peoples, and works with them as they assume responsibility for delivering these services in their communities.

Health is more than the absence of disease; it is a state of physical and mental well-being. Health Canada provides national leadership and support in population health and well-being. We deliver programs in areas such as child development, social factors affecting health, and nutrition and lifestyle management. We also promote good health by making available the best and latest information for use by governments, health professionals and the public.

The most immediate health priority and concern of all Canadians is to preserve and improve the health care system and to ensure that quality health care will be available when needed. Health Canada will work with the provinces/territories and other stakeholders to improve the Medicare system in order to meet emerging health and safety needs as Canada enters the 21st century. In this respect, the Department will aim at reducing pressures on the system and making health care more affordable. We will engage in the development of policies, programs, regulations, research, and information technologies that support renewal of the health system, minimize health risks, and promote a healthy population.

External Environment

Factors such as newly evolving diseases, re-emerging diseases, and diseases spread through the globalization of trade and travel are outside of Health Canada's control. Nonetheless, these factors can have a profound effect on the Department's operations. The Canadian population's needs will change as a result of aging, cultural diversity, and consumer expectations. Lifestyle choices and socio-economic forces make powerful impacts on health. Technological change will have profound and unpredictable effects on health and health care in Canada. All of these, in addition to Canada's changing economic situation, affect our policies and priorities.

Strategic Priorities

Health Canada's priority in the planning period is to design an integrated health system and to focus its business in:

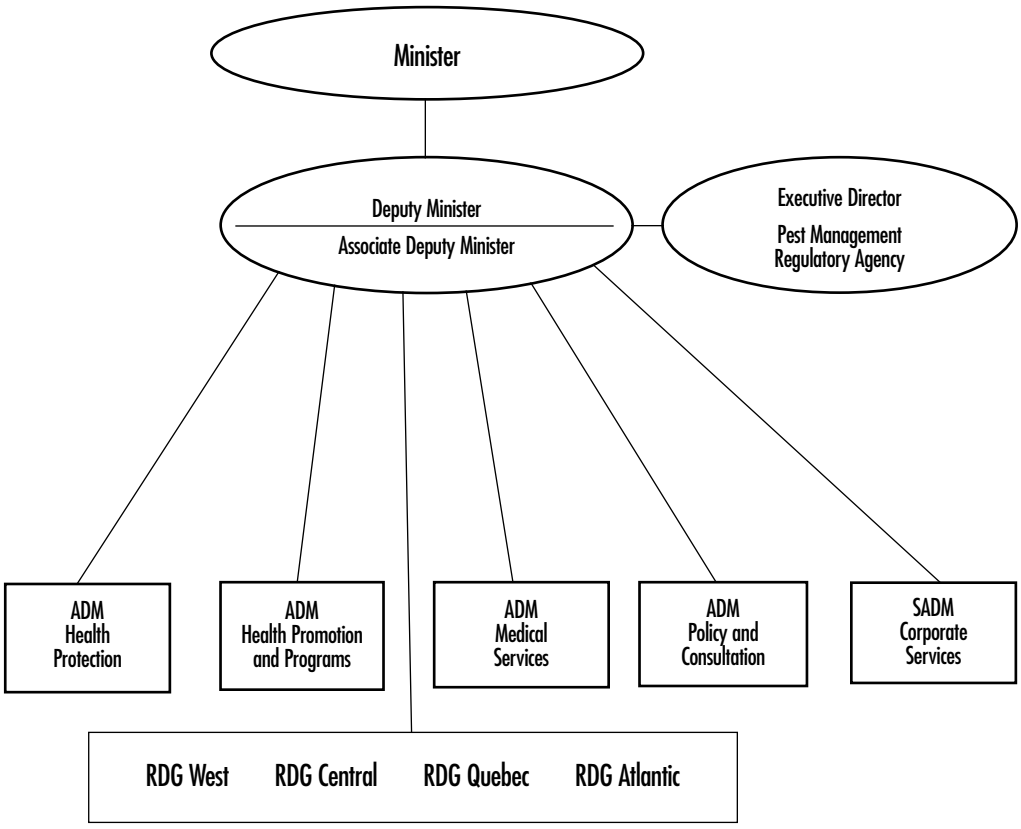
- fostering strategic and evidence-based decision making in Health Canada and promoting evidence-based decision making in the Canadian health system and by Canadians;

- ensuring the long-term sustainability of a health system having a significant national character;
- anticipating, preventing and responding to health risks;
- promoting a population health approach, which takes into account the importance of, and linkages among, the determinants of health; and
- assisting Aboriginal communities to reach a level of health comparable to that of non-Aboriginal Canadians.

Financial Spending Plan

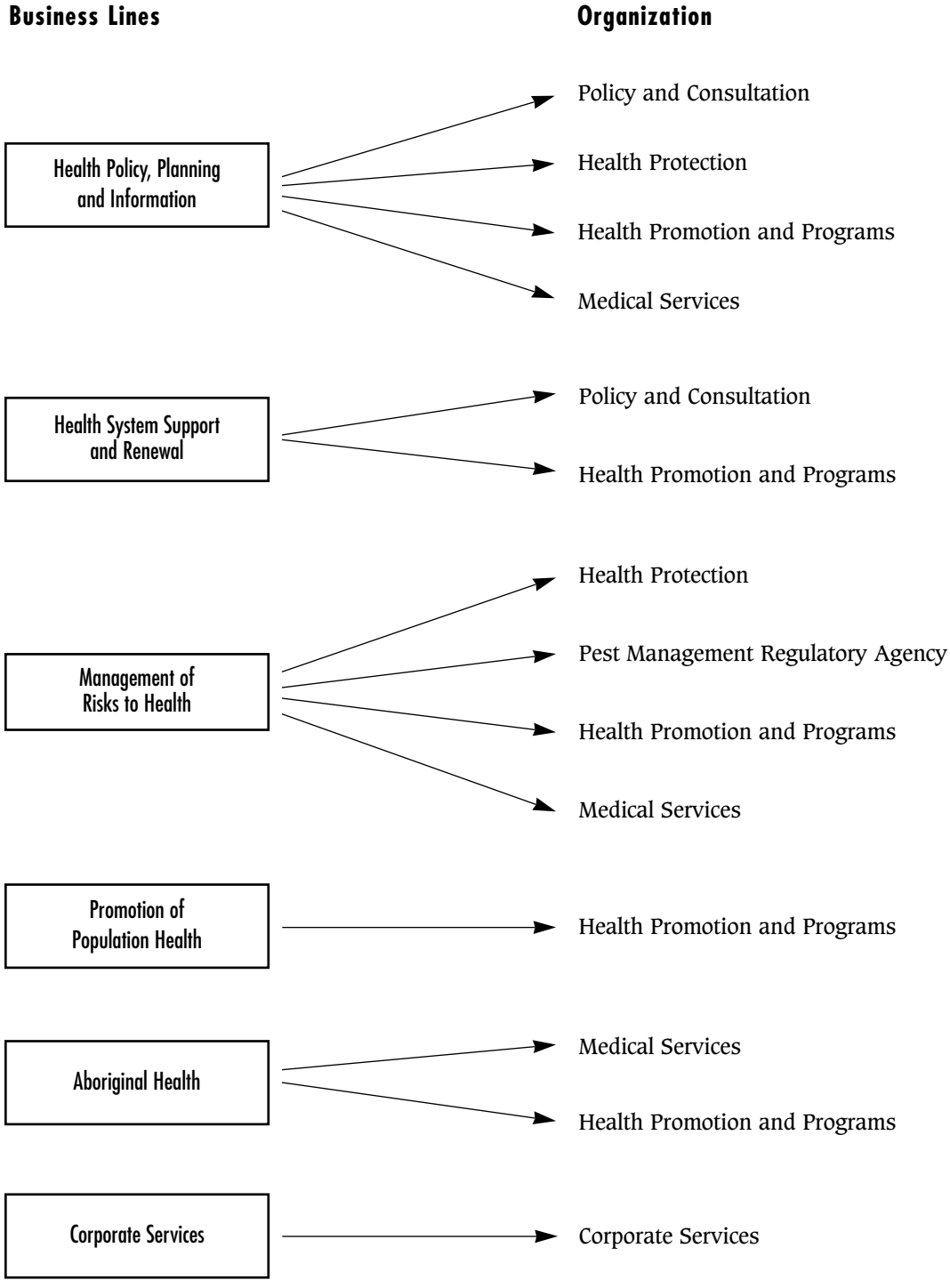
(millions of dollars)	**Planned 1998-99**	Planned 1999-00	Planned 2000-01
Gross Program Spending:			
Health Canada	**1,866.3**	1,871.6	1,798.0
Less: Revenue Credited to the Vote	**(65.5)**	(58.9)	(58.9)
Net Program Spending	**1,800.8**	1,812.7	1,739.1
Less: Revenue Credited to the Consolidated Revenue Fund	**(10.5)**	(9.5)	(9.5)
Plus: Cost of Services Provided by other Departments	**41.8**	41.8	41.8
Net Cost of the Department	**1,832.1**	**1,845.0**	**1,771.4**

FIGURE 1: **Organizational Structure, April 1998**



ADM Assistant Deputy Minister
SADM Senior Assistant Deputy Minister
RDG Regional Director General

FIGURE 2: **Business Line Relationship to Organizational Structure**



SECTION III: PLANS, PRIORITIES AND STRATEGIES

A. SUMMARY OF KEY PLANS, PRIORITIES AND STRATEGIES

Key Results by Business Line

Health Canada's programs will be managed by Business Line in 1998-99. Performance in 1998 and in future years will be reported by Business Line, using the objectives and key results identified in the following table.

HEALTH CANADA has a budget of $ 1.8 billion

to provide Canadians with:	as demonstrated by:
Health Policy, Planning and Information Evidence-based health-related decision making that promotes health as part of a knowledge-based society and economy.	◗ A departmental decision-making system that takes advantage of the best available knowledge and relevant health information ◗ A first-rate national health information and health research infrastructure
Health System Support and Renewal A long-term, sustainable health system with significant national character.	◗ Access to health services that are consistent with the principles of the *Canada Health Act*: universality, portability, accessibility, public administration and comprehensiveness ◗ Innovations to improve the national Medicare system ◗ National collaboration on health system issues
Management of Risks to Health Health surveillance that anticipates, prevents and responds to health risks posed by diseases, food, water, drugs, pesticides, medical devices, environmental and occupational hazards, consumer goods and other socio-economic determinants of health.	◗ Reduced illness, injury and death from identified health risks ◗ Greater scientific knowledge about risks and benefits to human health and the environment ◗ A public well-informed about specific risks and benefits to their health ◗ Modern surveillance systems, laws, and regulations that are responsive to risks and benefits to human health and the environment, and that take into account globalization, the economy and sustainable development

to provide Canadians with:	as demonstrated by:
Promotion of Population Health An approach to health which takes into account, and acts on, social and behavioural determinants of health.	◗ Information about what determines health and on the best ways to maintain and improve health ◗ Improvements in the health status of the general population or of specific groups targeted by the Promotion of Population Health ◗ Tools and mechanisms, developed in collaboration with other federal government departments, to assess the health implications of federal government policies and programs
Aboriginal Health A level of health in Aboriginal communities comparable to that of other Canadians.	◗ Life expectancy, infant mortality, chronic and infectious disease frequency, and injury and suicide rates that are more in line with the general Canadian population ◗ Effective and sustainable health services managed by Aboriginal people themselves

to provide Health Canada's managers with:	as demonstrated by:
Corporate Services A level of service comparable to that of other corporate entities.	◗ Services that effectively support Health Canada's programs ◗ Efficient use and control of resources and assets ◗ An environmental management system that supports the Department's sustainable development strategy

Summary of Proposed Major Legislative/Regulatory Initiatives

Regulatory Overview 1998-2001

Health Canada is proposing to modernize a number of Acts and Regulations to ensure that it has an appropriate legal framework for the challenges of maintaining public health and safety. In some cases, Health Canada is proposing to develop new legislation, as well as reviewing and revising existing legislation. Health Canada must take into consideration external environmental conditions which increasingly influence health protection systems. These conditions include globalization, new technologies and increasing demand for public involvement in the regulatory process. In this regard, Health Canada will work with Canadians, industry, and other regulatory agencies.

Currently, Health Canada is working on modifications to a number of legislative initiatives. The following initiatives have been identified as priorities for achieving the Department's mandate. The timeframes for these and other initiatives are outlined under Proposed Regulations from pages 68 to 73.

Legislative and/or Regulatory Initiatives	Expected Results
Canadian Blood Services Act	The proposed legislation is intended to enshrine the mandate and governance structure of the new national blood authority, the Canadian Blood Services. By preparing and tabling this legislation, the federal government is fulfilling one of the responsibilities it agreed to assume in a Memorandum of Understanding on the new blood system signed by Federal, Provincial and Territorial Ministers of Health. It is anticipated that the proposed legislation will be promulgated by the Fall of 1998.

Legislative and/or Regulatory Initiatives	Expected Results
Health Protection Legislation	The proposed legislation is intended to respond to contemporary public health and safety issues, and to be better suited to deal with risks to the health of Canadians into the next century. It will: ◗ better articulate the role of the federal government in health protection; ◗ improve the policy base for health protection legislation; and ◗ modernize and integrate the current array of legislation concerned with health protection. Extensive stakeholder consultation will take place in 1998-99. The proposed legislation should be promulgated in 2000.
Food and Drug Regulations (Blood)	Health Canada is proposing to introduce new regulations and to update others to ensure the safety of blood and blood components as well as tissue and organ transplants, including xenotransplants.
Reproductive and Genetic Technologies Act	The proposed act is intended to prohibit certain reproductive and genetic technologies. It will create a national regulatory agency to manage and enforce compliance with acceptable practices.
***Pest Control Products Act* (Amendment)**	The proposed amendments are intended to complete the reforms to the pest management regulatory system. The reforms, announced in February 1995, are based on recommendations of the 1990 multi-stakeholder Pesticide Registration Review. The amendments will strengthen health and environmental protection and provide a more open and transparent regime.

Legislative and/or Regulatory Initiatives	Expected Results
Pest Control Products Regulations	Passage of the amended *Pest Control Products Act* will require changes to the regulations in the areas of public participation, access to information supporting pesticide registrations, registration types, protection of proprietary rights to data, reporting of adverse effects and a national pesticide database.
Tobacco (Labeling and Reporting) Regulations	The proposal is intended to expand the list of reportable ingredients and emissions and will apply to all classes of tobacco products. In addition, the proposal will increase the number of ingredients and emissions that must be declared on packaging, in order to increase consumers' awareness and concern about the hazardous nature of tobacco products.
Tobacco (Promotion) Regulations	New regulations will be proposed that may impact the advertising and sponsorship promotion of tobacco products and accessories. The aim is to protect Canadians (especially young people) from inducements to use tobacco.
***Quarantine Act* (Amendment)**	The proposed amendment is intended to modernize the Act and to give Health Canada the tools and authorities to deal with infectious diseases. It is anticipated that the Bill will be tabled in Parliament in 1998-99.
Food and Drug Regulations (Regulatory Review)	Regulatory renewal projects (including Changes to Marketed New Drugs, Amendments to Establishment Licensing Framework, and new regulatory frameworks for Investigational New Drugs, Natural Health Products, Drug Product Licensing, and Medical Devices) will provide an up-to-date, efficient, responsive and flexible therapeutic product regulatory framework consistent with international standards.

Legislative and/or Regulatory Initiatives	Expected Results
Drinking Water Materials Safety Act	Bill C-14, tabled in Parliament in October 1997, is intended to regulate drinking water treatment devices, treatment additives and system components, using consensus health standards and third-party certification. Currently, in two of the three sectors, only 30% of all product types are certified as meeting health standards. Non-certified products present potential health risks to the public because they leach or release contaminants or because they are ineffective. If the Act passes, Health Canada will begin consultations with stakeholders on a regulatory framework.
Food and Drug Regulations (Good Manufacturing Practices for Foods)	New regulations are intended to provide a basis for integration and harmonization of domestic regulatory requirements, both across federal, provincial and territorial jurisdictions, and with the internationally recognized General Principles of Food Hygiene, elaborated by the Codex Alimentarius Commission. The onus will be on manufacturers and importers to control the manufacturing and distribution process considered essential for health.
Consumer Chemicals and Containers Regulations (Revision)	The proposed revision aims to reduce the number and severity of accidents involving consumer chemical products. It will introduce a criteria-based regulatory system for precautionary labelling and child-resistant containers for various chemical products used by the general public. The system will regulate all consumer chemical products on a consistent basis and will also provide a framework for categorizing new products.
Food and Drug Regulations (Nutrient Content Claims)	New and updated regulations for nutrient content claims are intended to give Canadians the nutritional information they need to choose a healthy diet. These regulations are also intended to influence manufacturers to produce more nutritious foods.

Legislative and/or Regulatory Initiatives	Expected Results
Food and Drug Regulations (Nutrition Labelling)	After extensive stakeholder consultation in 1998-99, Health Canada plans to table a contemporary, efficient and flexible nutrition labelling framework.
Food and Drug Regulations (Revision of Division 16 - Food Additive Tables)	The proposed revision is intended to create a regulatory system for food additives based on food classes or categories, not standardized and unstandardized food products. The new approach will give industry greater choice in the use of food additives, while continuing to ensure public safety.
Cosmetic Regulations (Amendment)	Proposed regulations are intended to require ingredient disclosure on cosmetic labels to provide Canadians with more information so they can make informed choices. This amendment will also provide information to health professionals in Poison Control Centres and Emergency Rooms to improve treatment of poisoning incidents. The amendment will allow industry to harmonize with international labelling requirements. The annual registration process will allow closer monitoring of products.
Controlled Drugs and Substances Act	New regulations for benzodiazapines and precursors and consolidation of existing regulations will provide an updated regulatory framework to comply with international obligations.
Financial Administration	Changes to fee regulations (e.g., amendments to Medical Device Fee Regulations, Authority to Sell Drug Fee Regulations, Drug Evaluation Fees Regulations, and Establishment Licensing Fees) and new cost recovery regulations for Hemp Licensing and cosmetic products will lead to a more equitable and efficient cost recovery scheme.

B: Details by Business Line

Business Line 1: Health Policy, Planning and Information (HPPI)

Objective

To foster strategic and evidence-based decision making in Health Canada and to promote evidence-based decision making in the Canadian health system and by Canadians.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Net expenditures	**110.1***	107.7	94.0

*This represents 6.1 percent of the Department's 1998-99 budget.

Background

> The ultimate goal of everything we do in the health sector is the improvement in health status and quality of life at the level of both population and individuals. The acid test is **whether services, programs and policies have improved health beyond what could have been achieved by doing something else with the same resources or by doing nothing at all**.
>
> *National Forum on Health, 1997*

The Health Policy, Planning and Information (HPPI) Business Line recognizes that in this "information age," the use of technology and data is quickly evolving. Health Canada will play a leadership role in sorting through, organizing, and sharing information with its partners and the general public. Health Canada will develop information systems and invest in research initiatives in order to help synthesize, improve access to, and apply information to health issues. This is important for the general public, policy makers, and health care providers.

This Business Line has two functions. The first function is to develop health research and knowledge in order to improve the information infrastructure of the health sector. The second function is to coordinate departmental policy development and decision-making in a cost-effective and forward looking manner.

Plans and Priorities

In the area of health information and knowledge, Health Canada will:

- support funding for research or projects and related activities through the Health Services Research Foundation, the proposed Population Health Institute, or the National Health Research and Development Program;
- collect, maintain, analyze, or disseminate data through such media as the Canadian Institute for Health Information or the Population Health Clearinghouse;
- monitor public health patterns through national surveillance networks on cancer, youth risk behaviour, perinatal health, child abuse and neglect, diabetes, asthma, and cardiovascular disease;
- implement the Information Highway Support Program which will provide funding for innovative projects related to information dissemination via the Information Highway; and
- develop and implement information networks for the First Nations Health Information Systems, the National Health Surveillance System, and the Population Health Clearinghouse.

In the area of health policy and planning, Health Canada will:

- improve the policy and planning process;
- identify the most cost-effective and efficient policy levers to improve the health system in Canada (e.g., surveillance, research, legislation, consultation, planning and review);
- examine emerging and re-emerging health issues and at-risk populations and develop policy options to fill the gaps in information;
- analyse and address the impact of federal policies and programs on women's health; and,

- establish communication and consultation mechanisms to ensure inclusion of key players in the policy development process (e.g., other federal departments and agencies, provinces and territories, professional and non-governmental organizations, and other health stakeholders).

Accountability for Key Results:

Primary Responsibility:
Assistant Deputy Minister – Policy and Consultation Branch

Secondary Responsibility:
Assistant Deputy Minister – Health Promotion and Programs Branch
Assistant Deputy Minister – Health Protection Branch
Assistant Deputy Minister – Medical Services Branch
Regional Directors General

Business Line 2: Health System Support and Renewal (HSSR)

Objective

To ensure the long-term sustainability of a health system having significant national character.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Net expenditures	**82.0***	66.5	4.5

*This represents 4.6 percent of the Department's 1998-99 budget.

Background

> Health care has risen (as a public priority) over the past three years, underlining the importance Canadians attach to Medicare. No single issue is of more importance, and given the demographic structure and rising anxieties about health care reform, it will continue to increase in importance.
>
> *Rethinking Government, 1997*

The Health System Support and Renewal (HSSR) Business Line provides support for federal activities in all areas of Canada's health system.

Over the next several years, at the top of federal health priorities is the preservation and modernization of Medicare. Health Canada's work on Medicare modernization will be influenced by discussions on the Social Union Framework. Health care is a shared responsibility. The federal government is committed to greater collaboration and consultation with the provinces, territories, other health partners, and citizens to arrive at national consensus.

Plans and Priorities

In the area of facilitating access to health services consistent with the principles of the *Canada Health Act* (CHA), Health Canada will:

- work with provinces on a protocol aimed at establishing greater transparency in the interpretation of the CHA.

In the area of innovations to improve the national Medicare system, Health Canada will:

- through resources provided by the Health Transition Fund, work with provinces and territories to explore innovative approaches (including the use of information systems) to reduce health care costs; and
- through consultation and collaboration with the provinces, territories and other health partners, develop framework(s) for possible extension of Canada's Medicare system to include homecare and longer term, and national approach to pharmacare.

In the area of national collaboration on health system issues, Health Canada will work with the provinces, territories, and other health partners to:

- develop national approaches to Medicare renewal issues such as waiting lists, practice guidelines, and health care professional resources.

Accountability for Key Results:

Primary Responsibility:
Assistant Deputy Minister – Policy and Consultation Branch

Secondary Responsibility:
Assistant Deputy Minister – Health Promotion and Programs Branch

Business Line 3: Management of Risks to Health (MRH)

Objective

To improve health surveillance and the capacity to anticipate, prevent, and respond to health risks posed by diseases, food, water, drugs, medical devices, environmental and occupational hazards, consumer goods, and upstream determinants of health (personal behaviour, family, social and economic circumstances).

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Gross expenditures	**283.1**	275.0	244.4
Expected revenue	**(54.3)**	(48.3)	(48.3)
Net expenditures	**228.8***	226.7	196.1

*This represents 12.7 percent of the Department's total 1998-99 budget.

Management of Risks to Health is comprised of the following Service Lines:

- Food Safety, Quality and Nutrition
- Therapeutic Product Regulation
- Environmental Health
- Disease Prevention and Control
- Occupational and Environmental Health Services
- Emergency Services
- Pest Management
- Canadian Blood Secretariat

For details about these service lines and their plans and priorities, please see Section III: C starting on page 39.

Plans and Priorities

Health Canada will:

- improve risk management frameworks by developing updated guidelines, policies and programs addressing new considerations and information, and by incorporating a decision-making process that includes the public;
- convert some Health Canada operations to Special Operating Agency (SOA) status, and develop partnerships, both regulatory and non-regulatory, at national and international levels that will harmonize and enhance operations;
- modernize the regulatory framework for risk management;
- enhance health surveillance systems; and
- improve its own core scientific activities in regulation, research, and public health, taking advantage of public input and independent advisors.

Accountability for Key Results:

Primary Responsibility:
Assistant Deputy Minister – Health Protection Branch

Secondary Responsibility:
Assistant Deputy Minister – Medical Services Branch
Assistant Deputy Minister – Health Promotion and Programs Branch
Executive Director – Pest Management Regulatory Agency
Director General – Occupational and Environmental Health Services

Business Line 4: Promotion of Population Health (PPH)

Objective

To promote population health through action on the social and behavioural determinants of health.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Net expenditures	**207.8***	208.1	208.1

*This represents 11.5 percent of the Department's 1998-99 budget.

Background

Population Health recognizes that many factors, in addition to the health care system, strongly influence the health of individuals and communities. These factors, called "determinants of health," include income and social status, social support networks, education, employment and working conditions, physical and social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, gender, and culture. Programs based on a population health approach act on these factors and their interactions to improve the health status of individuals and communities. A series of initiatives, announced in the September 1997 Speech from the Throne, reaffirms the links between health and such factors as economic and social conditions.

The Promotion of Population Health Business Line works to foster health and prevent disease by addressing determinants that fall both within and outside of the health sector throughout the human life cycle. It recognizes and emphasizes the importance of investment in early childhood as a means to better health throughout life. The delivery of this business line is carried out through a life-cycle framework based on three life stages: Childhood to Youth; Early to Mid-Adulthood; and Later Life.

Plans and Priorities

In the area of providing information about what determines health, Health Canada will:

- develop and seek acceptance of the population health model through research, consultation, monitoring, and taking measures to improve accountability;
- identify national health goals in areas of mutual federal/provincial/territorial interest and lead the development of the second Report on the Health of Canadians; and
- foster more partnerships with community groups through the Population Health Fund, which supports the adoption of the population health approach.

In the area of Childhood and Youth, Health Canada will work to:

- develop the National Children's Agenda, a comprehensive strategy to improve the well-being of Canada's children, in cooperation with other governments and agencies;
- share results of best practices of the Community Action Program for Children (CAPC), develop models/programs to support parents as caregivers, and convene National Training Workshops for CAPC workers;
- consult with stakeholders to develop and put into operation Centres of Excellence for Children's Well-Being;
- disseminate information on the Canada Prenatal Nutrition Program; and
- coordinate Canada's progress report to the UN Committee on the Rights of the Child in the year 2000.

In the area of Early to Mid-Adulthood, Health Canada will work to:

- support action on the prevention and control of leading non-communicable diseases and death (e.g., cardiovascular disease, diabetes, certain cancers); and
- create healthy social and physical work environments, through strengthened partnerships, support training and research, information dissemination and program development.

In the area of Later Life, Health Canada will work to:

- promote the national action plan for the International Year of Older Persons (1999);
- develop and implement the National Framework on Aging, in partnership with the provinces and territories and other health stakeholders;
- develop and disseminate a framework for action on injury prevention for seniors and other materials on healthy living and the prevention of injury and disease;
- support the development and dissemination of research and surveillance initiatives on healthy aging and aging-related diseases; and
- provide research, policy, and communications support to the National Advisory Council on Aging, including the dissemination of a "Framework to Evaluate the Impact of Health Reforms on Seniors".

In the area of meeting urgent health needs and encouraging healthy lifestyles, Health Canada will work to:

- continue to address the changing face of the HIV/AIDS epidemics through the National AIDS Strategy;
- strengthen and expand partnerships and networks under the Breast Cancer Initiative, including addressing emerging issues;
- establish Youth Advisory Committees, pilot peer-led prevention and cessation programs, and conduct targeted social marketing activities to address tobacco use among young people, as part of the public education component of the Tobacco Control Initiative;
- conduct research on the health consequences of violence against women and disseminate information on federal initiatives through the National Clearinghouse on Family Violence;
- help to reduce high-risk behaviour and promote healthy decision-making through our work on Canada's Drug Strategy, Sexual and Reproductive Health, Fitness/Active Living, Mental Health Promotion, and Nutrition/Healthy Eating; and
- work with federal and provincial partners to promote innovative alcohol and drug treatment and rehabilitation programs through the Alcohol and Drug Treatment Rehabilitation Program.

In the area of developing tools and assessing the impact on health of federal government policies and programs, Health Canada will:

- work with other federal departments and agencies, through existing mechanisms, on cross-boundary issues such as HIV/AIDS, family violence, tobacco, substance abuse, fitness, children, and seniors.

Accountability for Key Results:

Assistant Deputy Minister – Health Promotion and Programs Branch

Business Line 5: Aboriginal Health (AH)

Objective

To assist Aboriginal communities and people in addressing health inequalities and disease threats and in attaining a level of health comparable to that of other Canadians, and to ensure the availability of, or access to, health services for registered First Nations and Inuit.

Aboriginal Health provides health-related services to First Nations individuals and to Inuit. These services include programs in community and family health, prevention and treatment of substance abuse, injury prevention, disease prevention and control, environmental health, non-insured health, and hospital services. Health Canada also provides services to all Aboriginal people through programs such as Aboriginal Head Start.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Gross expenditures	**1,093.8**	1,125.4	1,158.2
Expected revenue	**(9.9)**	(9.9)	(9.9)
Net expenditures	**1,083.9***	1,115.5	1,148.3

*This represents 60.2 percent of the Department's total 1998-99 budget.

Background

The Aboriginal Perspective

Increasingly, Aboriginal people are taking more control over the delivery of health services and programs—a move in line with federal policy on Aboriginal self-government. Health Canada expects to see increased control and management of community-based health services by Aboriginal people. This will be accomplished through direct transfers, integrated contribution agreements and other health funding arrangements. These arrangements will be made in consultation with Aboriginal communities and will be complemented by capacity building and training strategies to promote readiness.

The Aboriginal birth rate is twice the Canadian average, and on average the Aboriginal population is 10 years younger than the general population. On almost all socio-economic and health indicators, Aboriginal people and communities fall well below national standards. These factors, along with rising health care provider costs, put Aboriginal health funding under intense pressure. For example, the Non-Insured Health Benefits program will come under increasing pressure as a result of population growth and rising drug and dental costs.

The federal policy towards Aboriginal people is evolving. The recommendations of the Royal Commission on Aboriginal People will have a profound effect on all federal programs for Aboriginal people. The government's strategy to renew the relationship between the federal government and Aboriginal people entitled "Gathering Strength" will be led by Indian and Northern Affairs Canada. Health Canada plays a key role in this strategy.

New Strategic Priorities Relating to On-Reserve First Nations and Inuit

In response to these changes, Health Canada has carried out a comprehensive review of its operations. It has identified the following six priorities:

Partnerships and New Relationships: Governments are increasingly looking for better coordination and integration of health, social, and economic programs and services. For Aboriginal communities, this means establishing close working relationships between Health Canada and a range of federal agencies (for example, Indian and Northern Affairs, Justice, Human Resources Development Canada), provincial or territorial governments, and First Nations, Inuit and Aboriginal organizations.

Health System Renewal: Health Canada plans to identify issues in this area that affect Aboriginal health services and to examine ways to improve services. For example, the Canadian Health Information System (CHIS) includes a First Nations Health Information component.

Health and Healing Strategy: Health care for Aboriginal people must rely on a comprehensive, holistic approach, one that takes into account physical, mental, social and spiritual needs. Such an approach would focus on reducing the health disparity between Aboriginal and non-Aboriginal populations and on building a viable Aboriginal health system.

Review of Mechanisms and Authorities for First Nations Control: Current authorities for giving First Nations control over health services are limited and restrictive. New arrangements (authorities and transfer agreements) need to be made to facilitate the transfer of Health Canada services and resources to First Nations control.

Accountability Frameworks and Envelope Management: Health Canada must review its accountability mechanisms to ensure that reporting, policy directions, administration, information management systems, and procedures all support the strategic directions of Medical Services Branch. The structure of regional and national envelopes, established in 1994, must be examined to find ways of balancing national consistency, regional flexibility and risk management. (For a detailed breakdown of the Indian and Inuit Health Services envelope, please see Table 5, p. 62.)

Medical Services Branch's Residual Role: As Aboriginal people take control over programs and services, federal responsibilities are also evolving. Health Canada's responsibilities will need ongoing review for accountability, and to determine how Health Canada can best support Aboriginal health care services.

Health Canada's work on Aboriginal Health is carried out through four service lines: Health Services; Non-Insured Health Benefits; Hospital Services; and Aboriginal Head Start.

Health Services (on-reserve First Nations and Inuit)

Aboriginal people take a holistic view of health, one that includes physical, social, emotional, and spiritual well-being. The focus is not on the individual alone, but on the family and community as well. This approach is the basis for such community-based programs as disease prevention and control, environmental health, and related research.

Inherent Right of Self-Government: Both Aboriginal peoples and health experts believe that health inequalities and concerns about the health care system will be better addressed when Aboriginal people make decisions for themselves. In line with the federal policy on the Inherent Right of Self-Government, arrangements are under way to transfer control for health services to the community level, through new funding arrangements.

Over the next three years, Health Canada will:

- determine a strategy for its role with regards to health administration for the new Nunavut Territory and the remaining NWT;
- contribute to the funding of the construction of the Inuvik Hospital and the renovation of the Iqaluit (Baffin) General Hospital;
- institute, in consultation with all other HC branches, an internal management process to guide and support self-government negotiations for health services;
- provide guidance and support to MSB regions and to First Nations and Inuit communities pursuing self-government in health;
- complete negotiations with Yukon First Nations for control of their health programs, under the Umbrella Final Agreement;
- transfer health facilities to the NWT and complete environmental assessments;
- put in place frameworks to support self-government negotiations, including requests for authorities from Treasury Board; and
- help develop federal policy on self-government, including accountability mechanisms and fiscal realities.

Transfer: Transfer supports the enhanced First Nations and Inuit control of health services and resources through transfer, integrated contribution, and other health funding agreements, and through capacity building and training. The program will continue to transfer administration of First Nations and Inuit health care services to First Nations and Inuit control, including seeking authorities for current services not yet transferable.

Over the next three years, Health Canada will:

- develop a common mechanism, in consultation with Indian and Northern Affairs Canada (INAC), to transfer funds from federal departments to First Nations;
- distribute a revised transfer handbook, emphasizing the need for updating Community Health Plans at the time of negotiation and/or renewal;
- transfer second-, third-, and fourth-level services and the administration of fixed assets, at a pace to be determined by First Nations, subject to obtaining appropriate authorities;
- establish monitoring mechanisms and assessment processes when negotiating new transfer agreements; and
- implement multi-departmental transfer agreements and processes with First Nations.

Health Programs: In order to improve the responsiveness of health programs to the changing needs of First Nations and Inuit people, Health Canada will plan for and implement the transfer of nationally managed health programs and functions to First Nations and Inuit organizations and/or regions. Health Canada will focus on the following priorities, over the next three years:

- develop a directorate framework for the transfer of national programs to appropriate First Nations organizations and institutions; and
- work with Aboriginal organizations to develop an Aboriginal Health Institute.

To facilitate program design, implementation, and evaluation, Health Canada will be conducting health and program surveillance activities to identify trends and emerging issues. To achieve this, Health Canada will:

- set up community-based Health Information Systems in First Nations communities, where requested.

To enable effective program development, delivery and evaluation, Health Canada will support the coordination of the following activities:

- a Healing Strategy by an Aboriginal Organization; and
- a National Tuberculosis Elimination Strategy.

Non-Insured Health Benefits (NIHB)

The Non-Insured Health Benefits Program provides a full range of supplementary health benefits to registered Indians, recognized Inuit and Innu clients to meet medical needs that cannot be met by provincial services or other health plans. In partnership with First Nations, NIHB is also preparing frameworks to describe the management of First Nations and Inuit control of this program.

In the interests of controlling costs without decreasing service, over the next three years the program will:

- accelerate the use of automated systems to increase efficiency;
- complete the transition to the new Health Information and Claims Processing System;
- improve the Drug Utilization Evaluation System and enhance its effectiveness;
- strive for universal provider operations in a real time claim adjudication point of service;
- develop and implement management strategies to optimize utilization of available budgets;
- set market value provider fees in all regions; and
- put in place additional cost management measures in the drug and dental programs, while protecting service delivery.

To facilitate increased control by First Nations and Inuit, over the next three years Health Canada will:

- work in partnership with First Nations and Inuit to facilitate their control of the NIHB program;
- complete the Treasury Board submission to establish criteria for the transfer of the NIHB program and revise/update as necessary; and
- update the Health Information and Claims processing system to support transfer activities and projects.

Hospital Services

In the past, Health Canada operated several hospitals servicing primarily First Nations and Inuit communities. The role of these hospitals is evolving, from their previous use as tuberculosis hospitals to the provision of acute services. These hospitals will continue to be transferred to local health boards, First Nation organizations, or joint provincial government/First Nations ventures.

Over the next three years, Health Canada plans to:

- complete health assessment planning for hospital services and negotiate a new hospital service agreement in Moose Factory;
- continue negotiations to transfer the Norway House Hospital in Manitoba;
- hand over management of the Sioux Lookout Hospital to a provincially incorporated hospital board;
- plan construction of a new provincial hospital in Sioux Lookout, to be managed by a board; and
- start negotiating the transfer of the Percy Moore Hospital in Manitoba.

Aboriginal Head Start (on- and off-reserve)

Aboriginal Head Start off-reserve (AHS) addresses the needs of young Aboriginal children and their families living in urban centres and in large northern communities. It prepares young Aboriginal children (aged 0-6) for school by meeting their intellectual, emotional, spiritual, and physical needs. AHS relies on locally controlled and administered Aboriginal nonprofit organizations and on the children's parents and caregivers. Projects funded by AHS also help parents develop parenting skills, foster the emotional/social development of children, increase confidence and improve family relationships.

Over the next three years, AHS plans to:

- enhance all AHS projects, by increasing teacher training activities and social support collaboration; and
- initiate a National Evaluation and develop and implement a research framework.

An on-reserve Aboriginal Head Start program will be introduced.

Over the next three years, Health Canada plans to:

- obtain First Nations input into the development of the AHS Framework;
- develop an implementation infrastructure;
- put on-reserve AHS into operation; and
- put in place the groundwork for an evaluation of the program for the year 2000.

Accountability for Key Results:

Primary Responsibility:
Assistant Deputy Minister – Medical Services Branch

Secondary Responsibility:
Assistant Deputy Minister – Health Promotion and Programs Branch

Support Business Line 6: Corporate Services (CS)

Objective

To support the delivery of Health Canada programs and objectives through the provision of administrative services and through advice and direction to senior management regarding effective and efficient use of resources and assets.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Gross expenditures	**89.5**	88.9	88.8
Expected revenues	**(1.3)**	(0.7)	(0.7)
Net expenditures	**88.2***	88.2	88.1

*This represents 4.9 percent of the Department's 1998-99 budget.

Background

Health Canada's Corporate Services provides administrative, advisory and management services in the areas of:

- financial resources, including corporate planning and liaison, financial systems, financial controls, and internal audits;
- human resources, including the development and operation of learning and other employee support programs;
- assets and facilities, including day-to-day support in the procurement of materiel and services; and
- information resources, including computers, networking, systems, and other technological services and functions.

Plans and Priorities

Health Canada's key goals in the area of Corporate Services are to:

- support the ongoing strengthening of its workforce, including continued support for employees affected by change, various initiatives aimed at revitalizing public service and ensuring a continuity of qualified staff (collectively referred to as La Relève), and increased employment of visible minorities in specific occupational groups and in the management ranks;
- ensure that human resource management strategies incorporate official languages and implement equity objectives;
- enhance the Department's capabilities to manage its financial resources, including implementing the government-wide Financial Information Strategy supporting cost recovery initiatives by upgrading its financial processes and systems, and resolving Year 2000 problems in existing systems;
- make effective use of information technologies, including the introduction of additional hardware, software and support services that will enable secure electronic communications, the efficient delivery of departmental services using electronic networks, and improved management of its electronic and other records;
- improve the Department's capabilities to manage its assets, including the further automation of its processes for procuring materiel and various initiatives to reduce the adverse impacts of its physical operations on the environment, as indicated in Health Canada's Sustainable Development Strategy recently tabled in Parliament.

Status of Year 2000 (Y2K)

Health Canada is 90% through the repair of its mainframe systems. Repair of smaller systems will largely be finished by the third quarter of 1998. A survey of laboratory equipment with embedded technology has been completed and a project to collect compliance information on regulated devices is under way. Health Canada is leading an initiative with the provinces to address health care matters in general and hospitals in particular.

Plans for fiscal year 1998-99 include:

- finish all systems repair;
- repair or replace all non-compliant hardware including personal computers, telecommunications equipment and laboratory equipment;
- ensure compliance of all facilities, including laboratories; and
- establish a vendor compliance data base of regulated devices.

Accountability for Key Results:

Primary Responsibility:
Senior Assistant Deputy Minister – Corporate Services Branch

Secondary Responsibility:
Director – Internal Audit Services

C: Details of Management of Risks to Health

Service Line 1: Food Safety, Quality and Nutrition (FSQN)

Objective

To protect and improve the health and well-being of the Canadian public by defining, advising on, and managing risks and benefits associated with the food supply.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Gross expenditures	**45.2**	45.6	45.6
Expected revenues	**(2.2)**	(2.2)	(2.2)
Net expenditures	**43.0***	43.4	43.4

*This represents 18.8 percent of the 1998-99 Management of Risks to Health budget.

Background

Health Canada sets policy for the public health aspects of food safety, quality and nutrition. It sets standards, carries out risk-benefit assessments, and conducts research, surveillance, and pre-market reviews. It also assesses the food safety activities of the Canadian Food Inspection Agency. It deals with veterinary drugs, food additives, chemical and microbiological contaminants, nutrient levels, new foods, and food components and processes.

The federal government has reorganized its food safety programs, creating the Canadian Food Inspection Agency (CFIA), which has taken over some of Health Canada's former food inspection responsibilities. The Food Program is developing a strategic framework for its future. It will focus on food-related health outcomes and on improving (as well as protecting) health. Its approach will be "anticipate

and prevent" instead of "react and cure." It has established a network involving the international Codex Alimentarius Commission, the CFIA, and (through the Canadian Food Inspection System [CFIS]) provincial, territorial, and municipal governments.

Plans and Priorities

Health Canada will:

- conduct research on anti-microbial resistance, with the Bureau of Microbial Hazards, the University of Guelph, and the Bureau of Veterinary Drugs;
- work with the Laboratory Centre for Disease Control, the Therapeutics Products Program and Environmental Health on bovine spongiform encephalopathy (mad cow disease);
- implement a Food Safety Program with the Laboratory Centre for Disease Control and the Health Promotion and Programs Branch;
- start the implementation of the Nutrition for Health action agenda, through nutrition surveys, nutrition labelling, and food fortification;
- develop policies and programs for the safety of raw food of animal origin (e.g., for the microbiological safety of cheese made from unpasteurized milk);
- conduct a survey in Whitehorse on possible contaminants in country foods;
- complete the new food program policy framework in consultation with stakeholders; and
- apply the new framework to the development of new food safety and nutrition standards.

Service Line 2: Therapeutic Product Regulation (TPR)

Objective

To address the safety, effectiveness, and quality of drugs, medical devices, and other therapeutic products available to Canadians. Health Canada also provides legislative policy and support to law enforcement activities in the control of illicit drugs.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Gross expenditures	**49.4**	49.5	49.5
Expected revenues	**(32.5)**	(32.5)	(32.5)
Net expenditures	**16.9***	17.0	17.0

* This represents 7.4 percent of the 1998-99 Management of Risks to Health budget.

Background

Health Canada licences drugs, medical devices and other therapeutic products for clinical trials and general use. It regulates establishments that make, import, distribute, package, or test these products. It monitors the use of these products, investigates reported problems, and takes appropriate corrective measures when required. It provides legislative policy support for its activities and analytical services to help law enforcement agencies in the control of illicit drugs. Finally, it sets the Canadian regulatory frameworks for therapeutic products and works toward the harmonization of Canadian standards and activities with international standards and activities.

Health Canada faces a variety of challenges resulting from increased public awareness and stakeholder expectations for service. These include:

- industry and stakeholder concern about and/or dissatisfaction with the Department's performance in delivering its programs;
- the Gagnon and Hearn reviews of drug and medical devices programs, which has led to extensive self-assessment and renewal of all facets of the programs;
- the Krever Commission review of blood regulation and the Standing Committee on Health review of natural health products;
- Program Review, which has reduced appropriations and required implementation of cost recovery (now contributing 65.8% of budget);
- increased media attention and public demands for transparency and involvement in the regulatory process;
- new technologies and alternative health treatments; and
- globalization of therapeutic product industries, which requires regulatory harmonization and even regulatory globalization.

Plans and Priorities

In the planning period, Health Canada will:

- review and improve regulation of the Canadian blood system, taking into account the recommendations of the Krever Commission;
- update the regulatory framework for natural health products (including herbal remedies, functional foods and nutraceuticals);
- introduce new regulatory frameworks for medical devices, product licensing, and tissues and organs, including xenotransplants;
- streamline procedures to improve times for reviewing and approving new products;
- establish performance targets for activities which have not already set standards;

- develop and implement a framework for Therapeutic Product Program (TPP) participation in international harmonization of regulatory operations;
- strengthen partnerships with other governments, industry, the health professions, and consumer associations;
- design and put in place an information management/technology framework for the TPP, including an internationally harmonized framework for electronic submissions from industry;
- review and upgrade compliance and enforcement activities; and
- review the provision of drug analysis service for law enforcement.

Service Line 3: Environmental Health (EH)

Objective

To contribute to sustainable development, improve safety and safe use of products, and reduce health risks by identifying, assessing and managing the risks and benefits of natural and human-made environments.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Gross expenditure	**53.9**	54.0	53.4
Projected revenues	**(2.9)**	(2.9)	(2.9)
Net expenditure	**51.0***	51.1	50.5

* This represents 22.3 percent of the 1998-99 Management of Risks to Health budget.

Background

A range of factors affect environmental health: demographic and technological changes; globalization; the aging of infrastructure, such as nuclear power plants; lifestyle trends; and fiscal limitations. Growing urban areas create increased waste disposal problems and increased demand for safe drinking water. As quickly as new technologies arise, so do associated health problems. Indoor environments can also pose health risks with (for example) air quality and toxins. Finally, lifestyle choices such as smoking have serious effects on health.

Under the *Canadian Environmental Protection Act (CEPA)* and the *Canadian Environmental Assessment Act (CEAA)*, Health Canada assesses and manages health risks from chemical and biological environmental contaminants. It deals with federal nuclear emergency response and electromagnetic radiation hazards under the *Radiation Emitting Devices Act (REDA)*. It is responsible, under the *Hazardous Products Act (HPA),* for health issues associated with consumer products and conducts surveillance and public education programs. It conducts anti-smoking programs targeted at young people.

Plans and Priorities

In the area of public environmental health, Health Canada will:

- put in place regulations and a national enforcement strategy under the *Tobacco Act*, and release an annual report on tobacco use in Canada;
- develop and implement the regulatory framework for the proposed Drinking Water Materials Safety Act, which is based on third-party certification to national and international health standards for water treatment devices, chemicals and materials;
- develop and publish drinking water guidelines, improve access to safe water, and continue to monitor waterborne diseases and water treatment processes;
- integrate the Toxic Substances Management Policy into departmental programs;
- provide evidence needed to control the use of persistent organic pollutants (POPs) and toxic metals;
- assess, manage, and report on risks to human health from contaminants in the St. Lawrence River Basin, the Great Lakes, and in Canada's North;
- monitor the effects of environmental contaminants on respiratory diseases such as asthma and obstructive lung disease, on heart disease, on reproductive health, and on birth defects; and
- conduct environmental assessments of Health Canada and assist other federal departments with health impact assessments of their projects and publish handbooks on, and offer training in, health impact assessment.

In the field of regulations and standards, Health Canada will:

- develop, maintain, and enforce standards (to be harmonized with international standards) for consumer products such as baby furniture and strollers, and for cosmetics and toxic metals;
- draft standards to control noise from industrial products;
- survey mammography facilities, develop a national centre for mammography calibration and quality assurance, and revise the safety code for mammography;
- provide National Calibration Reference Centre services for bioassay and in vivo monitoring;
- improve surveillance of injuries related to consumer products through new linkages and wider monitoring;
- develop a global harmonized system and examine cost-benefit concerns for the Workplace Hazardous Materials Information System;
- develop radiation safety codes under the Canada Labour Code, monitor workers' exposure to radiation, and continue the National Dose Registry;
- continue assessing human health risks from chemical and biological agents under the *Canadian Environmental Protection Act (CEPA),* institute risk reduction strategies for selected agents, and implement the new *CEPA;*
- develop quality guidelines for ambient air; and
- develop and implement a risk communication strategy for electromagnetic radiation (EMR), establish an expert advisory panel, create a plan for assessing biological effects of EMR, and work on harmonizing standards.

Service Line 4: Disease Prevention and Control (DPC)

Objective

To enable the Department to evaluate the efficacy and effectiveness of various prevention, screening/diagnosis, treatment and palliation methodologies for a wide range of human diseases.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Net expenditure	**39.5***	37.7	37.7

*This represents 17.3 percent of the 1998-99 Management of Risks to Health budget.

Background

This Service Line is a joint responsibility of two branches and an agency of Health Canada (HPB, HPPB, and Occupational Environmental Health Services (OEHS)). These three operations support the Laboratory Centre for Disease Control (LCDC) which makes use of surveillance and research information to anticipate potential risks to the health of Canadians, to control those risks, and to quickly pass on information to health officials. LCDC draws on expertise from the Technical Advisory Committee, the Council of Chief Medical Officers of Health, the National Advisory Committee on Immunization, and the Advisory Committee on Epidemiology. The Technical Advisory Committee in particular provides expert advice to ensure the highest standards of laboratory services and procedures.

Trends such as the increase in HIV infections in all segments of the population, the appearance of multiple drug-resistant bacteria in Canadian hospitals, the emergence of Dengue fever outside Canada, the detection of a new strain of hepatitis, and the realization that air pollution is responsible for increased mortality and hospitalizations all underline the need for continued efforts in vigilance, prevention, and control.

Plans and Priorities

In the area of evaluating methodologies in disease prevention, screening/diagnosis, treatment and palliation, Health Canada will:

- carry out studies to determine the burden of illness for such conditions as infectious diseases, heart attacks, diabetes, and cardiac abnormalities, including the social and economic effects of cancer prevalence in Canada;
- conduct cost-benefit analyses for vaccines, develop ways to improve vaccine program coverage, evaluate vaccine program effectiveness, and take steps to minimize the adverse effects of vaccination;
- update and revise the *Quarantine Act* and Regulations, to improve the control of infectious diseases across borders by increasing the powers to retain individuals for the known disease incubation period;
- develop, with the U.S. Centers for Disease Control, a national Migration Medicine strategy, to harmonize our medical screening of migrants;
- expand travel medicine support for the health care sector and monitor the occurrence of communicable diseases internationally, including issuing travel advisories;
- investigate, monitor and control the emergence of antibiotic-resistant microorganisms such as methicillin-resistant *Staphylococcus aureus* and vancomycin resistant *Enterococci*;
- develop a national strategy for the prevention and control of tuberculosis;
- conduct a national assessment of physical office-based management of asthma to determine areas for intervention; and
- provide technical and financial assistance for the investigation of outbreaks and clusters of HIV infection throughout Canada.

In the area of national guidelines, position statements, and standards for the prevention and control of priority public health concerns, Health Canada plans to:

- take action, through the Canadian Coordinating Committee on Antimicrobial Resistance, on the recommendations arising from the fall 1997 consensus conference on antimicrobial resistance;
- consult with stakeholders on national immunization records;
- set standards for the registration of data on the progress of cancers and of core data on screening for cervical cancer; and
- develop a research agenda for blood-borne pathogens and a comprehensive surveillance and investigation system for tracking blood-borne diseases.

In the area of providing evidence-based public health information, Health Canada will, in electronic and print form:

- publish disease prevention and control guidelines;
- disseminate the latest surveillance information on emerging infectious diseases, injuries, communicable and chronic diseases; and
- provide new tropical health and quarantine information for international travellers.

Service Line 5: Occupational and Environmental Health Services (OEHS)

Objective

To provide a broad range of direct occupational safety and health services and advice to the federal government on behalf of the Treasury Board Secretariat, employee assistance services, and health education and training.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Gross expenditure	**29.9**	23.1	23.1
Projected revenues	**(6.2)**	(0.3)	(0.3)
Net expenditure	**23.7***	22.8	22.8

*This represents 10.3 percent of the 1998-99 Management of Risks to Health budget.

Background

Health Canada oversees occupational health services for the federal public service, provides quarantine services, provides support for health and social service workers in time of disaster, and looks after the medical requirements of visiting dignitaries (VIP Health Services). The Civil Aviation Medicine (CAM) program will be transferred to Transport Canada on April 1, 1998 and CAM's budget will be transferred through supplementary estimates (A) in 1998-99.

The new Occupational and Environmental Health Services Agency (OEHSA) intends to reduce its costs through a combination of fees and improving the efficiency of its service delivery. It will work closely both with outside service providers and with its clientele to make the best use of its resources, especially through economies of scale and through maximizing value-added programs and services.

Quarantine Services

Our operations must meet the requirements of the Canadian *Quarantine Act*, the World Health Organization International Health Regulations, and the Human Pathogens Importation Regulations of the *Department of Health Act*.

Containing the international spread of diseases has become increasingly difficult due to the rapid mass international movement of people and products. Climate change will also affect the patterns of communicable diseases, allowing them to spread into previously untouched areas.

Very Important Person (VIP) Services

Under the Geneva Convention, a host country is responsible for providing health care to visiting dignitaries during their official visits. Health Canada plans and coordinates medical contingency and emergency plans, determines the level, extent and availability of medical care, and provides food inspection services.

Plans and Priorities

In addition to its ongoing duties, Health Canada plans to:

- work out a formula for dividing the present appropriation among federal departments and contracting with these departments for ongoing service delivery;
- develop an occupational safety and health management framework in consultation with other departments; and
- move OEHSA toward full Special Operating Agency (SOA) status and full cost recovery.

Service Line 6: Emergency Services (ES)

Objective

To support health care and social service systems when peacetime disasters occur.

Planned Spending

($ millions)	1998-99	1999-00	2000-01
Gross expenditure	**2.6**	2.5	2.5
Projected revenues	**(0.1)**	–	–
Net expenditure	**2.5***	2.5	2.5

*This represents 1.1 percent of the 1998-99 Management of Risks to Health budget.

Background

Emergency Services works with all levels of government to support health care and social service systems when peacetime disasters such as floods or earthquakes occur. The program provides training for frontline provincial and municipal health and social service workers. It helps provincial and municipal governments establish and update emergency planning, and maintains the Federal Nuclear Emergency Plan. It runs a national stockpile of emergency materials and medical supplies.

Plans and Priorities

Health Canada plans to:

- reorganize and restructure the Emergency Services Program changing its focus from responding to nuclear war to preparing for natural and man-made disasters;
- review the priorities for, and the contents of, the stockpile of emergency supplies based on the lessons learned from the Saguenay flood of 1996, the Manitoba flood of 1997, and the Ontario and Quebec ice storm of 1998; and
- determine requirements for updating the stockpile and for training programs.

Service Line 7: Pest Management (PM)

Objective

To protect human health and the environment by minimizing the risks associated with pest control products, while enabling access to pest management tools, including sustainable pest management strategies.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Gross Expenditures	**24.4**	24.4	24.4
Expected Revenue	**(10.4)**	(10.4)	(10.4)
Net Expenditures	**14.0***	14.0	14.0

*This represents 6.1 percent of the 1998-99 Management of Risks to Health budget.

Background

The Pest Management Regulatory Agency (PMRA) protects human health and the environment while helping to ensure that agriculture, forestry, manufacturing and other business sectors remain competitive. PMRA's regulatory decisions take into account both the need for a particular product and its potential risks. In regulating pest control products, PMRA balances the potential risks to human health and the environment against the real need for these products. The Agency is dedicated to integrating the principles of sustainable development into Canada's pest management regulatory regime.

Overall federal policy is in the direction of:

- international harmonization to reduce costs and regulatory burden;
- working with stakeholders in establishing policies and processes;
- inviting public participation in the regulatory process; and
- establishing partnerships with stakeholders for the development of sustainable pest management solutions.

Plans and Priorities

In evaluating new pest control products, Health Canada will:

- establish a risk management decision process;
- institute electronic submissions and review of applications to clear the backlog of submissions; and
- achieve timeliness based on an 18 month target for registration of new active ingredients.

Health Canada also plans to:

- create a national database on products, active ingredients and location of use;
- continue to work with stakeholders to develop solutions that integrate principles of sustainable management in regulatory decision making;
- amend the *Pest Control Products Act* and develop regulations to make the decision-making process for risk management more open and transparent; and
- develop and implement an Administrative Monetary Penalties process to enforce compliance with the *Act* and create a publication on compliance and enforcement.

Service Line 8: Canadian Blood Secretariat (CBS)

Objective

To provide Health Canada with a blood system policy, planning, and coordination capacity to ensure the Department's regulatory, surveillance, and blood governance program functions are coordinated in the best interest of all key players in the blood system.

Planned Spending

(millions of dollars)	1998-99	1999-00	2000-01
Net Expenditures	**38.2***	38.2	8.2

*This represents 16.7 percent of the 1998-99 Management of Risks to Health budget.

Background

The Canadian Blood Secretariat will provide administrative, financial, and logistical support to the new Blood Safety Council. It will brief the Council and Minister on ways to improve the surveillance of Canada's blood supply, on preparing legislation and regulations for the new Canadian Blood Services, and on responding to the report of the Krever Inquiry.

Of course, the single greatest outside influence on Health Canada's blood policy is the Krever Commission. The Commission's final report, issued in November 1997, will play a critical part in new federal policy on the Canadian Blood System. The report is presently under consideration, and Health Canada's plans cannot be fully formalized until its recommendations have been analysed.

Plans and Priorities

Health Canada will:

- with the provinces and other health partners, put in place a new national system for the governance of Canada's blood supply;
- address the findings of the Krever Inquiry; and
- review the report of the task force on compensation for victims of Hepatitis C and make recommendations to the Minister.

SECTION IV: SUPPLEMENTARY INFORMATION

A. TABLES

Authorities for 1998-99

Table 1: Spending Authorities

Vote	(thousands of dollars)	1998-99 Main Estimates	1997-98 Main Estimates
	Health Department		
1	Operating expenditures	**867,573**	912,450
5	Grants and contributions	**717,993**	562,041
(S)	Minister of Health – Salary and motor car allowance	**49**	49
(S)	Contributions to employee benefit plans	**59,752**	48,101
	Capital expenditures	—	11,417
	Total Department	**1,645,367**	1,534,058

Personnel Information

Table 2: Organization Structure
Responsibility for Planned Spending by Business Line for 1998-99

($ millions)	Accountability					
Business Line	Health Protection Branch	Pest Management Regulatory Agency	Health Promotion and Programs	Medical Services Branch	Policy and Consultation Branch	Corporate Services Branch and DEX*
Health Policy, Planning and Information	7.4	—	14.2	—	67.7	20.8
Health System Support and Renewal	—	—	2.7	—	79.3	—
Management of Risks to Health	186.2	14.0	2.4	26.2	—	—
Promotion of Population Health	—	—	207.8	—	—	—
Aboriginal Health	—	—	22.1	1,061.8	—	—
Corporate Services	—	—	—	—	—	88.2
Total Planned Spending	193.6	14.0	249.2	1,088.0	147.0	109.0

*This branch includes the Departmental Executive (DEX) planned spending.

Table 2.1: Planned Full Time Equivalents (FTEs) by Business Line

	Planned 1998-99	Planned 1999-00	Planned 2000-01
Health Policy, Planning and Information	**566**	566	566
Health System Support and Renewal	**64**	64	53
Management of Risks to Health	**2,922**	2,846	2,840
Promotion of Population Health	**502**	502	502
Aboriginal Health	**1,312**	1,312	1,312
Corporate Services	**603**	597	597
Departmental Total	**5,969**	5,887	5,870

Additional Financial Information

Table 3: Departmental Summary of Standard Objects by Expenditure

($ millions)	Planned Spending 1998-99	Planned Spending 1999-00	Planned Spending 2000-01
Personnel			
Salary and wages	**296.2**	291.4	290.5
Contributions to employee benefit plans	**62.2**	61.2	61.0
	358.4	352.6	351.5
Goods and services			
Transportation and communications	**126.2**	129.9	128.1
Information	**12.8**	13.2	13.0
Professional and special services	**266.5**	275.8	270.2
Rentals	**4.3**	4.4	4.4
Purchased repair and maintenance	**16.4**	16.9	16.6
Utilities, materials and supplies	**252.1**	261.9	255.6
Other subsidies and payments	**4.5**	4.6	4.6
Controlled capital	**4.1**	4.1	4.1
	686.9	710.8	696.6
Total operating	**1,045.3**	1,063.4	1,048.1
Transfer payments			
Voted	**821.0**	808.2	749.9
Gross budgetary expenditures	**1,866.3**	1,871.6	1,798.0
Less: Revenues Credited to the Vote	**(65.5)**	(58.9)	(58.9)
Net budgetary expenditures	**1,800.8**	1,812.7	1,739.1

Table 4: Program Resources by Business Line for the Estimates Year (continued on facing page)

($ millions)	Budgetary				
Business Line	FTE	Operating	Capital	Grants and Contributions	Gross Voted
Health Policy, Planning and Information	566	57.4	—	52.7	110.1
Health System Support and Renewal	64	28.8	—	53.2	82.0
Management of Risks to Health	2,922	244.7	—	38.4	283.1
Promotion of Population Health	502	78.6	—	129.2	207.8
Aboriginal Health	1,312	566.0	—	527.8	1,093.8
Corporate Services	603	69.8	—	19.7	89.5
Total	5,969	1,045.3	—	821.0	1,866.3

Table 4: Program Resources by Business Line for the Estimates Year (continued)

($ millions)	Budgetary				
Business Line	Statutory Items*	Non budgetary Loans Investments and Advances	Gross Planned Spending	Less: Revenue Credited to the Vote	Net Planned Spending
Health Policy, Planning and Information	—	—	110.1	—	110.1
Health System Support and Renewal	—	—	82.0	—	82.0
Management of Risks to Health	—	—	283.1	(54.3)	228.8
Promotion of Population Health	—	—	207.8	—	207.8
Aboriginal Health	—	—	1,093.8	(9.9)	1,083.9
Corporate Services	—	—	89.5	(1.3)	88.2
Total	—	—	1,866.3	(65.5)	1,800.8

*Does not include non-budgetary items or contributions to employee benefit plans and Minister's allowances that are allocated to operating expenditures.

Table 5: Indian and Inuit Health Services Envelope by Business Line

($ millions)	Medical Services Branch	Corporate Services Branch	Total
Health Policy, Planning and Information*			
1998-99		5.6	5.6
1999-00		5.6	5.6
2000-01		5.6	5.6
Aboriginal Health			
1998-99	1,023.2		1,023.2
1999-00	1,054.9		1,054.9
2000-01	1,087.6		1,087.6
Corporate Services**			
1998-99		28.5	28.5
1999-00		28.5	28.5
2000-01		28.5	28.5
Total 1998-99	1,023.2	34.1	1,057.3
Total 1999-00	1,054.9	34.1	1,089.0
Total 2000-01	1,087.6	34.1	1,121.7

* This business line includes Regional Directors General.

** This business lines includes the Departmental Executive planned spending.

Table 5.1: Indian and Inuit Health Services Envelope – Full Time Equivalents (FTE)

	Medical Services Branch	Corporate Services Branch*	Total
1998-99	1,291	166	1,457
1999-00	1,291	166	1,457
2000-01	1,291	166	1,457

* This branch includes the Departmental Executive planned FTEs.

Table 6: Details of Transfer Payments by Business Line*

($ millions)	Planned Spending 1998-99	Planned Spending 1999-00	Planned Spending 2000-01
Grants			
Health Policy, Planning and Information	**11.2**	11.1	11.1
Management of Risks to Health	**0.1**	0.1	0.1
Promotion of Population Health	**5.6**	5.6	5.6
Aboriginal Health	**0.5**	0.5	0.5
Total grants	**17.4**	17.3	17.3
Contributions			
Health Policy, Planning and Information	**41.5**	40.4	31.8
Health System Support and Renewal	**53.2**	40.7	—
Management of Risks to Health	**38.3**	38.3	8.3
Promotion of Population Health	**123.6**	123.6	123.6
Aboriginal Health	**527.3**	528.2	549.2
Corporate Services	**19.7**	19.7	19.7
Total contributions	**803.6**	790.9	732.6
Total	**821.0**	808.2	749.9

*Additional detail on transfers by business line can be found in the Estimates.

Table 7: Details of Revenue by Business Line

Revenue Credited to the Vote

($ millions)	Planned Revenue 1998-99	Planned Revenue 1999-00	Planned Revenue 2000-01
Management of Risks to Health			
Food Safety, Quality and Nutrition	**2.2**	2.2	2.2
Therapeutic Product Regulation	**32.5**	32.5	32.5
Environmental Health	**3.0**	3.0	3.0
Occupational & Environmental Health Services Agency	**6.1**	0.2	0.2
Pest Management Regulatory Agency	**10.4**	10.4	10.4
Emergency Services	**0.1**	—	—
Aboriginal Health			
Indian and Inuit Health	**9.9**	9.9	9.9
Corporate Services	**1.3**	0.7	0.7
Total Credited to the Vote	**65.5**	58.9	58.9

Revenue Credited to the Consolidated Revenue Fund (CRF)

($ millions)	Planned Revenue 1998-99	Planned Revenue 1999-00	Planned Revenue 2000-01
Management of Risks to Health			
Food Safety, Quality and Nutrition	**0.2**	0.2	0.2
Therapeutic Product Regulation	**2.7**	2.7	2.7
Environmental Health	**0.1**	0.1	0.1
Occupational & Environmental Health Services Agency	**1.0**	—	—
Pest Management Regulatory Agency	—	—	—
Emergency Services	—	—	—
Aboriginal Health			
Indian and Inuit Health	**6.4**	6.4	6.4
Corporate Services	**0.1**	0.1	0.1
Total Credited to the CRF	**10.5**	9.5	9.5

Table 8: Net Cost of Program for 1998-99

($ millions)	Health Canada Total
Gross Planned Spending	1,866.3
Plus:	
Services Received without Charge	
Accommodation provided by Public Works and Government Services Canada (PWGSC)	20.7
Contributions covering employees' share of insurance premiums and costs paid by TBS	19.5
Workman's compensation payments provided by Human Resources Canada	1.0
Salary and associated costs of legal services provided by Justice Canada	0.6
Total Cost of Program	1,908.1
Less:	
Revenue Credited to the Vote	(65.5)
Revenue Credited to the CRF	(10.5)
1998-99 Estimated Net Program Cost	**1,832.1**

B. Other Information

Statutes and Regulations Currently in Force

1. Canada Health Act, R.S.C. 1985, c. C-6
2. Canada Medical Act, R.S.C. 1952, c. 27
3. Canadian Centre on Substance Abuse Act, R.S.C. 1985, c. C-13.4
4. Canadian Environmental Protection Act, R.S.C. 1985, c. 16 (4th Supp.)
5. Controlled Drugs and Substances Act, S.C. 1996, c. 19
6. Department of Health Act, S.C. 1996, c. 8
7. Federal-Provincial Fiscal Arrangements Act, R.S.C. 1985, c. F-8
8. Financial Administration Act, R.S.C. 1985, c. F-11
   — Minister of National Health and Welfare Authority to Prescribe Fees Order, SI/88-98
   — Dosimetry Services Fees Regulations, SOR/90-109, SOR/94-279
   — Authority to Sell Drugs Fees Regulations, SOR/95-31
   — Drug Evaluation Fees Regulations, SOR/95-424
   — Medical Devices Fees Regulations, SOR/95-585
   — Veterinary Drug Evaluation Fees Regulations, SOR/96-143
   — Regulations Prescribing Fees to be Paid for a Pest Control Product, SOR/97-173
9. Fitness and Amateur Sport Act, R.S.C. 1985, c. F-25
10. Food and Drugs Act, R.S.C. 1985, c. F-27
11. Hazardous Materials Information Review Act, S.C. 1985, c. H-2.7
12. Hazardous Products Act, R.S.C. 1985, c. H-3 as amended
13. Medical Research Council Act, R.S.C. 1985, c. M-4
14. Patent Act, R.S.C. 1985, c. P-4
15. Pest Control Products Act, R.S.C. 1985, c. P-9
16. Pesticide Residue Compensation Act, R.S.C. 1985, c. P-10

17. Quarantine Act, R.S.C. 1985, c. Q-1
18. Queen Elizabeth II Canadian Research Fund Act, R.S.C. 1970, c. Q-1
19. Radiation Emitting Devices Act, R.S.C. 1985, c. R-1
20. Tobacco Act, S.C. 1997, c. 13

Proposed Regulations

Project	Status
Financial Administration Act (cost recovery) – Medical Devices Fee Regulations*	*carry over from 1997 anticipate final publication in Canada Gazette, Part II, during 1998-99*
Financial Administration Act (cost recovery) – fees for import/export permits, controlled drugs and substances	*carry over from 1997 anticipate final publication in Canada Gazette, Part II, during 1998-99*
Food and Drugs Act – Environmental assessment regulations	*carry over from 1997 anticipate final publication in Canada Gazette, Part II, during 1998-99*
Food and Drug Regulations – Non-medicinal ingredients – by ensuring non prescription drugs contain listing of non-medicinal ingredients, allergic reactions will be reduced	*carry over from 1997 anticipate final publication in Canada Gazette, Part II, during 1998-99*
Food and Drug Regulations, Food Allergens – Proposed changes to Labelling Regulations to Minimize Adverse Reactions	*carry over from 1997 anticipate final publication in Canada Gazette, Part II, during 1998-99*
Food and Drug Regulations – Special Access Program – to streamline the regulatory mechanisms to allow practitioners to access drugs not approved for sale in Canada	*carry over from 1997 anticipate final publication in Canada Gazette, Part II, during 1998-99*

* Indicates major or significant initiative.

Project	Status
Food and Drug Regulations – Revocation of Division 10	*carry over from 1997* *anticipate final publication in Canada Gazette, Part II, during 1998-99*
Food and Drug Regulations – Amendments to Establishment Licensing Framework*	*carry over from 1997* *anticipate final publication in Canada Gazette, Part II, during 1998-99*
Hazardous Products (Cribs and Cradles) Regulations	*carry over from 1997* *anticipate final publication in Canada Gazette, Part II, during 1998-99*
Medical Devices Regulations*	*carry over from 1997* *anticipate final publication in Canada Gazette, Part II, during 1998-99*
Novel Foods	*carry over from 1997* *anticipate final publication in Canada Gazette, Part II, during 1998-99*
Radiation Emitting Devices Regulations – Diagnostic X-ray Equipment	*carry over from 1997* *anticipate final publication in Canada Gazette, Part II, during 1998-99*
Pest Control Products Regulations Amendment (Exemption of Sanitizers)	*to be initiated in 1998* *anticipate final publication in Canada Gazette, Part II, during 1998-99*
Tobacco (Promotion) Regulations – New*	*to be initiated in 1998* *anticipate final publication in Canada Gazette, Part I, during 1998-99*

* Indicates major or significant initiative.

Project	Status
Food and Drug Regulations, Division 16 Amendments, Food Additives (approximately 25)	*to be initiated in 1998 publication in Canada Gazette, Part I or Part II, during 1998-99*
Food and Drug Regulations, Division 15 Amendments, Agricultural Chemicals, (approximately 12)	*to be initiated in 1998 publication in Canada Gazette, Part I or Part II, during 1998-99*
Food and Drug Regulations – Additions to Schedule F (estimate 30 substances added as prescription drugs)	*to be initiated in 1998 publication in Canada Gazette, Part I or Part II, during 1998-99*
Food and Drug Regulations – Deletions from Schedule F (estimate 5 substances switched from prescription to over-the-counter)	*to be initiated in 1998 publication in Canada Gazette, Part I or Part II, during 1998-99*
Tobacco Act – Tobacco (Labeling and Reporting) Regulations – New*	*to be initiated in 1998, anticipate final publication in Canada Gazette, Part I, during 1998-99*
Food and Drug Regulations – Bottled Water	*carry over from 1997 anticipate publication in Canada Gazette, Part I, during 1998-99*
Food and Drug Regulations – DINs for Radio-pharmaceuticals – to extend Drug Information Number requirements to Radio pharmaceutical drugs	*carry over from 1997 anticipate publication in Canada Gazette, Part I, during 1998-99*

* Indicates major or significant initiative.

Project	Status
Food and Drug Regulations, Good Manufacturing Practices for Foods*	*to be initiated in 1998* *anticipate publication in Canada Gazette, Part I, during 1998-99*
Consumer Chemicals and Containers Regulations – Revision*	*carry over from 1997* *anticipate publication in Canada Gazette, Part I, during 1998-99*
Controlled Drugs and Substances Regulations*	*carry over from 1997* *anticipate legal review in 1998-99*
Financial Administration Act (cost recovery) – amendments to fee regulations*	*to be initiated in 1998* *anticipate legal review in 1998-99*
Financial Administration Act (cost recovery) – Veterinary Drug Program	*to be initiated in 1998* *anticipate legal review in 1998-99*
Food and Drug Regulations – Prohibited Substances	*to be initiated in 1998* *anticipate legal review in 1998-99*
Food and Drug Regulations – Revision to Division 16, Food Additives Tables*	*to be initiated in 1998* *anticipate legal review in 1998-99*
Food and Drug Regulations – Expanded Claims for Vitamin and Mineral Supplements to be initiated in 1998	*anticipate legal review in 1998-99*

* Indicates major or significant initiative.

Project	Status
Food and Drug Regulations – Camphor Toxicity in Children	*to be initiated in 1998* *anticipate legal review in 1998-99*
Food and Drug Regulations – Changes to Marketed New Drug Regulations*	*carry over from 1997* *anticipate legal review in 1998-99*
Food and Drug Regulations – Safety of Tissues and Organs used in Transplantation*	*carry over from 1997* *anticipate legal review in 1998-99*
Food and Drug Regulations – Safety of Blood and Blood Components (response to Krever)*	*carry over from 1997* *anticipate legal review in 1998-99*
Food and Drug Regulations – Complementary Medicines and Nutraceuticals*	*carry over from 1997* *anticipate legal review in 1998-99*
Food and Drug Regulations – Nutrient Content Claims*	*to be initiated in 1998* *anticipate legal review in 1998-99*
Pest Control Products Regulations – New and Amended*	*to be initiated in 1998* *anticipate legal review in 1998-99*
Food and Drug Regulations – Prohibition of Dimetridazole and Related Nitroimidazoles from Use in Food-Producing Animals	*carry over from 1997* *policy development may lead to regulations in 1999-2000*
Restrictions on the Importation of Unapproved Veterinary Drugs for Use in Food Producing Animals	*carry over from 1997* *policy development may lead to regulations in 1999-2000*

* Indicates major or significant initiative.

Project	Status
Restrictions on the Sale of Veterinary Drugs for Administration Via Livestock Feeds	*to be initiated in 1998* *policy development may lead to regulations in 1999-2000*
Food and Drug Regulations – Advertising of Prescription Drugs for Use in Animals	*to be initiated in 1998* *policy development may lead to regulations in 1999-2000*
Veterinary Drug Program – Prescriptions for Veterinary Local Anaesthetics Administered by Parenteral Injection	*to be initiated in 1998* *policy development may lead to regulations in 1999-2000*
Food and Drug Regulations – Investigational New Drug Regulatory Framework	*carry over from 1997* *policy development may lead to regulations in 1999-2000*
Food and Drug Regulations – Safety Standards in Blood Establishments*	*carry over from 1998* *policy development may lead to regulations in 1999-2000*
Food and Drug Regulations – Xenotransplantation*	*to be initiated in 1998* *policy development may lead to regulations in 1999-2000*
Food and Drug Regulations – Nutrition Labelling*	*to be initiated in 1998* *policy development may lead to regulations in 2000-2001*
New health protection legislation – enactment in the year 2000*	*to be initiated in 1998* *anticipate stakeholder consultation in 1998-99*

* Indicates major or significant initiative.

References

Health Canada documents can be ordered from:

Publications
Health Canada
Ottawa, Ontario
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Telephone: (613) 954-5995
Fax: (613) 941-5366
Toll free from across Canada at 1-800-267-1245

The following are examples of documents available.

Reports

Aboriginal Health in Canada

Alcohol in Canada

Canada's Alcohol and Other Drugs Survey: Preview 1995

Horizons One – Older Canadian's Alcohol and Other Drug Use

Horizons Two – Canadian Women's Alcohol and Other Drug Use

Horizons Three – Young Canadian's Alcohol and Other Drug Use

How Effective are Alcohol and Other Drug Treatment Programs

Survey on Smoking Cycle

Various reports on Mental Health

Publications of books, booklets, kits and posters on the following subjects:

AIDS

Alcohol and Drug Abuse

Children

Family Violence

Fitness

Health and the Environment

Heart Health

Maternity and Newborn Care

Mental Health

Native Issues

Nutrition and Food Safety

Product Safety

Seniors

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