



**ESTIMATES**

# Health Canada

2000-2001  
Estimates

Part III – Report on Plans and Priorities

**Canada**

## The Estimates Documents

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

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

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

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

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

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

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# **HEALTH CANADA**

**2000-2001  
Estimates**

**A Report on Plans and Priorities**

A handwritten signature in black ink that reads "Allan Rock". The signature is fluid and cursive, with the first name "Allan" and the last name "Rock" clearly distinguishable.

Allan Rock  
Minister of Health





## THIS REPORT

This report presents Health Canada's plans for the period from 2000-2001 through 2002-2003. 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, 2001.

Health Canada's programs are managed by six business lines as follows:

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

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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World Wide Web: < <http://www.hc-sc.gc.ca/> >



## READER FEEDBACK

### HEALTH CANADA'S 2000-2001 REPORT ON PLANS AND PRIORITIES

We would like to hear from Canadians who read this report. Your comments will help ensure that we provide relevant information that is easily understood. Please send your completed questionnaire or comments to the mail, e-mail address or fax number shown below.

1) Did you find the information you were looking for?  YES  NO

If no, what information were you looking for?

2) a) What parts of the document did you find most useful?

b) the least useful?

3) Would you recommend this report to others?  YES  NO

If no, why not?

4) Are there any other comments you would like to make regarding this report?

#### Send your completed questionnaire or comments:

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**Thank you for your cooperation**





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## SECTION I: MESSAGES



### Minister's Message

Quality of life starts with quality of health at every stage of life. For that reason, I am pleased to present Health Canada's Report on Plans and Priorities for 2000-2001 to Parliament and to Canadians. It is a comprehensive agenda of actions that will help to improve the health of Canadians and a demonstration of the Government of Canada's leadership and commitment to health.

Our government is proud that Canada is entering a new millennium with a population that is among the healthiest in the world and getting healthier all the time. This achievement is the result of a health care system that we all cherish, effective programs that protect the health of citizens and initiatives that promote good health for everyone in our population. But

we are determined to achieve even more, as we help to create a more modern health system for Canada.

The 1999 Speech from the Throne and the 1999 and 2000 federal budgets included large and important health commitments that are prominent in this report. We listened to the concerns of Canadians and the commitments of First Ministers and we are strengthening health care through increases in transfers to the provinces and territories. We are expanding our own investments in the health services that Health Canada provides or supports for First Nations and Inuit people.

We are also building a healthier future for Canadians. Early childhood development is a priority as we move towards a National Children's Agenda. We are supporting health care innovation in partnership with the provinces and territories as well as the people in our health system. Our government's work to foster a strong



research climate and to harness the power of information and communications technologies will expand knowledge and bring it to consumers and people throughout the health system.

This report also shows our government's commitment to initiatives that enable Canadians to live healthier lives. Health is a clear investment priority, whether that means a stronger health protection capacity or the health promotion work that reaches Canadians on issues such as tobacco use.

In those and in all areas, our government will work through partnerships and collaboration. We know that many partners in Canadian life share our commitment to the health of Canadians. With them, and with all Canadians, we will take action to improve the health of our citizens and Canada's quality of life.



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



## Management Representation

### Report on Plans and Priorities 2000-2001

I submit, for tabling in Parliament, the 2000-2001 Report on Plans and Priorities (RPP) for Health Canada.

To the best of my knowledge the information:

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

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

The Planning 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, 2000





Health  
Canada

Santé  
Canada

## OUR MISSION

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





## SECTION II: DEPARTMENTAL OVERVIEW

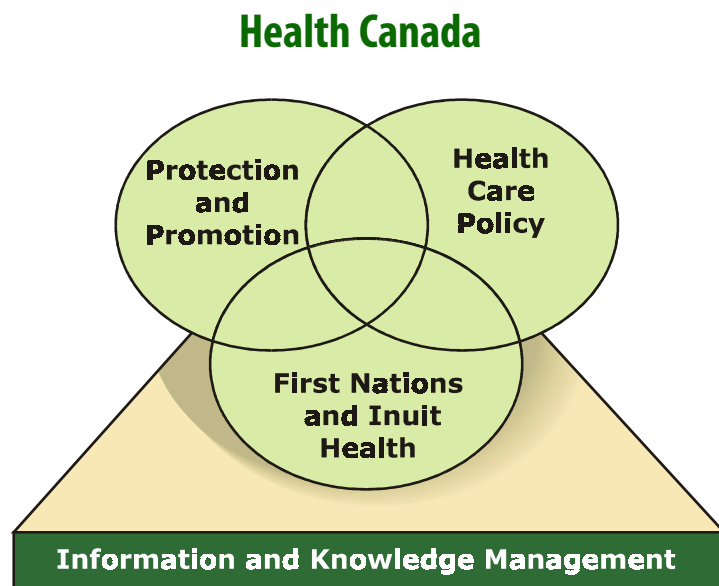
### A. Mandate, Roles and Responsibilities

Health Canada's formal mandate is set out in the *Department of Health Act*, which is summarized in the mission statement on the facing page. The Departmental mandate also derives from responsibilities under legislation such as the *Food and Drugs Act*, the *Hazardous Products Act*, and the *Controlled Drugs and Substances Act*.

More fundamentally, the mandate that the Government of Canada has given to Health Canada reflects the very high priority that Canadians and their government place on health. Good health is central to how Canadians see their quality of life. It goes beyond the absence of illness or disease to encompass an overall sense of physical, mental and spiritual wellness.

That comprehensive sense of health and wellness helps to define Health Canada's responsibilities that centre largely on three inter-related components:

- **protection and promotion** including preventing and reducing the incidence of illness and injury by direct regulatory or other action to manage risks over which individuals have little or no control by themselves, and providing individuals, groups, communities and the general population with information and tools (or access to them) so



that they can make informed decisions about their health;

- **First Nations and Inuit health** that ensures the provision of First Nations and Inuit health services to the First Nations people on reserves and the Inuit;
- **health care policy** that provides pan-Canadian leadership in support of the provinces as they seek ways to renew their individual health care systems, policies and processes, ensuring the best use of health resources consistent with achieving the best possible health results for Canadians.

All three of these components increasingly benefit from Health Canada attention to the creation of an *integrated health infrastructure* that supports the generation, organization and dissemination of information and knowledge for making better health policy, program and medical decisions.

Health Canada's roles in all three components are anchored in a pair of key realities. First, a wide range of social, behavioural, physical and economic determinants interact to affect the health of Canadians. Therefore the Department uses a wide and strategic range of policies and actions to "maintain and improve the health of Canadians."

Second, progress on Canada's health priorities requires collaboration and coordination among many partners. For example, the Department works with the provinces and territories to ensure the long-term sustainability of Canada's health system, while safeguarding the principles of the *Canada Health Act*. In First Nations and Inuit health, the Department of Indian Affairs and Northern Development, the First Nations communities themselves, and the provinces and territories are Health Canada's partners. The Department also works with the voluntary and community sector; health professionals; the private sector; and individual Canadians across the spectrum of departmental policies and activities.

#### **The Five Principles of the *Canada Health Act*:**

- Universality
- Accessibility
- Comprehensiveness
- Portability
- Public Administration



## **B. Departmental Priorities**

The Canadian health system is entering a new era as it faces fresh challenges and continuing pressures. In the face of such challenges, one vision sustains all who contribute to the health system in any way. That is the prospect of improving the health of the population, and providing modern health services efficiently and equitably. The Government fully supports the realization of that vision, as indicated by the substantial commitments contained in the 1999 Speech from the Throne and the 1999 and 2000 Budgets.



It is increasingly clear that the single most useful tool in the health system is knowledge. With new discoveries, new treatments for disease and disability are emerging with astonishing regularity. With new information technologies for linking components of the health system, distances of space and time are reduced, and vital information is more readily accessible. The analysis of outcomes and performance information shows what works and what doesn't, to the benefit of policy makers and managers of health institutions. The dissemination of information and knowledge enables all in the health system to intervene effectively for the health of patients. No less importantly these trends can improve the decision making power of each citizen regarding steps they can take to enhance their own health and that of their families and communities.

Health Canada will continue to play an enthusiastic role in the development of the Canadian Institutes of Health Research as they take shape this year. The Health Transition Fund will continue to generate knowledge for health system renewal to the benefit of all jurisdictions and health professions. The Canada Health Infostructure Partnership Program will be launched and the Canadian Health Network will mature, harnessing the power of the Internet to provide Canadians with a vast array of practical, high quality information about health.

## Protection and Promotion

The goal of protection and promotion is to improve the health status of the population by addressing the determinants of health, those factors at the level of the environment, society, communities, families and individuals which affect health. While Canadians enjoy good health status overall, *inequities continue to exist* in the health status of different groups within the population. The *Second Report on the Health of Canadians* documented that those with low incomes and education levels suffer more illnesses and die earlier than those with higher incomes and education levels; there are clear signs that some children and youth are vulnerable to developmental problems, and Aboriginal Canadians are especially at risk for poor health. So, while it is important to maintain our efforts to promote health for Canadians in general, our priority is to develop and pursue strategies to shape behaviour and target risk factors for specific populations.

The *Second Report on the Health of Canadians* will provide an important context for setting priorities to improve the health of target populations. The *strategies for health promotion and disease prevention* that support these priorities centre on areas and initiatives including:

- Canada Prenatal Nutrition Program (including activities on Fetal Alcohol Syndrome);
- Canadian Diabetes Control Strategy (and an accompanying Aboriginal Diabetes Initiative);
- Cancer Control;
- Hepatitis C;
- Tobacco;
- HIV/AIDS;
- the Heart Health Initiative.



The evidence is overwhelming that the earliest years of life have profound influence in shaping an individual's health over the course of a lifetime. Consequently, Health Canada has identified *early child development* as the vital investment in population health. Together, Health Canada and Human Resources Development Canada will collaborate with provinces and territories to identify joint priorities for support of strong early child development, including measures to enhance readiness to learn, and provide the environment for healthy development. (Aboriginal Head Start's expansion to include on-reserve children and families recognizes the importance of early child development in this particularly vulnerable segment of the community.)

The Department's core responsibility for *health protection* also supports the health of the population by identifying and measuring risks to health and taking action to protect Canadians from those risks. Budget 2000 recognized the importance of a strong health protection program, with a sound scientific capacity and technical expertise, one that listens and provides information to Canadians on issues affecting their health and safety. The added investments in this area will enable Health Canada to implement the strategies identified in Health Protection Transition. These will strengthen the Department's capacity in an environment of rapid change and scientific progress. These strategies include:

- focussing and investing in the in-house science capability, as well as taking advantage of collaboration with the proposed Canadian Institutes of Health Research;
- developing plans with the provinces and territories to implement a Canadian Network for Health Surveillance;
- strengthening programs for food safety, environmental health and the regulation of health products;
- developing modern health protection legislation and making the decision making process more open;
- strengthening health protection activities such as disease control and testing of food, drugs and natural health products;
- working in partnership with others, both nationally and internationally, in the regulation of biotechnology.

In general, our goal as a Department is to support a shift away from reliance on acute care services and towards a higher state of health, while making sure that the health care services people rightly expect when they are ill are in place and secure. To that end, the programs and services we provide are designed to promote the well-being of Canadians by fostering health and preventing and controlling disease.

## **First Nations and Inuit Health**

Health Canada ensures the delivery of health services to the First Nations and Inuit of Canada, well aware of the health disparities that exist between First Nations and Inuit people and the general Canadian population; for example, the incidence of diabetes and suicide are significantly higher among First Nations. The



health services also generate substantial program cost pressures which are amplified by the population growth in Aboriginal communities.

Budget 2000 allocates more funding for First Nations and Inuit health programs to help respond to the growing cost pressures and to specific needs, including sustainable community health programs. That funding builds on the investments announced in Budget 1999. As the Department strives to meet the needs of First Nations and Inuit with these additional funds in a cost-effective manner, it will pursue health care service delivery reforms, including *innovations in home and community care*. These can improve the efficiency of services for the elderly, chronically ill, people requiring short-term acute care services and those with disabilities. Designed well, they can facilitate the efforts of elders to pass on culture and traditions. At every step, Health Canada will continue to work in partnership with First Nations and Inuit communities to improve shared accountability for integrated health services.

As noted earlier, information is a crucial tool in sustaining health services and improving the health outcomes of aboriginal communities. Over 600 First Nations communities will benefit from the establishment of the *First Nations Health Information System* and its accompanying training and capacity building. This initiative will result in better disease surveillance, patient management and health service planning.

## Health Care Policy

As administrator of the *Canada Health Act*, the Department has a particular responsibility for the *integrity of Medicare*. Beyond that, it has a particular leadership role in anticipating trends in health services delivery and supporting the jurisdictions responsible for health care, the provinces and territories. Health Canada has worked hard to foster collaboration with the provinces and territories and will continue to do so in what promises to be an intense period of innovation and preparation for intensifying pressure on the health system.

Technology and the demographic shift to a proportionately older population over the next decade and beyond are particular factors that put a premium on finding the *optimal use of health care dollars*. Given that all jurisdictions face this challenge, including Health Canada on behalf of First Nations and Inuit, the Department has a key role in fostering dialogue with stakeholders, using knowledge and information to guide decision making, and in shaping options for future financing of the health system through federal transfers.

Ministries of Health across the country have fashioned a strong consensus on many of the components of health system renewal. The shared commitment of First Ministers in January 1999 set the stage for the Government to make its \$11.5 billion investment into health care in Budget 1999. The Budget 2000 announcement of an additional \$2.5 billion in transfers to the provinces is another step in improving Canadians' access to quality health care.

That money is making it possible for governments and the health sector across Canada to initiate and test many innovations. There is a greater emphasis on improving access to the best quality care in the most cost effective setting. Both the federal and provincial governments recognize the need to ensure the long



term adaptability of our health system. To ensure that the provision of health services continues to meet Canadians needs in the future, the federal and provincial health Ministers plan to meet in the Spring.

## C. Factors Influencing the Department

While some of the factors influencing the three key departmental priorities listed above are noted in each description, a number of key factors affect Health Canada's entire planning environment. These are above and beyond the many factors that influence the health of Canadians.

### **Speech from the Throne**

The Speech from the Throne emphasized a Government of Canada commitment to health that was already manifestly clear in recent budget decisions. The Speech from the Throne contained commitments to:

- test innovations in integrated health service delivery, including on home care and pharmacare;
- a modern health information system, accessible to people across Canada;
- a stronger food safety program;
- action on environmental health issues;
- modernized health protection;
- the health of Aboriginal communities.

### **Budget 2000**

Those commitments were elaborated further through Budget 2000 announcements including:

- \$210 million over four years in health protection to ensure that this essential responsibility can be carried out in ways that meet the needs and expectations of Canadians;
- \$110 million over three years to sustain existing services within the First Nations and Inuit health system;
- \$31 million over three years for capital replacement purposes;
- \$2 million to reimburse the department for its expenditures related to Canada's activities in Kosovo;
- \$46 million over three years to regulate biotechnology as part of a larger commitment to invest in innovation and technology.



## Building Collaboration with the Provinces and Territories

The Social Union Framework Agreement indicates the shared commitment of the Government of Canada and the governments of provinces and territories to health issues. It reinforces the longstanding importance of strong, productive relations with the provinces and territories to much of the Health Canada agenda. A solid relationship creates a climate in which options for innovation in the health system can be tested and best practices disseminated. It is the vehicle through which health information can flow and through which policy choices can be pursued. Health Canada's commitment to a continually stronger relationship with its partners in other governments will guide investments of resources and ensure that our health system evolves, based on the changing needs of all Canadians, as well as the opportunities that emerge.

## Health Sector Evolution and the Views of Canadians

Many Canadians equate the federal government's role in health with Medicare. When illness and injury occur, Canadians expect rapid, high-quality care without regard for cost. However, the basis of health policy in Canada and the focus of Health Canada priorities have broadened dramatically over the last 30 years from that of a health care focus. This is demonstrated in areas such as health promotion, where government activity only began in earnest in the 1970s.

Health Canada planning exists in an environment where spending on health has grown significantly, increasing from \$37 billion in 1975 to \$74 billion in 1997\*, in real terms, but the public sector share of this spending has decreased from 77.1 percent in 1976 to about 69.4 percent in 1997, then remaining roughly stable at an estimated 69.5 percent for 1999. The commitment of all governments in Canada to reinvest in renewed, modernized health systems that strike the best balance between health promotion and protection with health care is helping to frame the context for many initiatives and policies for the Department.

## Demographic Change

Planning is increasingly having to address the impacts of two conflicting demographic changes in Canada. The first is that over the next 25 years the percentage of the Canadian population over age 65 will increase from 12 percent to 20 percent with impacts on health care services that remain to be fully assessed. It will be critical that policy interventions represent a balance of effort to maintain healthy, disability-free life for as long as possible on the one hand, while, on the other hand, providing appropriate support, care and treatment for those who do need it. To help guide policy planning, the Department has appointed a senior adviser who is examining how this issue will unfold over the next 10-20 years and what steps should be taken in the near and medium term to ensure the health system responds effectively and efficiently.

\*Numbers based on 1992 dollars. In current dollars, the expenditures were \$12.3 billion in 1975 and \$78.0 billion in 1997.  
Source: Canadian Institute for Health Information.



The other demographic change is among First Nations and Inuit populations. The First Nations and Inuit populations are fairly young and their growth rate is 2.5 percent per year, which is double that of the Canadian population. Suicides and deaths from accidents and violence are major concerns affecting aboriginal youth. This means that although health concerns related to seniors are important, it is the health and social issues of the younger population that dominate First Nations and Inuit health priorities and, therefore, Health Canada planning in relation to these populations.

## **Technological Change**

Technological change in health affects departmental planning in a variety of ways that go well beyond the application of some technologies to specific health care situations, as important as those are to Canadians. Our health system renewal initiatives have to take into account the many impacts of new health technologies, including their implications for budgets and service delivery choices. New information technologies have enormous potential for collecting, analyzing, and disseminating crucial health information - and to provide it in a more timely and user-friendly manner. They can also provide the means to uncover new health threats so that appropriate risk management measures can be initiated.

## **Globalization**

Because of Health Canada's responsibilities for health protection, growing international commerce and migration have potential health impacts that affect departmental planning. For example, rapid international transport of goods and people, combined with less strict control of imports, increases opportunities for infectious diseases to spread. This underlines the importance of effective health surveillance as part of the larger health protection commitment. However, globalization is also facilitating the ready sharing of information and insights into new approaches in addressing health challenges.



## **Physical Environment**

Health Canada has important environmental health commitments. These reflect the need for leadership as Canada comes to understand more of the complex interplay of environmental factors on health. They mirror government-wide commitments to progress in addressing environmental issues with current or potential health impacts.

One example of such a current issue is the depletion of the Earth's ozone layer and the dangers that presents for Canadians exposed to sunlight and ultraviolet radiation, particularly in outdoor activities such as swimming, sunbathing and skiing. Climate change represents an issue where the potential impacts on the health of Canadians could be significant. Other water and air pollution issues also present health promotion and disease prevention challenges. For example, surveillance will be needed to track microbial pathogens that may be resistant to current disinfection processes.

## D. Organizational Structure

Achievement of the departmental objectives, as set out in the Mission rests with the work of six Branches, the Pest Management Regulatory Agency, the Occupational Health and Safety Agency, four regions and the Science Advisory Board.

The **Health Protection Branch** protects Canadians against health risks in two broad areas, products and diseases. The branch plays a national role in ensuring the safety of food, cosmetics, chemicals, radiation-emitting devices and other consumer and industrial products, as well as the safety and effectiveness of drugs and medical devices. It also carries out activities in national disease surveillance, prevention and control, in nutrition and in supporting and promoting safe working and living environments.

The **Medical Services Branch** has two major programs. The First Nations and Inuit Health program primarily focuses on community health services to First Nations living on-reserve and to the Inuit. It also supports treatment and public health services to First Nations communities located in remote areas and public health services in non-isolated First Nations communities. The Non-Insured Health Benefits program provides a range of health-related goods and services to registered First Nations, recognized Inuit or Labrador Innu.

The mission of the **Health Promotion and Programs Branch** is to enable Canadians to take action on their health and the factors that influence it. It does this by mobilizing Canadians to act on conditions and risk factors affecting health and underlying health inequities, particularly those that affect specific groups in Canadian society. This includes work with others on early child development, HIV/AIDS, tobacco, alcohol and other drugs, nutrition, physical activity, family violence and healthy aging.

The **Policy and Consultation Branch** provides advice and support to the Minister, the departmental executive and to program Branches in the areas of policy development, intergovernmental and international affairs, strategic planning and review, communications and consultation, and the administration of the *Canada Health Act*.

The **Information, Analysis and Connectivity Branch** works to acquire and promote the evidence base needed to improve decision-making at all levels in the health system; to make effective use of information technology in a knowledge management context; and to further develop a dynamic learning culture based on sound analysis within the Department.

The **Corporate Services Branch** provides administrative services in financial matters (including planning), human resources, facilities, materiel, health safety and security and executive correspondence management.

The **Occupational Health and Safety Agency** delivers direct services to federal departments and, under cost recovery, to other customers. It works with client organizations to raise awareness of workplace health and safety issues and on improved strategic management of occupational health and safety responsibilities.



All pesticides must be registered by the **Pest Management Regulatory Agency** before they can be sold or used in Canada. The Agency undertakes objective, scientific assessment of the risks that pest control products may pose to human health and the environment, while considering the need for the pest control product and integrating the principles of sustainability into its decision making.

Health Canada branches are responsible for operations at Headquarters in Ottawa and throughout Canada. However, Health Canada **Regional Directors General** serve as the Deputy Minister's representatives and senior departmental spokespersons in the regions. They maintain broad networks of contacts across the regional health community. Because of their responsibility for interdepartmental and cross-Branch issues and coordination, they are also the Department's liaison with other federal departments and provinces in the region. As well, their offices provide essential Corporate Services to regional programs.

The **Science Advisory Board** provides independent advice to the Minister of Health on how best to position the scientific, technical and policy aspects of Health Protection Branch (HPB) programs. The Board has no decision-making authority over programs or regulatory functions, nor is it responsible for the implementation of its advice. The Board performs special assignments requested by the Minister and advises him or her on a range of areas that ensure HPB science is strong and retains public confidence.

## E. Departmental Planned Spending

(millions of dollars)

	Forecast Spending 1999-2000*	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Budgetary Main Estimates	1,937.9	<b>2,129.4</b>	2,088.2	2,013.0
Non-Budgetary Main Estimates	–	–	–	–
Less: Respendable Revenues	55.2	<b>49.5</b>	49.5	49.5
<b>Total Main Estimates</b>	<b>1,882.7</b>	<b>2,079.9</b>	<b>2,038.7</b>	<b>1,963.5</b>
Adjustments to Planned Spending	1,007.8	<b>305.6</b>	324.3	268.5
Total Net Planned Spending	2,890.5	<b>2,385.5</b>	2,363.0	2,232.0
Less: Non-Respendable Revenues	7.7	<b>7.8</b>	7.8	7.9
Plus: Cost of services received without charge	40.0	<b>40.0</b>	40.0	39.3
<b>Net Program Cost</b>	<b>2,922.8</b>	<b>2,417.7</b>	<b>2,395.2</b>	<b>2,263.4</b>
<b>Full-Time Equivalents</b>	<b>6,206</b>	<b>6,732</b>	<b>6,779</b>	<b>6,689</b>

\* Reflects forecast of total planned spending to the end of the fiscal year and includes Supplementary Estimates (A) and (B) and a one-time court-ordered payment to provide compensation to individuals infected with Hepatitis C through the blood supply between January 1, 1986 and July 1, 1990.





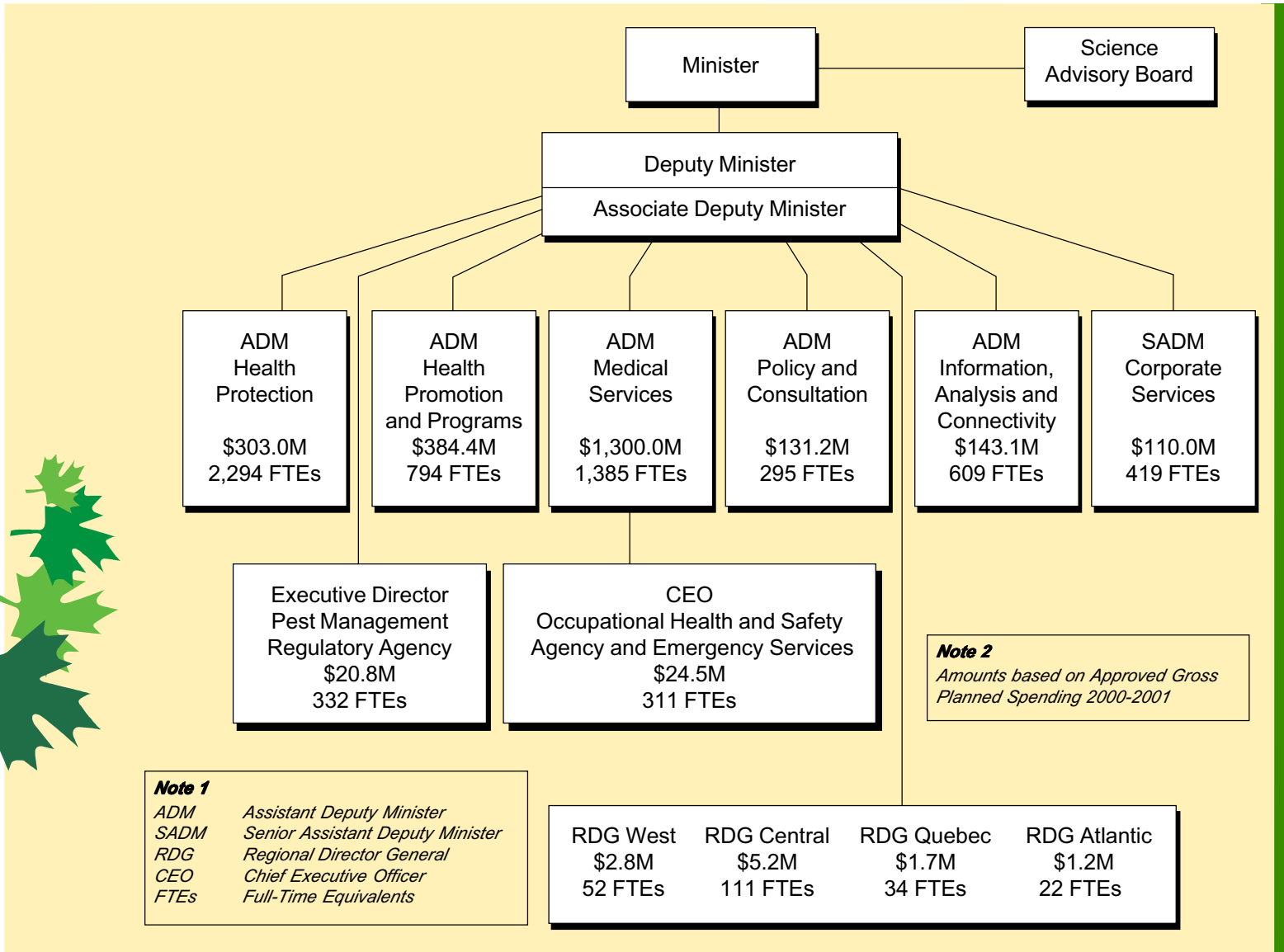
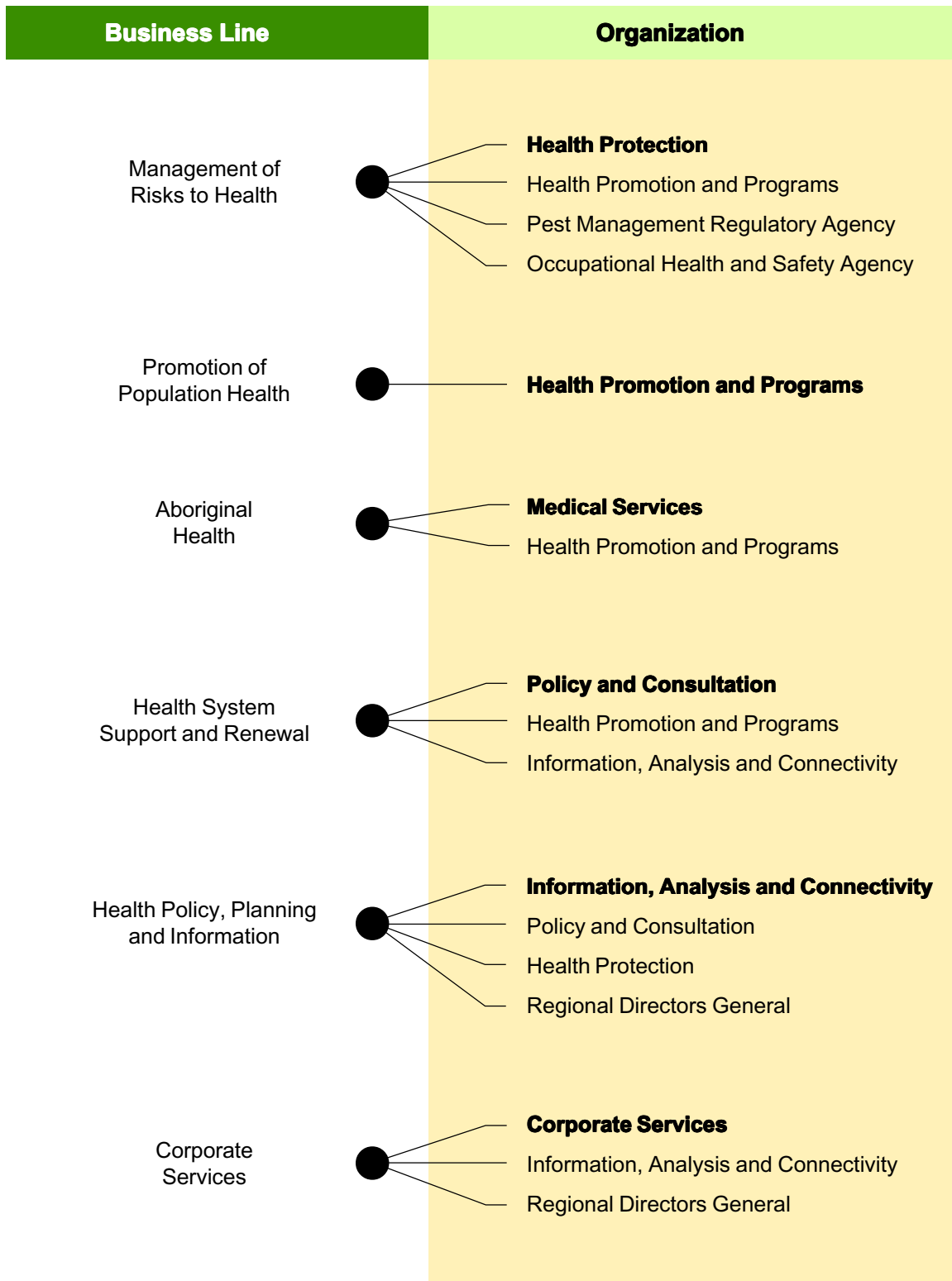


Figure 1: Organizational Structure

## Figure 2: Business Line Relationship to Organizational Structure



**Bold type** - Primary Responsibility





## SECTION III: PLANS, RESULTS AND RESOURCES BY BUSINESS LINE

### A. Key Results Commitments by Business Line

This updated chart of key results commitments reflects continuing efforts to improve the articulation of Health Canada's results commitments and measurement techniques.

To provide Canadians with:	To be demonstrated by:
<p><b>Management of Risks to Health</b></p> <p>Health protection and assistance in improving their health by defining, advising on and managing risks and benefits to health.</p>	<ul style="list-style-type: none"> <li>1.1 Safe and nutritious food.</li> <li>1.2 Safe and effective drugs, medical devices and other therapeutic products, including blood and blood products.</li> <li>1.3 Safe consumer and commercial products.</li> <li>1.4 Safe living and working environments.</li> <li>1.5 Effective disease prevention and control.</li> <li>1.6 Effective occupational health and safety services available and accessible to federal departments.</li> <li>1.7 Effective response to natural and man-made disasters.</li> <li>1.8 Safe and effective pest control products.</li> </ul>



**To provide Canadians with:****To be demonstrated by:****Promotion of Population Health**

An approach to improving health that acts on the determinants of health to promote healthy behaviours and attitudes and prevent disease and injury.

- 2.1 Public awareness and understanding of the factors that determine individual and collective health and the actions to take to maintain and/or improve health.
- 2.2 A reduction in health inequalities for specific population groups and improvements in health status for the population.
- 2.3 The impacts on health of existing or new policies, practices, programs and services are assessed and taken into account by the private, public and voluntary sectors.
- 2.4 A reduction in tobacco-caused illness and death.

**Aboriginal Health**

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

- 3.1 Improvements in First Nations and Inuit people's health and a reduction in health inequalities between them and other Canadians.
- 3.2 A First Nations and Inuit population that is informed and aware of the factors that affect health and what actions can be taken to improve health.
- 3.3 Effective health care services available and accessible to First Nations and Inuit people.
- 3.4 Increased First Nations and Inuit management of and accountability for health care services and the non-insured health benefits program.

**Health System Support and Renewal**

Leadership that contributes to the long term sustainability of a health system that has significant national character and meets the needs of Canadians.

- 4.1 Publicly funded hospital and physician services consistent with the principles of the *Canada Health Act* (CHA).
- 4.2 An integrated health system embodying efficient health services.



<b>To provide Canadians with:</b>	<b>To be demonstrated by:</b>
<p><b>Health System Support and Renewal (continued)</b></p>	<p>4.3 Innovative national and international initiatives that strengthen the health system.</p> <p>4.4 A better understanding of the fundamental issues relating to health care, and better tools and mechanisms for improving access to a range of high quality, equitable services.</p> <p>4.5 Strengthened partnerships among federal, provincial and territorial governments, key stakeholders, Canadians and international partners.</p>
<p><b>Health Policy, Planning and Information</b></p> <p>Effective national health policies and plans, and current, reliable health information to support strategic and evidenced-based decision-making in Health Canada, throughout the health system and by Canadians.</p>	<p>5.1 National policies and plans that effectively address emerging health challenges and/or changes to existing health priorities.</p> <p>5.2 A health system that is more effective, efficient and accountable and which includes a well functioning national health information and health research infrastructure.</p> <p>5.3 Canadians accessing and using reliable information to maintain and improve their health.</p> <p>5.4 International health policies, programs and strategies which contribute to the Department's ability to fulfil its national and international objectives.</p>
<p><b>Corporate Services</b></p> <p>Effective support for the delivery of Health Canada's programs and sound management practices across the Department.</p>	<p>6.1 Continuous improvement in the provision of corporate administrative services.</p> <p>6.2 Continuous improvement in the promotion of sound management practices.</p>



## B. Details of Planned Spending, Results and Related Activities by Business Line

### Business Line 1: Management of Risks to Health (MRH)

#### A: Planned Spending and Full-Time Equivalents (FTEs)

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Gross expenditures	\$329.6	<b>\$336.4</b>	\$367.1	\$349.5
Expected revenue**	(\$57.9)	<b>(\$39.7)</b>	(\$39.7)	(\$39.7)
Net expenditures	\$271.7	<b>\$296.7*</b>	\$327.4	\$309.8
FTEs	2,794	<b>2,836</b>	2,875	2,857

\* This represents 12.4 percent of the Department's total net planned spending.

\*\* The decrease in expected revenue between 1999-2000 and 2000-2001 and future years is due to the exclusion, in 2000-2001 and future years, of Vote netting authorities for Medical Devices, Pest Management Regulation and the Occupational Health and Safety Agency.



#### B: Objective

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

#### C: Description

This business line is responsible for anticipating, preventing and responding to health risks posed by food, water, drugs, medical devices, blood, blood products and other therapeutic products, occupational and environmental hazards, diseases, consumer products, pest control products, peacetime disasters and certain determinants of health such as personal behaviour, family, social and economic circumstances.

## D: Issue

The current science capacity needs strengthening, not only because a significant proportion of the scientific personnel will be retiring over the next few years, but because a number of areas of science related to human health are expanding rapidly. Thus, there is a need to ensure that the Department has the expertise to assess the health and safety of new products, as well as to provide expert advice in relation to policy and trade issues where these types of products are involved.

## E: Key Results Commitments (KRC)

**KRC 1.1 Safe and nutritious food.**

**KRC 1.2 Safe and effective drugs, medical devices and other therapeutic products, including blood and blood products.**

**KRC 1.3 Safe consumer and commercial products.**

**KRC 1.4 Safe living and working environments.**

**KRC 1.5 Effective disease prevention and control.**

**KRC 1.6 Effective occupational health and safety services available and accessible to federal departments.**

**KRC 1.7 Effective response to natural and man-made disasters.**

**KRC 1.8 Safe and effective pest control products.**

The service line sections to follow on pages 35-63 give further details on the work to be done to achieve the Key Results Commitments.

## Budget 2000

The Government is committed to protecting the health of Canadians and finding new and better ways of responding to the emerging challenges to public health. Budget 2000 provided incremental funding of \$256M over four years to strengthen federal health protection activities including:

- a stronger scientific capacity to deal with responsibilities for the safety of drugs, medical devices, foods, biotechnology and natural health products;
- the development of modernized health protection legislation;
- stronger federal approaches to environmental health issues;
- enhanced capacity for disease surveillance based on collecting and analysing data and working with partners to control disease;
- planned extension of the re-evaluation program to non-food use of pesticides.



## F: Planned Results and Related Activities



### Planned Result

- ▶ Improved risk management infrastructure.

### Related Activities

- The Department intends to modernize and streamline the legislative foundation for its risk management programs. Renewed legislation will strengthen the health protection system and provide clear and consistent policy direction for both industry and government regulators. It will help to better protect the health of Canadians in a global environment by providing the powers to deal effectively with new products, new technologies and new risks. It will provide more legal tools to enforce compliance with the law and address emergency situations.

Extensive consultations have been conducted with stakeholders and Health Canada staff to identify the issues that the new legislation should address. A legislative proposal is being prepared, which, once approved by the Minister, will be the subject of another consultation before a bill is drafted and presented to Parliament.

Methods for measuring the outcomes of a renewed legislative framework are under consideration.

- The Department intends to strengthen its policy capacity in selected priority areas. For example, it will develop the policy capacity of the Food Safety Program. It will establish teams for input and perspective from all relevant areas of the business line. In some cases (e.g. prion case study) many meetings and extensive consultation will be involved. Where rapid action is needed, the exchange and consultation will take place mostly through e-mail. The development of a policy/decision-making framework will be set in the context of the Health Protection Branch's renewed Decision Making Framework begun in 1997, and completed in the fall of 1999. The goal will be to produce guidelines on the policy development process which will include generic terms of reference for science and policy teams, delineation of roles and responsibilities including accountability, and involvement/input on the guidelines from other sectors of Health Canada. The expected outcomes include the capacity to manage certain risk issues that have emerged suddenly and critically i.e. screening migrants for infectious diseases, Belgian dioxin incident and hemp oil risk assessment incident.
- The Department intends to present a bill to Parliament to replace the existing *Pest Control Products Act (PCPA)* with a new Act, in order to modernize the statutory foundation for the pest management regulatory system and strengthen the foundations for public involvement in major regulatory decisions. The new legislation would contribute to enhancing health and environmental protection, food safety, toxic substances management and sustainable development. It would also contribute to a thriving agri-food sector





by enhancing confidence in the safety of agri-food products both at home and abroad.

The main thrusts of the legislative proposals are to: provide clearer processes which allow more flexible choices in risk mitigating actions, not just for keeping them within acceptable levels; facilitate replacement of higher risk products by lower risk products; support long-term risk management by incorporating the principles of sustainable development, including the precautionary principle; oblige registrants to report adverse effects; allow regulatory action to be taken if information is not provided in response to a data call-in; provide enhanced enforcement capability through more clearly defined offences, increased powers of inspectors and higher maximum penalties; provide processes for sharing confidential scientific studies with other federal, provincial/territorial and international regulators for more effective, coordinated health and environmental protection; and strengthen public involvement.

Strengthening public involvement would include: public inspection of confidential scientific studies submitted in support of pesticide registrations; public consultation on major registration decisions; and the right of individuals (not just that of manufacturers, as under the current PCPA) to request that the Minister review major registration decisions.



## Planned Result

- ▶ Response to current risks to health and the environment.

## Related Activities

- The Department intends to maintain and promote science programs that use biotechnology for public health advantage and utilize biotechnology tools for better surveillance, diagnosis, treatment and prevention.

**Research Framework** - Activities to achieve the above objective have been initiated. The research activities can be identified under the following subgroups.

- Surveillance: to improve surveillance by studying the prevalence of genetic disease markers in populations.
- Diagnosis: to achieve early and rapid diagnosis of diseases, using molecular diagnostic methods.
- Treatment: to improve treatment strategies, using therapeutic agents, new technologies such as gene therapies, and xenotransplantation.
- Prevention: to prevent diseases, using new and safer vaccines, and using novel foods with nutritional and medicinal compounds.

**Regulatory Framework** - The overall objective is to optimize the Federal Regulatory Framework for Biotechnology, by way of ensuring that biotechnology products do not endanger health and the environment. The risk assessment and risk management processes of Health Canada are being modernized. This involves: strengthening the science underlying our decision-making; improving and modernizing health surveillance nation-wide; improving the management of



risks to health; updating and integrating federal health protection legislation; and improving the delivery of health protection programs.

**Coordination** - To coordinate with other biotechnology-related departments to optimize research and development activities and to achieve a harmonization of national and international regulatory standards that are applicable to all the biotechnology products manufactured in and imported into Canada.

- The Environmental Health Program (EHP) is active in both biotechnology research and development and the regulation of biotechnology products. Continued scientific research by the EHP will facilitate the notification, risk assessment and risk management activities related to biotechnology products. The EHP will continue to use its expertise to evaluate new information regarding biotechnology substances that have already been assessed and provide advice on compliance and enforcement measures. Priority areas of research for the biotechnology program will include:
  - laboratory and field research on microbial biotechnology products in support of the regulation of biotechnology products under the *Canadian Environmental Protection Act (CEPA)*, and other legislation;
  - laboratory research on the development of biotechnology-based toxicology tests for use under *CEPA*;
  - toxicology research which uses biotechnology to facilitate better risk assessment.

The scientific advice that is provided to the Minister to reduce the health risks from biotechnology products is also provided to domestic and international partners on biotechnology-related matters.

- To ensure that all Canadians have access to natural health products that are safe, effective, and of high quality while respecting freedom of choice and philosophical and cultural diversity, Health Canada will establish an Office of Natural Health Products (ONHP). The mandate of the ONHP will be:
  - to be recognized as a national authority for the regulatory management of natural health products used in Canada;
  - to be respected worldwide as a leader in natural health products regulation;
  - to be a leading national and international partner in the risk management of natural health products;
  - to create and maintain an innovative regulatory environment based on a wellness model that will become a global standard in natural health product regulation.



### Planned Result

- ▶ Anticipate and develop the capacity to respond to emerging risks to health.

## Related Activities

- The pilot projects of the National Health Surveillance Infostructure will complete phase 1 deliverables by April 2000. Funding has been secured for a further phase, in which the pilots will be rolled-out, new capabilities will be added, and several new pilots initiated.

A proposal to develop a network for health surveillance in Canada was accepted by the Conference of Deputy Ministers in June 1999. The Health Surveillance Working Group, with representation from federal, provincial and territorial governments, the Canadian Institute for Health Information, Statistics Canada, the Public Health Working Group and non-governmental members, has been established and will report to the Advisory Committee on Health Infostructure. The working group will oversee collaborative efforts to build health surveillance capacity by a variety of means, including developing standards, developing protocols for the ownership, transfer and use of information, providing for easier and more timely access to existing databases and surveillance products, developing standard approaches to privacy and security, and skills development.



### Planned Result

- ▶ Improved accountability to Canadians through meaningful communication and public involvement, and by developing health-based outcomes and performance measures to support reporting to Parliament and the Canadian public on the outcomes of health protection programs.

## Related Activities

The Department plans to consult with citizens to ensure that their views, attitudes and concerns are included in decision-making on health protection policies. These citizen engagement initiatives will lead to research-based, quality information products for consumers which reflect the priorities of the business line and the Department and the information needs and interests of consumers.

- To increase the understanding of the Therapeutic Products Program (TPP), its objectives and activities, the TPP is:
  - strengthening its consultation and proactive communication processes using:
    - policies, guidelines, directives;
    - communications to professionals;
    - newsletters, fact sheets;
    - a new and improved TPP Web site.
  - conducting an information dissemination initiative aimed at increasing transparency, including the overhaul of regulatory requirements for the product monograph;
  - increasing public involvement through the development of a Public Advisory Committee and a Stakeholders Oversight Committee;



- continuing the delivery of many established communication and consultation activities, through such instruments as:
  - expert advisory committees and the Advisory Committee on Management;
  - advisory panels (three) and consultation workshops;
  - association liaison meetings;
  - program management committee structure including a new Subcommittee on Morale and Recognition;
  - Question Period notes, briefings, correspondence, and Access to Information responses.
- To meet the needs of Canadians for an open, transparent and participatory pest management regulatory system, existing consultative mechanisms will continue through the multi-stakeholder Pest Management Advisory Council, the Federal-Provincial-Territorial Committee on Pest Management and Pesticides, the Economic Management Advisory Committee, and through continued consultation on Proposed Regulatory Decision Documents.

## **Accountability for Key Results**

### **Primary Responsibility:**

Assistant Deputy Minister - Health Protection Branch

### **Co-Responsibility:**

Assistant Deputy Minister - Health Promotion and Programs Branch

Executive Director - Pest Management Regulatory Agency

Chief Executive Officer - Occupational Health and Safety Agency



## Service Line A: Food Safety, Quality and Nutrition

### A: Planned Spending

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Gross expenditures	\$54.6	<b>\$61.7</b>	\$75.4	\$75.3
Expected revenue	(\$1.3)	<b>(\$1.3)</b>	(\$1.3)	(\$1.3)
Net expenditures	\$53.3	<b>\$60.4*</b>	\$74.1	\$74.0

\* This represents 20.3 percent of the Management of Risks to Health total net planned spending.

### B: 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.

### C: Description

The Food Program is responsible for the development of appropriate policies, procedures, regulations and guidelines directed towards the achievement of a high standard of safety and nutritional quality of foods and the safety, efficacy and quality of veterinary drugs. These responsibilities are carried out through coordinated programs of scientific research and surveillance, evaluation, and regulatory activities under the authority of the *Food and Drugs Act* and *Regulations* and the *Department of Health Act*. In addition, under the *Canadian Food Inspection Agency Act*, the Program is responsible for assessing the effectiveness of the activities of the Canadian Food Inspection Agency related to food safety.

Consumers need nutritionally safe and adequate food, and they need accurate safety and nutrition information to make informed choices. Nutrients are increasingly being shown to have direct impacts on the development of chronic diseases such as cardiovascular disease, certain cancers, and diabetes. Lack of nutritious food is linked to developmental and learning difficulties in children.

Food-borne illnesses also require careful attention. Bacterial contamination results in about 10,000 reported cases of food-related illness in Canada every year; it is estimated that perhaps ten times as many cases go unreported. A conservative estimate of the cost of these illnesses to the health care system is at least one billion dollars each year. Food-borne illness has become a major problem owing to



the emergence of new food-borne pathogens, the increasing resistance and virulence of existing organisms, and the susceptibility of certain groups of people to food-borne infections. These groups include pregnant women, children, seniors, people taking antibiotics and antacids, and people with lowered immunity due to HIV/AIDS, medications for cancer treatment, or organ transplants.

There are serious potential health hazards from chemicals in the food supply as well. Some chemicals can have immediate adverse consequences, as with certain food allergens like peanuts, milk, and shellfish. Others, whether naturally occurring in food (e.g. mycotoxins), man-made (e.g. PCBs), or both (e.g. lead, mercury), are linked to long-term, chronic diseases, such as cancer, neurological effects and genetic defects.

In the 1999 Budget, the government announced an investment of \$65 million over the next three years to modernize and strengthen the federal food safety program. The new funds will be used to enhance surveillance systems, improve scientific capacity and increase regulatory activities.

In order to meet these objectives, and to carry out its mandate, the Food Program will use an integrated infrastructure of policy development, standard-setting, research, surveillance, pre-market review, and risk/benefit assessment. Areas of work include food additives, chemical and microbiological contaminants, nutrients, novel foods, and food components and processes, e.g. food irradiation and veterinary drugs.

To assist in meeting these objectives, as well to meet government and departmental commitments and the evolving needs and demands of stakeholders regarding Food Safety, the following strategies are considered essential to the successful implementation of the Food Program's plans and priorities:

- a strengthened organization and a rationalized program;
- strengthened policy capacity;
- enhanced performance and service;
- enhanced partnerships and networks.



## **D: Key Results Commitment 1.1 - Safe and nutritious food**

### **Planned Results and Related Activities**

#### **Planned Results**

- ▶ A reduction of food-borne diseases.
- ▶ A reduction in the incidence of diet-related chronic diseases.
- ▶ Improved nutritional status of Canadians, both generally and in targeted areas.

## Related Activities

- development of policy for nutrition labelling and nutrient content claims in Canada;
  - development of an appropriate regulatory framework to allow new health claims for foods;
  - development of nutrition recommendations for Canadians.
- development of a policy on raw foods of plant and animal origin;
  - articulation and dissemination of advice on safe food handling practices for highest-risk food-borne pathogens.
- development of a policy on irradiated foods;
- development of policies and standards related to population health initiatives (e.g. for First Nations and Inuit children living in poverty) in collaboration with key stakeholders;
- strengthened network of capacity for surveillance and risk assessment of food-borne zoonoses and enteric disease;
- develop policy, risk assessment, surveillance, and research on emerging food-borne microbial and chemical hazards and bio-engineered food.



### Planned Result

- ▶ New methodologies for conducting food safety assessments of the Canadian Food Inspection Agency (CFIA).

### Related Activities

- Develop and implement effective assessment criteria related to inspections of food safety and nutrition.
- Conduct three food safety inspection assessments of CFIA.



### Planned Result

- ▶ Definition of the Government of Canada position as it relates to Food Safety at the International level.

### Related Activities

- Continue to coordinate Canada's participation in the international joint Food and Agriculture Organization/World Health Organization Food Standards Program of the Codex Alimentarius Commission.
- Continue to participate in the food safety activities of the Organization for Economic Cooperation and Development.





## Planned Result

- ▶ Strengthening the Food Program.

## Related Activities

- strategic capacity-building through recruitment and renewal of management, scientific and technical staff;
- development of an integrated policy capacity;
- implementation of quality management principles and controls;
- enhancement of strategic and operational planning;
- strengthening of core decision-making processes;
- establishing peer review processes to strengthen science base;
- establishing the capacity to set and measure program outcomes.

For further details, see the Food and Nutrition Web site at  
< <http://www.hc-sc.gc.ca/english/food.htm> >.





## Service Line B: Therapeutic Product Regulation

### A: Planned Spending

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Gross expenditures	\$74.3	<b>\$99.7</b>	\$105.2	\$103.7
Expected revenue**	(\$39.4)	<b>(\$34.7)</b>	(\$34.7)	(\$34.7)
Net expenditures	\$34.9	<b>\$65.0*</b>	\$70.5	\$69.0

\* This represents 21.9 percent of the Management of Risks to Health total net planned spending.

\*\* The decrease in expected revenue between 1999-2000 and 2000-2001 and future years is due to the exclusion, in 2000-2001 and future years, of the approval of Medical Devices Vote netting authority.

### B: Objective

To ensure that the drugs, medical devices, and other therapeutic products available to Canadians are safe, effective and of high quality. Health Canada also provides legislative policy and support to law enforcement activities in the control of illicit drugs.

### C: Description

Health Canada's Therapeutic Products Program (TPP) licenses and monitors the use of 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, investigating and taking corrective action for reported problems. It advises the government on therapeutic product issues and sets the regulatory framework in this area. Its activities support police in controlling the use of illicit drugs and related substances and in ensuring that controlled drugs and substances are not abused or diverted from legitimate uses. Finally, it works toward harmonizing Canadian standards for therapeutic products with those set by comparable national agencies in other countries.

Therapeutic product regulation in Canada is affected by new government and departmental commitments as well as by evolving needs and demands of stakeholders. New commitments such as demands for increased public involvement and increased transparency require enhanced development and dissemination of information. The following strategies have been considered essential to the successful implementation of the TPP's plans and priorities:

- a rationalized program and a strengthened organization;



- increased consultations and communications;
- enhanced performance and service;
- cooperative partnerships.

## **D: Key Results Commitment 1.2 - Safe and effective drugs, medical devices and other therapeutic products, including blood and blood products**

### **Planned Results and Related Activities**

#### **Planned Result**

- ▶ Strengthened effectiveness and relevance of the regulatory program.

#### **Related Activities**

The risks and benefits of therapeutic products will be subject to continuous assessment throughout their life cycles. This renewed framework will respond to the recommendations of various stakeholder groups including the Auditor General, the Standing Committee on Public Accounts, the Health Canada Science Advisory Board and the Patient Advocates Working Group. The priority areas to be addressed include:

- special access to unmarketed drugs;
- clinical trial regulation;
- pre-market review of therapeutic products;
- post approval assessment of therapeutic products;
- investigation and compliance activity.

#### **Planned Result**

- ▶ Regulatory review of Food and Drug Regulations.

#### **Related Activities**

In support of legislative and regulatory renewal, the TPP intends to:

- participate in the development of a new legislative framework for therapeutic products;
- continue designing and implementing new regulatory frameworks for therapeutic products covering the life cycle of products (product licensing), and establishments where products are fabricated, packaged, labelled, tested, distributed, or processed (establishment licensing) based on risk management principles. Some elements of the new framework are already in place, e.g.

product licensing and establishment licensing for medical devices,  
establishment licensing for drugs;

- propose and implement a new regulatory framework for clinical trials consisting of three major elements:
  - a 30-day default review period for all clinical trial submissions;
  - a registration system for phase 1 clinical trials in healthy adult volunteers with a 48-hour target review time;
  - an audit/inspection system to monitor clinical trials performed in Canada to verify that these trials are performed according to generally accepted Good Clinical Practices, as described in the new regulations. The audit/inspection system will be designed to ensure the protection of the rights, safety and well-being of clinical trial participants or other persons.
- propose and implement outstanding regulatory amendments dealing with specific risks;
- review current Food and Drug Regulations pertaining to therapeutic products, modernize and integrate where appropriate into the new regulatory frameworks;
- develop new regulatory frameworks for the safety of tissues and organs used in transplantation and whole blood, and update current regulations for blood and blood products including plasmapheresis;
- develop new regulations for illicit drug precursor chemicals under the *Controlled Drugs and Substances Act*; update, modernize and consolidate existing Narcotic Control, Controlled Drug and Restricted Drug Regulations;
- develop the appropriate interface between product regulation and acceptable medical and research practices respecting reproductive and genetic technologies;
- respecting sustainable development, transfer the environmental assessments of new therapeutic products as required by the *Canadian Environment Protection Act (CEPA)* into the Food and Drug Regulations. There are two initiatives: one for products derived from biotechnology and one for chemicals and polymers.



## Planned Result

- ▶ Appropriate management of the risks to health posed by therapeutic products, while providing Canadians with access to the benefits of these products.

## Related Activities

Rationalize the TPP operations, particularly by:

- renewal of product licensing activities;
- reforming clinical trial regulation processes to improve access of Canadians to new drugs;

- fully implementing the new Medical Devices Regulations, including the use of a conformity assessment system by third-party auditors;
- reviewing the licensing processes for prescription/professional use therapeutic products, including the direct-to-consumer advertising policy for prescription drugs;
- re-engineering the new drug submission review process through the Quality Initiative and the HIV/AIDS Working Group with its broadened scope;
- reviewing the licensing processes for consumer therapeutic products, including prescription to over-the-counter switches and the disinfectants and sanitizers regulatory framework;
- reviewing the licensing processes for biological products, including vaccines, bio-therapeutic products, blood, tissues (semen banks), organs (coordination of tissues and organs for transplantation) and xenotransplants.



### Planned Result

- ▶ A new controlled substances strategy.

### Related Activities

- Facilitate a medical marijuana research program.
- Refine the industrial hemp program.
- Rationalize the national drug analysis service.
- Establish licensing activities, including:
  - inspection of premises;
  - investigation of complaints and health hazards;
  - enforcement of regulatory and legislative compliance.
- Improved delivery of non-discretionary activities that the UN Conventions define such as: issuance of import/export permits; maintaining a license scheme of activities performed; periodic and ad-hoc reporting to the International Narcotics Control Board (INCB); surveillance and monitoring of movement of drugs.



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### Planned Result

- ▶ A strengthened regulatory organization.

### Related Activities

- The TPP intends to place emphasis on:
  - staff recruitment and development, including senior management and scientific specialists;

- development of an enhanced policy/regulatory capacity;
  - refinement of the continuing education activity to support the science base in existing and emerging areas (products and technologies);
  - enhancement of processes to improve strategic and operational planning, including improved consultation;
  - further implementation of quality management principles and practices throughout the Program;
  - development and further implementation of knowledge management strategies and processes to help move into a totally electronic environment in the most user-friendly way. This will require the development of an infrastructure of hardware and software appropriate to the Program's needs.
  - upgrading the integrity and usefulness of the research and laboratory services to the Program.
- Cooperative partnership initiatives under development and implementation include:
    - Mutual Recognition Agreements / Memoranda of Mutual Recognition with the European Union, Switzerland, Australia, New Zealand and Japan;
    - Memoranda of Understanding on regulatory practices with the USA, Russia and China;
    - agreements and projects with Deans of Pharmacy, technology assessment offices such as the Canadian Council of Health Technology Assessment and the provincial drug benefit plans.

For further details, see the Therapeutic Products Program (TPP) Web site at < <http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/> >.



## Service Line C: Environmental Health

### A: Planned Spending

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Gross expenditures	\$57.6	<b>\$71.1</b>	\$68.1	\$53.3
Expected revenue	(\$3.3)	<b>(\$3.3)</b>	(\$3.3)	(\$3.3)
Net expenditures	\$54.3	<b>\$67.8*</b>	\$64.8	\$50.0

\* This represents 22.9 percent of the Management of Risks to Health total net planned spending.

### B: Objective

To 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 while contributing to sustainable development.

### C: Description

The mandate for the Environmental Health Program (EHP) is provided under 12 major pieces of legislation. In addition to an established mandate and legal responsibilities, the Environmental Health Program faces many emerging challenges such as risks to health from climate change, endocrine disruption, wireless communications, electromagnetic frequencies, biotechnology, chlorination disinfection by-products, environmental sensitivities, hazardous waste, new chemicals and the use and disposal of consumer products. Along with these risks and hazards comes an increase in regulatory responsibility and accountability to the Canadian public.

In order to carry out its mandate, the Environmental Health Program uses an infrastructure of science, analysis and tools, including: research and evaluation, data collection and analysis, information, education, regulatory and policy development, and monitoring compliance and enforcement/corrective actions. It also consults with partners and engages the public in all of its program areas as part of ongoing processes.



## D: Issues

The Environmental Health Program intends to develop a cohesive environmental health strategy which may include collaboration with other federal, provincial, territorial and regional levels of government. The goals of such a strategy will be to provide for a strengthened capacity for research, surveillance, monitoring and actions across government in order to anticipate, reduce and prevent environmental health risks from the natural and built environments. The existing program can not only be enhanced and delivered in a more comprehensive manner but existing and new program delivery mechanisms can be made more effective.

## E: Key Results Commitments 1.3 - Safe consumer and commercial products. 1.4 - Safe living and working environments

### Planned Results and Related Activities



#### Planned Result

- ▶ Modernized legislative foundation for the Department's risk management programs in order to strengthen the health protection system and provide clear and consistent policy direction for both industry and government regulators.

#### Related Activities

- Anticipated proclamation of the *Canadian Environmental Protection Act* and implementation of the associated regulations in 2000-2001. This proposed new Act will improve the management of environmental hazards and risks to the health of Canadians by providing a more efficient, current and comprehensive structure with which to address these risks.
- Propose Cosmetics Regulations that will 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.
- Revoke the Hazardous Products Regulations (Matches). This will ensure consistency with the regulations' coverage under the *Explosives Act* and provide more comprehensive protection against fire and injury to Canadians.
- Promulgate new Regulations for Consumer Chemicals and Containers to provide an increased level of protection for the health and safety of Canadians when they are exposed to consumer chemical products.





### **Planned Result**

- ▶ Through research on the human health impacts of bacterial and chemical impurities in water, the development of guidelines for contaminants in drinking water.

### **Related Activities**

- Conduct research on contaminants in recreational water which affect fish and fish-eating species.
- Conduct research on contaminants in chlorinated drinking water which do not kill some parasites, e.g. cryptosporidia.
- Investigate chlorinated disinfection by-products and the need to revise the current drinking water guidelines.



### **Planned Result**

- ▶ Monitor the impact on population health of technologies and products intended to reduce greenhouse gas emissions.

### **Related Activities**

- Monitor the health impacts of climate variability and change to determine the best strategies to deal with the adverse health effect of these changes. The Climate Change and Health Initiative Program supports the government agenda to develop a national strategy to reduce the emissions of greenhouse gases. Some greenhouse gas reduction strategies found in newer technologies or products may have acute or latent adverse health impacts.



### **Planned Result**

- ▶ Expansion of the Consumer Products Program to cover the increased numbers and increased complexity of products in the marketplace.

### **Related Activities**

- Complete more inspections, address consumer complaints and increase public and industry awareness of the safe use of products and safe products.
- Develop additional laboratory methods for testing products, expand product testing, and continue to provide training on test methods and standards.
- Develop strategies dealing with new issues, concerns and related incidents, conduct risk assessments and develop management strategies in response to notification of product-related death or injury.





### **Planned Result**

- ▶ Reduced exposure of consumers and workers to hazardous radiation emitting devices.

### **Related Activities**

- Inspect facilities and equipment, follow up consumer complaints and subsequently provide increased public and industry awareness.
- Conduct forensic investigations of radiation emitting devices and risk assessments of these products.
- Develop standards and test procedures for the new devices, updated technology and products, and develop policies and regulations related to managing the risks associated with these radiation emitting devices.



### **Planned Result**

- ▶ New knowledge on emerging issues associated with toxic substances and their direct and indirect effects on human health and the environment.

### **Related Activities**

- Encourage collaborative research among scientists in federal, provincial, territorial, university, Aboriginal and non-governmental areas in the following five priority toxic substances research initiative fields:
  - persistent organic pollutants;
  - metals in the environment;
  - endocrine disrupting chemicals;
  - urban air quality;
  - cumulative effects issues and issues involving multiple research areas.



### **Planned Result**

- ▶ Performance indicators for the Environmental Health Program activities to measure the extent to which the program is meeting its defined objectives and achieving the expected results.

### **Related Activities**

- Develop systems to allow documentation and tracking of these indicators. These indicators should correlate with the impacts of the program on the health of Canadians in both the short-term and the long-term and allow the program to report on the performance of its activities to the public.

For further details, see the Environmental Health Program Web site at < <http://www.hc-sc.gc.ca/ehp/ehd/> >.

## Service Line D: Disease Prevention and Control

### A: Planned Spending

(millions of dollars)

	Forecast Spending 1999-2000	<b>Planned Spending 2000-2001</b>	Planned Spending 2001-2002	Planned Spending 2002-2003
Net expenditures	\$45.7	<b>\$51.3 *</b>	\$66.0	\$65.6

\* This represents 17.3 percent of the Management of Risks to Health total net planned spending.

### B: 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.

### C: Description

The Disease Prevention and Control (DPC) strategy is a joint responsibility of Health Promotion and Programs Branch and Health Protection Branch and one agency, the Occupational Health and Safety Agency. DPC conducts the principal surveillance and research activities within an evolving national health surveillance network. These activities are developed and carried out within a strategic partnership framework that includes the provinces and territories, non-governmental organizations, voluntary health agencies and international agencies.

The Department draws on expertise from a range of advisory committees such as the Technical Advisory Committee, the 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.

The objectives of this service line are to:

- assess the risks of a wide range of threats to health;
- identify options for and catalyze action on interventions at the public health and primary health care levels through ongoing partnerships with federal/provincial/territorial, non-governmental and professional partners;
- reassess and re-evaluate the risks to health on an ongoing basis.



Key activities of this service line include:

- tracking, forecasting, analyzing, and evaluating the impact of health events and health interventions;
- the provision of policy leadership through the identification of planning options for discussion amongst stakeholders (provincial, territorial and non-governmental);
- the extension of capacity enhancing leadership and interventions within the health care community at the professional, community and governmental levels.

## **D: Issues**

A recent review of the DPC service line has shown that these activities need to be focussed on needs and demands as they emerge. Furthermore, the DPC service line needs to enhance its flexibility so that it can respond in a timely and efficient manner as the need arises.

Major factors which are currently affecting the DPC service line include ensuring that it is responsive to the effects of the aging population on health management; globalization of diseases and conditions; emerging, re-emerging and resistant diseases, new therapies and technologies, the role of prevention in public health, distributed responsibility for managing health, and increasing consumer involvement in health decision-making at all levels. The service line will re-evaluate its current commitment to specific disease-related issues with a view to strengthening its capabilities within these priority areas.

Over the next five years, DPC will accomplish this via:

- increased integration of surveillance into the public health system;
- increased surveillance of chronic diseases;
- more comprehensive surveillance coverage;
- greater focus on future surveillance needs;
- enhanced partnerships with public health stakeholders;
- focus on national strategies;
- support to the Canadian Institutes of Health Research;
- internal management processes.



## E: Key Results Commitment 1.5 - Effective disease prevention and control

### Planned Results and Related Activities



#### Planned Result

- ▶ Prevention, identification and reduction of non-communicable disease, illness and injury in Canada.

#### Related Activities

Medical advances and social changes have reduced the relative economic burden of infectious diseases to the extent that chronic diseases now represent the biggest health threat to society. Today 50 percent of Canada's public health costs stem from five chronic elements: cardiovascular diseases (e.g. heart and stroke); musculoskeletal diseases (e.g. arthritis); injuries; cancer (e.g. lung cancer); and respiratory diseases (e.g. asthma). Furthermore, the aging of Canada's population is the most pervasive and potentially the costliest influence on the health environment. This inevitable trend will have a dramatic impact on the nature and distribution of all diseases, but will have the greatest effect on chronic diseases.

In response, the DPC service line will continue to:

- expand surveillance systems to allow for the dissemination of knowledge regarding the extent and implications of these diseases, resulting illness and injury (e.g. child maltreatment, diabetes, etc.);
- contribute to the national policy agenda through the development of national strategies on a variety of diseases and disease areas such as injury prevention, asthma, cancer control, etc.

In addition, the DPC service line will initiate surveillance systems in the areas of:

- Canadian tobacco monitoring and use;
- national women's health surveillance;
- behavioural risk surveillance - youth and adult;
- mental illness/health surveillance.



#### Planned Result

- ▶ Prevention and control of the spread of communicable diseases and illnesses in Canada.

#### Related Activities

Although medical advances and social changes have reduced the relative economic burden of infectious diseases, new and emerging infectious disease threats demand strategies for disease control, flexibility in application of competencies

and indeed, in cases such as pandemic influenza, expansion of programs. Furthermore, the globalization of economies, travel and food sources and increasing urban population growth will create a dynamic and unprecedented environment for the spread of infectious diseases. As a result of these influential factors, the Laboratory Centre for Disease Control must maintain and develop its competency in infectious disease surveillance.

National strategies and programs are currently being developed for food safety, blood safety, pandemic influenza and antimicrobial resistance. In particular, the enhanced infectious disease program activities will:

- develop and enhance, with the provinces and the private sector, Canada's contingency plan for pandemic influenza;
- establish a national strategy with respect to antimicrobial resistance which will improve the collection and analysis of information pertaining to the incidence, causes and burden of the disease; enhance investigation of specific issues and strengthen the capacity to respond to them, including outbreaks; strengthen laboratory capacity for strain identification; and facilitate the acquisition and transfer of new technology within the public health network;
- develop and implement a new food safety program which will adopt a *farm gate to dinner plate* perspective that centres on core surveillance, targeted research and outbreak response. This will be supported by the provision of essential laboratory services and by the production of outputs that facilitate fact-based decision-making, assist education and contribute to the development of a control and prevention policy.

These enhancements are in addition to the current programs in the areas of sexually transmitted diseases, respiratory diseases including tuberculosis and influenza, nosocomial infections and vaccine preventable diseases.



## Planned Result

- ▶ Public health capacity in Canada that meets urgent and emergent health concerns.

## Related Activities

- Conduct and assess global surveillance in areas of international public health importance, e.g. outbreaks of infectious disease, food and water safety, environmental and drug products, and provide state-of-the-art public health information to the provinces and territories.
- Provide expert advice to federal government departments including the Department of Foreign Affairs and International Trade, the Canadian Food Inspection Agency, Agriculture Canada, the Department of National Defence, the Canada Customs and Revenue Agency and Citizenship and Immigration Canada with respect to international health threats from a variety of sources including food outbreaks, communicable viruses, etc.

- Review, revise, enforce and write any legislation pertaining to the containment of the outbreak of diseases e.g. the *Quarantine Act*.
- Maintain and enhance the specialized laboratory system to respond to the needs of the provinces and territories when faced with national epidemics of disease.



### **Planned Result**

- ▶ Improved public health advocacy role in support of disease prevention and control.

### **Related Activities**

- Conduct decision-oriented analysis (related to the promotion, development and control of disease-oriented research and interventions) based on enhanced analytical capabilities, forecasting and options identification.

For further details, see the Laboratory Centre for Disease Control Web site at < [http://www.hc-sc.gc.ca/hpb/lcdc/about\\_e.html](http://www.hc-sc.gc.ca/hpb/lcdc/about_e.html) >.

## Service Line E: Occupational Health and Safety Agency

### A: Planned Spending

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Gross expenditures	\$30.5	<b>\$22.3</b>	\$23.0	\$22.2
Expected revenue**	(\$5.3)	<b>(\$0.1)</b>	(\$0.1)	(\$0.1)
Net expenditures	\$25.2	<b>\$22.2 *</b>	\$22.9	\$22.1

\* This represents 7.5 percent of the Management of Risks to Health total net planned spending.

\*\* The decrease in expected revenue between 1999-2000 and 2000-2001 and future years is due to the exclusion, in 2000-2001 and future years, of the approval of Vote netting authority. A six month extension to existing Treasury Board authorities was approved from April 1 to September 30, 2000 and discussions are under way with Treasury Board to authorize a permanent Vote netting authority.

### B: Objective

To provide a broad range of direct occupational and public health and safety services and advice to all levels of the public sector, as well as federally regulated and non-government organizations. To continue to work with other parts of Health Canada to protect the health of the Canadian population from incoming quarantinable diseases. To protect the health of visiting VIPs in Canada.

### C: Description

The Agency has achieved the objectives and goals expected from previous business and strategic plans. Most significant among these, the achievement of signed agreements with federal customers, demonstrates a significant move toward improved accountability throughout the public service, in respect of occupational health and safety.

The clarification of accountabilities through service agreements has resulted in new opportunities for growth as well as ensuring that customers are becoming partners. This change in culture is a long-term initiative within which there is ample room for additional improvement. The strategic business objectives of the Agency highlight the further work that is required to continue to build upon the advantages offered by these partnerships.



## D: Issues

The Agency provides occupational health and safety (OHS) and specific public health services to the federal government, the public sector, federally regulated industries and non-profit, public non-government organizations. The primary customer is the federal government for which the Agency provides approximately \$18 million of occupational health and safety services, under simulated cost recovery. These services include advice and consultation, health assessment, workplace investigation, health education and training; and screening and immunization. In addition, the Agency recovers approximately \$5 million from the provision of public health services (food and sanitation inspection) to federally-regulated industries, quarantine services, employee assistance services, OHS services to the public sector and the VIP program on behalf of Health Canada.

Through multi-disciplinary staff, located in three regions and 21 offices across Canada, OHS provides a unique, comprehensive, bilingual service and supports and extends these services through partnerships with the private sector.

It also operates Canada's quarantine program, cruise vessel inspection and VIP health services. These services are to:

- prevent the entry or control the spread of quarantinable diseases;
- protect the health of the travelling public;
- coordinate the protection of the health of foreign dignitaries while in Canada.

Since its creation as a provisional Special Operating Agency (SOA), the Agency is positioned to serve other public sector and federally-regulated customers in its fields of expertise on a cost recovery basis. Moving towards SOA status has also resulted in a greater emphasis on cost management, customer service and efficiency gains.

## E: Key Results Commitment 1.6 - Effective occupational health and safety services available and accessible to federal departments

### Planned Results and Related Activities

#### Planned Results

- ▶ A comprehensive Occupational Health and Safety service for federal public servants.
- ▶ Occupational health and safety information shared between departments and the Agency.
- ▶ Increased awareness and knowledge of OHS issues and prevention by executives and all managers in the federal public service.
- ▶ Improved information to the travelling public on health and sanitation conditions on common carriers.



- ▶ Enhanced public health prevention and surveillance program for food/water-borne illnesses on common carriers.

## Related Activities

- Encourage departments to consider a common information database or “information greenhouse” that would allow greater sharing of information related to occupational health determinants.
- Develop and implement in the public service the OHS Management System approach based on risk management principles.
- Continue existing consultation fora with federal customers and implementation of the Management Advisory Board for OHS with representation from customer departments and the private sector to provide strategic direction.
- Continue the development and implementation of the Agency’s internal information systems and provision of reports to customers.
- Expand the successful voluntary compliance approach in the Cruise Ship Inspection Program to other common carriers - air and rail transportation.
- Provide a Web site for the public with information on inspections of common carriers. The Web site will provide advice, consultation, training and education on OHS management systems, risk management and due diligence.
- Maintain the voluntary compliance program in the cruise ship industry and its expansion to other common carriers through negotiation of standards, protocols and procedures with the industry and routine audits of their compliance.
- Continue the annual schedule for formal consultations with the common carrier industry and publishing the results in the *Canada Gazette*.
- Conduct international consultations with other governments to maintain the harmonization of programs.

For further details, see the Occupational Health and Safety Agency Web site at < <http://www.hc-sc.gc.ca/ohsa/nehsi.htm> >.



## Service Line F: Emergency Services

### A: Planned Spending

(millions of dollars)

	Forecast Spending 1999-2000	<b>Planned Spending 2000-2001</b>	Planned Spending 2001-2002	Planned Spending 2002-2003
Gross expenditures	\$2.0	<b>\$2.2</b>	\$2.2	\$2.2
Expected revenue	(\$0.1)	<b>(\$0.1)</b>	(\$0.1)	(\$0.1)
Net expenditures	\$1.9	<b>\$2.1*</b>	\$2.1	\$2.1

\* This represents 0.7 percent of the Management of Risks to Health total net planned spending.

### B: Objective

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

### C: Description

Health Canada carries out the following activities in support of this objective:

- maintains a stockpile of goods and equipment needed to respond to natural disasters such as floods or earthquakes and conducts periodic reviews of emergency stockpile requirements;
- plans for emergencies through consultations with federal and provincial partners on the health and social services components of national plans and on issues such as heavy urban search and rescue;
- provides support to municipal and provincial emergency health and social services systems when disasters occur;
- develops programs in support of education and training activities for emergency health and social services planning and response.



## **D: Key Results Commitment 1.7 - Effective response to natural and man-made disasters**

### **Planned Results and Related Activities**



#### **Planned Results**

- ▶ Input and participation in policy development, reviews, departmental and interdepartmental plans and exercises.
- ▶ Participation in national and international fora on counter-terrorism.
- ▶ Health input into activities related to heavy urban search and rescue.
- ▶ Development and implementation of a five-year plan for reconfiguration and refurbishment of the National Emergency Stockpile System.
- ▶ Action recommendations of the education/training review requirements.
- ▶ Reports on activities related to disaster response.
- ▶ Effective response to requests for assistance.
- ▶ Reports on the review of the education/training requirements.

#### **Related Activities**

- Assists with the review and revision of plans for the federal nuclear response and pandemic influenza.
- Provides input to interdepartmental plans such as the national emergency support plan.
- Participates in the development of, and planning for, heavy urban search and rescue.
- Reconfigures and refurbishes the national emergency stockpile system based on the review report.
- Reviews (with the provinces) the education and training requirements to ensure national standards for education programs to provide an appropriate response to the emergency health and social services programs in natural disasters.
- Provides advice and assistance related to the consequences of disasters which may occur.

For further details, see the Emergency Services Web site at  
< [http://www.hc-sc.gc.ca/msb/emergency/index\\_e.htm](http://www.hc-sc.gc.ca/msb/emergency/index_e.htm) >.



## Service Line G: Pest Management Regulation

### A: Planned Spending

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Gross expenditures	\$26.2	<b>\$20.8</b>	\$20.0	\$20.0
Expected revenue**	(\$8.5)	<b>(\$0.2)</b>	(\$0.2)	(\$0.2)
Net expenditures	\$17.7	<b>\$20.6*</b>	\$19.8	\$19.8

\* This represents 6.9 percent of the Management of Risks to Health total net planned spending.

\*\* The difference in expected revenue between 1999-2000 and 2000-2001 is due to the expiry of Vote netting authority. PMRA is seeking Vote netting authority for 2000-2001 from the Treasury Board. This authority, if approved, would lead to additional estimated revenue of approximately \$7.3M and to gross expenditures of \$28.1M in 2000-2001. For future years the gross expenditures would be \$27.3M.

### B: Objective

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

### C: Description

The Pest Management Regulatory Agency (PMRA) is responsible for administering the *Pest Control Products Act (PCPA)*, the primary federal legislation for regulating pesticides, through new product evaluation, re-evaluation of registered products and compliance functions. The Agency integrates sustainable pest management in its regulatory decision-making and facilitates the development and implementation of sustainable pest management strategies.

Major reforms to the federal pest management regulatory system were announced in 1995 when the PMRA was established. The objectives of the reforms are to increase the efficiency and effectiveness of the system and to increase public participation and transparency. Since 1995, good progress has been made in achieving these objectives. Efforts in international harmonization have led to the implementation of Canada/US joint review projects for reduced risk chemical pesticides and bio-pesticides. Performance targets have been set and are routinely being met. The PMRA is on track to achieve a 40 percent efficiency gain in the review of submissions for new products by the end of 2003, having increased



efficiency by 23 percent in the two years since 1997 and having planned a further increase of 5 percent in 1999-2000. The backlog of older submissions inherited when the PMRA was formed has been eliminated. A cost recovery regime has been implemented.

## **D: Key Results Commitment 1.8 - Safe and effective pest control products**

### **Planned Results and Related Activities**



#### **Planned Results**

- ▶ Modernized legislation.
- ▶ Strengthened re-evaluation.
- ▶ Policies on risk reduction and formulants.
- ▶ Improved efficiency through international harmonization and electronic innovation.

#### **Related Activities**

- Make regulatory decisions within specified performance standards on applications for the registration of pesticides and amendments to their conditions of registration through the conduct of human health, safety and environmental risk assessments, efficacy assessments, value assessments and the establishment of Maximum Residue Limits for pesticides. Performance standards include reviewing applications for the registration of new active ingredients or major new uses within 18 months, 90 percent of the time. Fifty or more of these complex applications are received each year out of a total of approximately 2,000.
- Maintain programs to help ensure that products are used legally, according to label directions. PMRA conducts approximately 2,000 inspections for compliance annually, as well as 1,600 supporting laboratory analyses and 500 investigations to follow-up on suspected violations.
- Propose to replace the *PCPA* with a new Act to modernize the risk management framework and strengthen public involvement.
- Implement an enhanced, comprehensive re-evaluation program to ensure that pesticides meet current safety standards. The goal of the proposed program is to re-evaluate all products registered up to December 31, 1994 by 2005-2006.
- Develop a draft pesticide risk reduction policy and consult with other federal and provincial/territorial departments and stakeholders. The objective of the policy is to go beyond the basic assurance of safety on a product-by-product basis and encourage the development and registration of low risk products and the implementation of agricultural and other user sector practices that are consistent with a healthy and sustainable food supply and a sustainable environment.



- Implement a formulants policy for the risk assessment and risk management of formulants in pesticide products. The policy will build on and be harmonized with that of the United States Environmental Protection Agency (US EPA).
- Increase efficiency through international harmonization and electronic submission and review processes. Efficient regulation facilitates timely access to new, safer pesticides and removal from use of older pesticides that cannot meet contemporary health and environmental standards. The goal is a further efficiency gain of 5 percent in each of 2000-2001 and 2001-2002 and 2 percent in 2002-2003.
- Continue international harmonization with US and Mexican partners through the North American Free Trade Agreement (NAFTA) Technical Working Group (TWG) on Pesticides, to harmonize regulatory processes and increase the use of joint review and other work-sharing mechanisms, and through the Organization for Economic Cooperation and Development (OECD) Working Group on Pesticides, to harmonize test protocols and data requirements for pesticides. During 2000-2001, harmonization of data requirements for microbial and pheromone pesticides will be completed.
- Conduct further pilots on electronic submission and review of pesticide registration applications through the NAFTA TWG on Pesticides and the Global Regulatory Information Technology group which reports its activities to the OECD Working Group on Pesticides.
- Develop policy and undertake consultation for regulations to support the new *Pest Control Products Act*.
- Work closely with the US EPA to develop and implement new risk assessment approaches and methods in light of the more stringent health-based safety standards for pesticide residues in foods established under the 1996 US *Food Quality Protection Act*.
- Implement an enhanced approach for the screening, risk assessment and risk management of endocrine-modulating substances that will be consistent with science policy evolving through related OECD and US EPA activities.
- Participate in national and international activities aimed at eliminating or reducing the release of toxic, persistent and bio-accumulative chemicals into the environment.
- Develop and implement programs in order to strengthen consideration of sustainability in pesticide regulatory decision-making and facilitate access to reduced-risk chemicals and biopesticides.
- Work with provincial/territorial and stakeholder partners to develop and implement Integrated Pest Management strategies in a variety of use sectors. A project aimed at the management of sea lice in aquaculture is targeted for completion in 2000-2001.
- Develop health and environmentally-based outcomes and performance measures for the pest management regulatory system by:



- continuing to participate on the OECD Risk Reduction Steering Committee in order to further work on pesticide risk indicators as well as other risk reduction activities;
- developing regulations to require reporting of information for a national pesticide sales database for publication in the *Canada Gazette* in 2000-2001.
- Seek to attain Special Operating Agency status.

For further details, see the Pest Management Regulatory Agency Web site at < <http://www.hc-sc.gc.ca/pmra-arla/qcont-e.html> >.



## Service Line H: Canadian Blood Secretariat

### A: Planned Spending

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001**	Planned Spending 2001-2002	Planned Spending 2002-2003
Net expenditures	\$38.7	\$7.3*	\$7.2	\$7.2

\* This represents 2.5 percent of the Management of Risks to Health total net planned spending.

\*\* The decrease is a result of the completion of the one-time start-up costs associated with the creation of the new Canadian Blood Services.

### B: 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.

### C: Description

Since its creation, the Blood Secretariat has become the focal point in coordinating departmental blood issues. The Blood Secretariat provides the Department with a capacity in: operational blood system policy, planning and coordination; negotiations and litigation support relating to Hepatitis C compensation; blood records management; and administrative support. Strategic priorities for the Blood Secretariat are to continue to coordinate the Department's response to the recommendations of the Krever Inquiry; act as the departmental coordinator for operational blood policy issues; and provide support on behalf of Health Canada to the Department of Justice on blood litigation issues. The Blood Secretariat also provides administrative, financial and logistical support to the Minister's National Blood Safety Council.

The Blood Secretariat continues to play a key role in coordinating the implementation of Justice Krever's recommendations directed at Health Canada in his interim and final reports. Justice Krever also identified the importance of an "early warning" blood surveillance system as a key to reducing the risk of unknown infectious diseases contaminating the blood supply.





## **D: Key Results Commitment 1.2 - Safe and effective drugs, medical devices and other therapeutic products, including blood and blood products**

### **Planned Results and Related Activities**



#### **Planned Result**

- ▶ Strengthened blood safety, particularly on issues relating to the regulation of blood and blood products, and national disease surveillance.

#### **Related Activities**

- Provide policy, research and administrative support to the Department of Justice during negotiations and litigation relating to blood-borne diseases such as Hepatitis C, HIV and Creutzfeldt-Jakob disease (CJD).
- Collect, review and compile all departmental blood-related documents, and correctly identify Cabinet confidences and documents subject to solicitor-client privilege, personal and third party information prior to release to the Royal Canadian Mounted Police.
- Assist Disease Prevention and Control (DPC) in the development of a comprehensive surveillance and investigation capacity, as well as a research and development agenda for dealing with blood-borne viruses.
- Provide project management and contractual support, obtain legal advice, and provide policy advice and records management services for the following DPC programs:
  - an integrated, laboratory-based epidemiology program for HIV and related diseases;
  - a national transfusion-transmitted incidents surveillance system and xenotransplantation surveillance;
  - surveillance of community acquired blood-borne infections;
  - surveillance for Creutzfeldt-Jakob disease and other prion diseases;
  - strain and laboratory surveillance for hepatitis;
  - hospital-based centres of excellence for surveillance and clinical epidemiological studies of blood-borne pathogens.
- Provide ongoing support to the Department of Justice as that department prepares to defend individual Hepatitis C 1986-1990 cases, the pre 1986-post 1990 Hepatitis C class action suits, CJD cases and other potential cases on blood-related issues.



## Business Line 2: Promotion of Population Health (PPH)

### A: Planned Spending and Full-Time Equivalents (FTEs)

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Net expenditures	\$242.2	<b>\$358.5*</b>	\$300.4	\$282.6
Statutory payment	\$855.3**	–	–	–
FTEs	555	<b>731</b>	720	648

\* This represents 15.0 percent of the Department's total net planned spending.

\*\* A one-time court-ordered payment to provide compensation to individuals infected with Hepatitis C through the blood supply between January 1, 1986 and July 1, 1990.

### B: Objective

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

### C: Description



The business line provides a broad integrated approach to population health, taking into account the social, behavioural, and economic determinants of health. It addresses health inequalities among Canadians through the development and support of policies and programs to support disease prevention and health promotion in collaboration with key partners in other government departments, provinces, territories and the non-government sector. The business line supports action to promote health by addressing determinants that fall both within and outside of the health sector throughout the 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 characterized under the three stages of life:

- i) Childhood and Adolescence
- ii) Early to Mid-Adulthood
- iii) Later Life

## D: Background

Population health is an approach to creating healthy people and healthy communities that focuses on the range of interrelated factors which influence the health of the population or specific population groups. These factors, termed “determinants of health” include income and social status, social support networks, education, employment and working conditions, physical and social environments, biological and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender and culture.

The population health approach recognizes that in order to maintain and improve the health of Canadians, it is important both to promote healthy lifestyles and to foster changes in the broader social environment, such as support for healthy child development, workplace health and healthy aging. To influence the determinants of health, the Promotion of Population Health business line:

- makes health information easily available;
- promotes healthy lifestyle choices and actions which contribute to long-term health e.g. good nutrition, active living;
- helps to create the conditions that support healthy choices and actions, such as healthy child development, healthy workplaces and healthy communities;
- develops programs to prevent or reduce the harm associated with risk behaviour e.g. substance abuse, unprotected sex;
- contributes to a primary care delivery system that integrates health promotion and disease prevention and is responsive to all Canadians, including those in rural areas and those from minority or marginalized groups;
- undertakes research to increase Canadians’ understanding of the factors that affect health;
- delivers a comprehensive tobacco control strategy (prevention, cessation, regulation, etc.) to reduce tobacco-caused illness and death.

### Budget 2000

Budget 2000 included a commitment to progress on the National Children’s Agenda (NCA). The NCA reflects the commitment of the Government of Canada and the provincial and territorial governments to work together to ensure the health and well-being of Canada’s children.

### Budget 1999

The 1999 federal Budget provided new resources to develop or enhance a number of important population health initiatives. These include:

- the Canada Prenatal Nutrition Program which helps high-risk pregnant women have healthier babies;
- initiatives to prevent and control diabetes;
- initiatives with the provinces to explore innovative approaches to rural and community health.



## E: Key Results Commitments (KRC)

The Business Line seeks four key results from its activities:

- 2.1 Public awareness and understanding of the factors that determine individual and collective health and the actions to take to maintain and/or improve health.**
- 2.2 A reduction in health inequalities for specific population groups and improvements in health status for the population.**
- 2.3 The impacts on health of existing or new policies, practices, programs and services are assessed and taken into account by the private, public and voluntary sectors.**
- 2.4 A reduction in tobacco-caused illness and death.**

## F: Key Results Commitments (KRC), Planned Results and Related Activities

**KRC 2.1 - Public awareness and understanding of the factors that determine individual and collective health and the actions to take to maintain and/or improve health.**



### Planned Result

- ▶ Public awareness of the factors that shape child development.

### Related Activities

- Implement Centres of Excellence for Children's Well-Being to generate knowledge of issues of national significance related to the health and well-being of children and to disseminate this knowledge to parents, communities and health professionals.
- Develop information, education and prevention resources for pregnant women, parents, caregivers, health professionals and others working with families to reduce risks to health and ensure the healthy development of the fetus and child e.g. prevention of fetal alcohol syndrome/fetal alcohol effects, promotion of healthy eating practices.
- Address the needs of families and parents by:
  - supporting community-based programs that provide post-partum parent support, promote parenting skills and increase parental awareness of healthy child development;
  - disseminating information about building healthy family relationships, including the balance of work and family responsibilities and the implications of failing to maintain a satisfactory balance;

- addressing issues related to child health and the environment to enable families and communities to better protect children’s health and facilitate opportunities to apply measures to reduce risks and promote health.
- Increase public and professional awareness of issues related to ensuring healthy, safe and supportive environments in which children can live, learn and play. Areas of activity include:
  - prevention of violence and bullying;
  - prevention of injuries and creation of safe play spaces;
  - promotion of the use of active transportation, such as walking and riding to work/school;
  - development, validation and dissemination of models that promote an integrated approach to healthy students in healthy schools.
- Develop integrated approaches to the healthy development of youth aged 12-19 by:
  - developing and disseminating knowledge of risk factors and determinants of health for adolescents;
  - disseminating information to increase public and professional awareness of strategies, policies and models that can increase the participation of youth in decision-making;
  - disseminating information to increase public and professional awareness of strategies, policies and models that develop positive personal health practices and decision-making skills among youth e.g. prevention of substance abuse, prevention of dating violence;
  - influencing school curricula to promote school-based strategies related to sexual health education, anti-violence orientations and the promotion of integrated healthy living approaches (healthy eating, active living and positive body image).



### **Planned Result**

- ▶ Public awareness of issues related to health in later life.



### **Related Activities**

- Improve understanding of aging issues (including injury prevention and the promotion of safe living environments) and support healthy aging by developing and disseminating health information for seniors, caregivers, health professionals, researchers and the general public to inform health choices and encourage personal autonomy.
- Increase awareness of federal programs and services available to seniors.
- Increase understanding and recognition of the risk factors, impacts and outcomes of aging-related diseases.



## Planned Result

- ▶ Public awareness of current and emerging health issues.

## Related Activities

- Develop a social marketing campaign to support the prevention of diabetes in Canada.
- Improve the general public's awareness and knowledge of Hepatitis C in order to prevent its spread in Canada and reduce the impact of the disease on those infected with the Hepatitis C virus.
- Expand community-based initiatives to provide greater access to HIV/AIDS information, resources and services and mobilize national efforts to educate Canadian youth about the risks of HIV infection.
- Promote healthy lifestyles by developing public education and awareness initiatives to increase knowledge of the physical and mental health benefits of active living and to promote positive sexual health practices.
- Increase nutrition-related awareness, knowledge and skills through the development of public education messages on nutrition labelling and by working with partners to update guidelines for nutrition and healthy eating.
- Through the National Clearinghouse on Family Violence, promote public awareness of the risk factors for family violence and the need for public involvement in addressing the issue.
- Promote public and professional awareness of best practices for the prevention and treatment of substance abuse.

## KRC 2.2 - A reduction in health inequalities for specific population groups and improvements in health status for the population.



## Planned Result

- ▶ Optimal development of all children with a focus on vulnerable populations.

## Related Activities

- Through the **Community Action Program for Children**, address the health and social development needs of children from birth to six years of age living in conditions of risk such as low-income families, teenage-parent families and children experiencing developmental delays.



- Through the **Canada Prenatal Nutrition Program**, provide support to pregnant women at risk for having unhealthy babies due to factors such as poverty, age of the parent, poor nutrition, tobacco use and alcohol abuse.
- Support research and promote programs aimed at teen parents, parents of teens and parents of children living with multiple risk factors such as poverty, isolation and substance abuse.
- Support research and promote programs that address the environmental health needs of children.

### **Canada Prenatal Nutrition Program**

Budget 1999 provided \$75 million over three years to extend the Canada Prenatal Nutrition Program to reach most pregnant women at significant risk of unhealthy pregnancies and births.



### **Planned Result**

- ▶ Meeting the health needs of an aging population.

### **Related Activities**

- Support analysis and community-based initiatives to encourage innovative ways to maintain and improve health in later life, including the health of seniors in situations of risk.
- In partnership with key stakeholders, support intersectoral initiatives that foster health-enhancing practices, environments, products and systems to address the health needs of an aging population around the issues of medication use and diabetes.
- Support the development of diabetes knowledge and its application to change behaviours and develop diabetes prevention projects.
- Participate in an assessment of the impact of an aging population to identify key areas for intervention in support of healthy aging.
- Develop and implement a strategy to promote healthy aging, with a special focus on baby boomers, seniors from multicultural backgrounds and the oldest Canadians.





## Planned Result

- ▶ Response to current and emerging health issues.

## Related Activities

- Address the needs of Hepatitis C patients and those at risk of infection by:
  - providing funding support to provinces and territories to assist them in identifying individuals infected with Hepatitis C and in improving access to Hepatitis C care services;
  - developing guidelines for the treatment of pregnant women with Hepatitis C to provide physicians and patients with information that will reduce risks to mothers, children and caregivers;
  - promoting the reduction of risk behaviours by those at greatest risk of infection (such as injection drug users) to reduce the incidence of Hepatitis C among those currently uninfected;
  - enhance the health and well-being of infected persons by promoting the development and availability of tools to delay the progression of the disease and improve their awareness of and access to care, treatment and support.
- Through **Canada's Strategy on HIV/AIDS**, work with First Nations, Inuit, Métis, Canadian offenders and other at-risk populations to promote prevention strategies, increase care and treatment and build supportive physical/social environments.
- Through the **Canadian Diabetes Strategy**, work with partners to reduce the incidence and prevalence of diabetes and its complications by promoting an integrated approach to the control of the multiple risk factors.
- Develop a comprehensive strategy in partnership with the Canadian Cancer Society, the National Cancer Institute of Canada and the Canadian Association of Provincial Cancer Agencies to prevent and treat cancer and increase survival and quality of life for those who develop cancer.
- Through the **Canadian Breast Cancer Initiative**, support breast cancer research and programs in the areas of prevention, early detection and quality screening, surveillance, diagnosis, treatment and care, and community capacity building to reduce incidence and mortality, as well as improve quality of life of those affected by the disease.
- Through the **Heart Health Initiative**, work with partners to develop a strategy for an integrated, multiple risk-factor approach to non-communicable disease prevention to increase the coherence of health promotion and disease

### Canadian Diabetes Strategy

Budget 1999 provided \$55 million over three years to provide Canadians with tools and information dealing with the prevention and management of diabetes and its complications.





prevention policies and to enhance initiatives currently under way in the areas of heart health, cancer prevention, active living, nutrition, hypertension, diabetes and substance abuse.

- Work with stakeholders to promote a comprehensive approach to workplace health to increase awareness and understanding of the importance of healthy workplaces and to reduce work-related diseases, accidents, disabilities, death, absenteeism and their related productivity and health care costs.
- Address the health needs of rural Canadians by:
  - developing a national rural health strategy to promote the integration and accessibility of a full range of health services in rural and remote areas, including primary and specialty care;
  - exploring ways to address workforce issues (e.g. gaps in the supply of health professionals) to contribute to the resolution of health workforce supply issues that have been a chronic problem in rural Canada;
  - exploring how new information technologies can be harnessed to improve the delivery of health services in rural and remote areas.
- Provide federal leadership on the issue of family violence and manage the National Clearinghouse on Family Violence to synthesize and disseminate information on best practices to prevent and treat family violence.
- Provide federal leadership in the development and promotion of active living strategies for Canada to improve the overall fitness, health, well-being and quality of life of Canadians. Key areas of activity will include:
  - development of a Physical Activity Guide for Children and Youth;
  - promotion of physical activity for an aging population to extend independence;
  - development of a Federal/Provincial/Territorial Communications Planning Framework for active living;
  - action on emerging issues such as the recreational use of performance enhancing substances.
- Through **Canada's Drug Strategy**, provide national leadership and coordination on substance abuse issues, conduct innovative treatment and prevention research, disseminate new knowledge and advance international cooperation. Promote effective and innovative treatment and rehabilitation for those affected by substance abuse through the **Alcohol and Drug Treatment Rehabilitation Program**.

### Rural and Community Health

Budget 1999 provided resources for work with the provinces and territories to address issues of concern in rural and community health. Exploring ways to ensure access to quality health services in rural and remote areas is a key component of this initiative.



- Through the **Community Animation Program on Health and Environment**, address regionally specific environment and health issues by developing community capacity to:
  - make informed decisions on environment and health issues;
  - promote cross-sectoral collaboration;
  - develop community plans and strategies;
  - implement preventive or remedial actions;
  - increase skills and capacities at the local/regional level to address environment and health issues.
- Continue prevention, promotion and population health activities on a variety of ongoing initiatives and emerging issues of concern to Canadians, such as:
  - colorectal, prostate, cervical and other cancers;
  - mental health promotion;
  - injury prevention;
  - sexual and reproductive health.



## Planned Result

- ▶ Contribution to the development of an integrated health system that incorporates the principles of health promotion and population health.

## Related Activities

- Continue to develop and promote Health Promotion Online to provide health professionals with credible health promotion information and needed resources. For more information on this easy-to-use bilingual Web site, please visit < <http://www.hc-sc.gc.ca/healthpromotion> > .
- Continue to develop and maintain an effective working relationship with the voluntary health sector to strengthen its capacity to engage citizens in enhancing population health. Activities will include:
  - working with national voluntary health organizations to implement the proposed Health Canada - Voluntary Sector Framework for Action;
  - supporting national voluntary health organizations to establish a national representative mechanism for partnering on health policy and program development;
  - developing and implementing a public education strategy to build public understanding of the importance of the voluntary health sector in the Canadian health system;
  - working with regional, provincial and community voluntary health organizations to strengthen their capacities to promote a population health approach and use health promotion strategies to improve and support the health of Canadians.

- Promote preventive health care interventions among the public and health care practitioners by:
  - collaborating with the provinces and territories through the Advisory Committee on Health Services to support the development of evidence-based guidelines for prevention;
  - collaborating with professional associations, educational institutions and other health-related organizations to support the implementation of prevention guidelines for health professionals;
  - collaborating with consumer groups, professional associations and the voluntary sector to develop consumer versions of evidence-based guidelines for prevention.
- Raise awareness among health care practitioners and institutions regarding “best practices” in health service delivery by working with the provinces and territories through the Advisory Committee on Health Services to support the collection of information and evidence regarding the latest initiatives and pilot projects being undertaken to improve the quality of, and access to health services in Canada.

**KRC 2.3 - The impacts on health of existing or new policies, practices, programs and services are assessed and taken into account by the private, public and voluntary sectors.**



**Planned Result**

- ▶ Influence the development of policies and programs for children.

**Related Activities**

- Work with provinces, territories, non-governmental organizations and other stakeholders to advance a National Children’s Agenda as an overarching framework to guide the development, implementation and evaluation of policies and programs aimed at children.
- Negotiate a national action plan on early child development with provinces, territories, non-governmental organizations and other stakeholders by December 2000.
- With federal and provincial/territorial partners, table Canada’s second Report on the United Nations Convention on the Rights of the Child.





## Planned Result

- ▶ Influence the development of policies and programs for seniors.

## Related Activities

- Develop knowledge that contributes to policies and programs for seniors by delivering policy, research and communication support to the National Advisory Council on Aging.
- In collaboration with provincial/territorial governments, implement the National Framework on Aging to ensure that the perspectives and needs of seniors are considered in the development and implementation of policies and programs at all levels of government.



## Planned Result

- ▶ Influence the development of policies and programs related to emerging health issues.

## Related Activities

- Support the work of the Federal/Provincial/Territorial Advisory Committee on Population Health to address major national issues that affect the health and well-being of Canada's population.
- Work with provinces, territories and other key stakeholders to build priorities and consensus for comprehensive, coordinated action on current and emerging health issues e.g. diabetes, mental health.



## Planned Result

- ▶ Influence program and policy development to reflect health promotion and population health principles.

## Related Activities

- Increase awareness and understanding of the impact of socio-economic factors on the health of Canadians and influence program and policy development at the federal level by promoting the establishment of health impact assessments.
- Continue the development, promotion and implementation of the population health approach through research and analysis, policy development, information sharing, and marketing of products and messages. This will include, through the Canadian Population Health Initiative, the generation of knowledge on population health through policy-relevant research on health and its broad determinants.

- Work with regional health authorities and organizations to identify and develop health promotion and population health initiatives and analysis to increase the application of these principles in programming in other sectors.
- Expand community-based and government efforts on HIV/AIDS by building stronger partnerships and strategic alliances through the development of shared priorities, planning and activities.

## **KRC 2.4 - A reduction in tobacco-caused illness and death.**



### **Planned Result**

- ▶ Prevention of youth smoking.

### **Related Activities**

- Involve youth as advisors, activists and peer models.
- Enhance compliance with restrictions on sales of tobacco to youth.
- Continue public education campaigns that denormalize the tobacco industry and the consumption of tobacco products, expose the strategies and tactics of the industry and inform the public of the costs and health impacts of tobacco use.



### **Planned Result**

- ▶ Increase in the proportion of successful quitters - reduction in relapse rates.

### **Related Activities**

- Develop a Web site to support cessation activities.
- Provide Canadians with relevant information concerning tobacco products, such as ingredients, constituents of smoke, etc.



### **Planned Result**

- ▶ Increase in the number of people quitting.

### **Related Activities**

- Support initiatives to increase the price of tobacco products in order to reduce demand.
- Implement new product reporting and labelling regulations.
- Defend the validity of the *Tobacco Act*.





### **Planned Result**

- ▶ Reduction in exposure to tobacco smoke/products for third parties.

### **Related Activity**

- Implement product labeling regulations and undertake actions to provide more information on the effects of environmental tobacco smoke.



### **Planned Result**

- ▶ Reduction in harm to First Nations and Inuit people from tobacco use and environmental tobacco smoke.

### **Related Activities**

- Work in partnership with First Nations and Inuit to:
  - increase awareness and understanding among First Nations and Inuit of tobacco smoke, smokeless tobacco and environmental smoke-related health concerns;
  - increase understanding and respect of the traditional use of tobacco, through culturally relevant strategies ie. educational programs and social marketing.
- Increase community capacity for action on tobacco control.
- Involve First Nations and Inuit youth in youth targeted initiatives.
- Target certain groups within the First Nations and Inuit populations (youth, children and pregnant women).
- Increase compliance monitoring of tobacco sales to youth on-reserve in cooperation with communities.



### **Planned Result**

- ▶ Reduction in harm associated with tobacco use for those who continue to smoke.

### **Related Activities**

- Continued study on approaches to product modification in conjunction with the Expert Committee on Nicotine and Tobacco Science.
- Implement tobacco reporting regulations to allow access to information that is essential to Health Canada's risk management strategy for the control of tobacco's impact on public health.

For further details, see the Health Promotion Online Web site at  
< <http://www.hc-sc.gc.ca/hppb/hpo/> >  
or through Wired Health, the monthly health promotion magazine  
< <http://www.hc-sc.gc.ca/hppb/wired/> >.

## **Accountability for Key Results**

### **Primary Responsibility:**

Assistant Deputy Minister - Health Promotion and Programs Branch



## Business Line 3: Aboriginal Health (AH)

### A: Planned Spending and Full-Time Equivalents (FTEs)

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Gross expenditures	\$1,147.1	<b>\$1,324.4</b>	\$1,358.5	\$1,340.3
Expected revenue	(\$9.1)	<b>(\$9.1)</b>	(\$9.1)	(\$9.1)
Net expenditures	\$1,138.0	<b>\$1,315.3 *</b>	\$1,349.4	\$1,331.2
FTEs	1,402	<b>1,403</b>	1,401	1,401

\* This represents 55.1 percent of the Department's total net planned spending.

The 1999 Budget has announced an investment of \$190 million over three years and introduced a number of new First Nations and Inuit health initiatives that are being developed with First Nations and the Inuit.

- the First Nations and Inuit Home and Community Care program aims to fill gaps in the continuum of care by providing improved care for the elderly, disabled and chronically ill and those requiring short-term acute care services;
- the additional investment in the First Nations Health Information System (FNHIS) assisted with the deployment and maintenance of a community-based health information system to First Nations communities which will allow them to monitor health trends, plan for appropriate strategies and detect trends in chronic and reportable diseases.

An additional \$50.2 million was also announced for the following First Nations and Inuit health initiatives:

- the Aboriginal Diabetes Initiative provides culturally-appropriate prevention, education, treatment and care and improved lifestyle supports;
- the expansion of the Canada Prenatal Nutrition Program - First Nations and Inuit component aims at improving the health outcomes of pregnant women, mothers and infants at risk with emphasis on fetal alcohol syndrome/fetal alcohol effects;
- the Safe Food and Nutrition Program will support food security pilot projects as part of the Indian and Northern Affairs Canada (INAC) Food Mail Program, address gaps in the Environmental Contaminants in Traditional Foods Program and increase activities in the investigation of gastroenteritis outbreaks in First Nations Communities.

The First Nations and Inuit population is growing at twice the rate of the Canadian population, and is younger on average, so that over time, it will draw even more heavily on health care services as it ages. First Nations and Inuit health care





needs are particularly pressing since the population's health status is well below that of Canadians as a whole. Beyond the unique demographic and health status pressures, the First Nations and Inuit health system is experiencing the same health care cost pressures of all health care systems, including provincial/territorial systems, such as rapidly rising cost of drug prices for example.

## **B: 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 people and Inuit.

## **C: Description**

The principle that health status inequalities and health service concerns among First Nations will be addressed more effectively when decisions are made by themselves is widely accepted by health experts and First Nations and Inuit people. This business line works toward increased control and management of community-based health services by First Nations and Inuit people through transfer, integrated contribution agreements and other health funding arrangements, capacity building and training. The business line also supports actions on health inequalities affecting First Nations and Inuit people.

First Nations and Inuit 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 underlies the community-based programs provided by Health Canada to the First Nations people living on-reserve and to the Inuit.

## **D: Key Results Commitments (KRC), Planned Results and Related Activities**

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

### **Budget 2000**

Budget 2000 allocated an additional \$10M in 1999-2000 and \$100M over the next two fiscal years to ensure that essential programs and services are in place to meet the health needs of First Nations and Inuit people, including:

- investments in nursing services and other community-based public health, disease prevention and health promotion programs on-reserve;
- funding to respond to rising cost pressures related to drugs, dental and medical transportation under the Non-Insured Health Benefits program.





## Planned Results

- ▶ KRC 3.1 Improvements in First Nations and Inuit people's health and a reduction in health inequalities between them and other Canadians.
- ▶ KRC 3.2 A First Nations and Inuit population that is informed and aware of the factors that affect health and what actions can be taken to improve health.

## Related Activities

### Aboriginal Head Start (AHS):

#### On-Reserve:

- Finalize the National Evaluation Framework.
- Work with the Aboriginal Head Start National Committee on developing appropriate mechanisms and reporting tools to assist projects in completing their individual evaluations as well as laying the groundwork for the national evaluation.
- Establish 120 First Nations Aboriginal Head Start projects across Canada.

#### Urban and Northern:

- Conduct a pilot impact evaluation exercise commencing in the fall of 2000.
- Disseminate information and resources for early childhood development and education.

### Addiction Programs:

- Complete the accreditation process for treatment standards in the National Native Alcohol and Drug Abuse Program (NNADAP) and Youth Solvent Abuse Prevention Program centres.
- Implement the NNADAP review recommendations.
- Complete the design of the new Substance Abuse Information System.



### Home and Community Care:

- In partnership with First Nations, Inuit and INAC, development of a resource tool kit comprised of a series of handbooks to guide needs assessment, program planning and implementation and delivery activities.
- Implement training to build skills and capacity in needs assessment, program review and program delivery.
- Support INAC in the developmental work and analysis of institutional and continuing care needs.
- Develop a report on institutional care issues.

- Work with First Nations pilot sites to implement the Health Transition Fund home care project and diabetes home and community care project.

### **Community Health Nursing Practice:**

- Complete and disseminate clinical guidelines.
- Develop a competency assessment for expanded scope of practice.
- Begin drafting pharmaceutical standards for nursing stations.
- Medical Services Branch (MSB) headquarters and Regions will continue to implement the long term strategies related to promotion and recruitment, clinical and professional support to nurses, management support, quality of life, sustainability, support to First Nations nurses and nursing students.

### **Healing and Wellness:**

Develop a national mental health strategy through the following activities:

- Complete the environmental scan of mental health programs.
- Develop a program framework for mental health services for First Nations and Inuit communities.
- Support capacity building of health workers through sponsoring training activities by the Native Mental Health Association of Canada.
- Support existing Aboriginal youth networks including the Assembly of First Nations and other youth intervention organizations.

### **Disease Prevention and Control:**

- Health Canada continues to play an important role in identifying and controlling diseases affecting First Nations and Inuit communities by:
  - developing an HIV/AIDS awareness-raising agenda to include youth, elders and decision-makers;
  - supporting the development of an Inuit AIDS Network;
  - implementing Treasury Board review recommendations in the area of education/prevention; health care services for those infected; and support projects at the community and national level.



### **Diabetes:**

- Develop the Aboriginal Diabetes Initiative program framework.
- Complete the Manitoba diabetes study on prevalence and complications.
- Incorporate Aboriginal diabetes surveillance requirements into the National Diabetes Surveillance System.
- Continue to participate in the development and implementation of the Canadian Diabetes Strategy.

## **Dental Health and Dental Therapy Program:**

- Complete the Dental Therapy Training Program evaluation towards a renewed strategy for dental therapy programs.
- Finalize a retendering process for a five-year contract for the National School of Dental Therapy.

## **Canada Prenatal Nutrition Program (CPNP):**

- In partnership with First Nations and Inuit, and based on the discussions and feedback sessions with stakeholders carried out in 1999-2000, it is expected that the CPNP will:
  - intensify delivery of activities/services to more women who present the greatest risk for adverse birth outcome;
  - build on program successes such as the sharing of best practices through a strengthened communications network;
  - build capacity through establishing enhanced coordinated training programs closer to the community level;
  - use the information collected through the discussion and feedback process to guide the development of the fetal alcohol syndrome/fetal alcohol effects initiative, focussing on the following areas: prevention, training and community capacity building with an emphasis on integration with community-based programs.

## **Environmental Health:**


- Manage environmental problems affecting the health of First Nations and Inuit community members in addressing issues such as water quality (e.g. cryptosporidium), indoor air quality, food safety, housing (e.g. mold), sewage disposal, workplace safety, communicable disease, waste disposal and environmental management systems.
- Administering sound research providing risk/benefit analysis to First Nations and Inuit communities through fish consumption and eating patterns in the Effects on Aboriginals from the Great Lakes Environment (EAGLE) health survey, by providing laboratory service for the assessment, analysis and ongoing monitoring of mercury in hair samples and pesticides in blood and serum and by providing ongoing monitoring for rapid assessment and analysis of potential environmental contaminants.

## **Nutrition/Northern Food Mail Subsidy:**

- Support INAC pilot projects to determine cost-effective approaches to improved healthy eating and food security in isolated, northern First Nations and Inuit communities.



## **KRC 3.3 - Effective health care services available and accessible to First Nations and Inuit people.**



### **Planned Result**

- ▶ Development of health systems for First Nations and Inuit people that are well integrated into the Canadian health system.

### **Related Activities**

#### **Non-Insured Health Benefits (NIHB):**

- In the interests of controlling NIHB costs without significantly affecting service the Program will:
  - accelerate the use of automated systems to increase efficiency;
  - finalize the transition to the new Health Information and Claims Processing System;
  - improve the Drug Utilization Evaluation System and enhance its effectiveness;
  - finalize the implementation of point of service (POS) claims processing for all pharmacy claim submissions;
  - as a management strategy to better use available funds, a Risk Management Committee has been implemented using an accountability framework to:
    - investigate evidence of improper health service provider billings;
    - conduct more health service provider audits;
    - refer to police/legal authorities all cases of suspected serious fraud.
  - set market value provider fees in all regions;
  - put in place additional cost management measures for all benefits in the NIHB Program, while protecting service delivery, such as:
    - implementing maximum allowables for drug benefits;
    - further expansion of limited-use drugs;
    - further refining of the dental pre-determination process;
    - deletion of benefits according to an evidence-based approach.



#### **First Nations and Inuit Health Information System:**

- Continue the distribution of the First Nations Health Information System (FNHIS) to over 500 communities as per the regional work plan.
- Maintain the FNHIS info/infrastructures on an ongoing basis and begin working on a transfer strategy to First Nations control.

- Study the feasibility of integrating the FNHIS into other MSB information systems and of integrating FNHIS into other provincial and territorial information systems.
- Support the development of information management and analysis capacity, including governance and information sharing protocols.
- Assess the requirements for a home and community care information management module.

### **Telehealth:**

- Implement telehealth services at each of the five Health Transition Fund pilot project sites.
- Begin discussions with First Nations and Inuit on the potential strategic direction and business case for telehealth services in First Nations and Inuit communities.

### **Partnerships:**

- Negotiate the development of a national partnership agreement with the Assembly of First Nations and the Inuit Tapirisat of Canada that will facilitate the achievement of shared goals and responsibilities by clearly defining mandates, authority, accountability and responsibility.
- Participate in circumpolar initiatives and involve First Nations and Inuit.

### **Aboriginal Health Institute (AHI):**

- Conclude the implementation of the Aboriginal Health Institute and initiate funding.
- Review the AHI's management plan.



## **KRC 3.4 - Increased First Nations and Inuit management of and accountability for health care services and the non-insured health benefits program.**

### **Planned Result**

Transfer of health programs to First Nations and Inuit.

### **Related Activities**

#### **Transfer:**

- Develop with Indian and Northern Affairs Canada:
  - a comprehensive audit guide for First Nations;

- a Band indebtedness, co-management and third party management policy which would apply to all First Nations;
- an harmonized approach for assessing First Nations' management capacity.
- Transfer health services including second and third level services and the administration of fixed assets, at a pace to be determined by First Nations, subject to obtaining appropriate authorities.
- Explore new models to enhance existing mechanisms for First Nations and Inuit control of health services.

### **Self-Government:**

- Continue to work in partnership with Indian and Northern Affairs Canada and provincial/territorial governments as appropriate to negotiate and implement self-government agreements.
- Continue to provide advisory services to the new government of Nunavut, particularly in the management of community-based health programs and non-insured health benefits.

### **Non-Insured Health Benefits (NIHB):**

- Work in partnership with First Nations and Inuit to facilitate their control of the NIHB program.
- Finalize the evaluation of all existing pilots based on the current Treasury Board authority.
- Update the health information and claims processing system to support transfer activities and projects.

### **Hospital Services:**

- Complete health assessment planning for hospital services and negotiate a new hospital service agreement in Moose Factory.
- Undertake negotiations with the Province and First Nations on the role of the Norway House Hospital and Percy E. Moore Hospital in Manitoba.
- Continue working towards the amalgamation of the Sioux Lookout Zone Hospital with the provincial hospital in Sioux Lookout. The amalgamated hospitals will be managed under a provincially incorporated hospital board in accordance with the four party agreement signed by the First Nations, Health Canada, the Province and the Town of Sioux Lookout.

For further details, see the Medical Services Branch Web site at [http://www.hc-sc.gc.ca/msb/about\\_e.htm](http://www.hc-sc.gc.ca/msb/about_e.htm) >.



## **Accountability for Key Results**

### **Primary Responsibility:**

Assistant Deputy Minister - Medical Services Branch

### **Co-Responsibility:**

Assistant Deputy Minister - Health Promotion and Programs Branch





## Business Line 4: Health System Support and Renewal (HSSR)

### A: Planned Spending and Full-Time Equivalents (FTEs)

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Net expenditures	\$53.7	<b>\$76.4*</b>	\$17.5**	\$5.9
FTEs	76	<b>114</b>	104	52

\* This represents 3.2 percent of the Department's total net planned spending.

\*\* This decrease is due to the completion of the Health Transition Fund's work.

### B: Objective

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

### C: Description

This business line provides support for leadership on all areas of Canada's health system. It uses knowledge and action from across the Department to ensure the viability and accessibility of Medicare and a more appropriate balance in Canada's health system across health care, promotion, prevention and protection. The focus is on increasing efficiency and effectiveness of the health system in collaboration with the provinces and territories.

The business line's work leads to a more expeditious balance of promotion and protection of health, health care and prevention of disease and injury. All initiatives are undertaken in the context of the Social Union Framework Agreement.

#### Benefits of our Commitments to Canadians . . .

Results accruing both within and beyond the planning period will augment the base of evidence upon which sound decisions can be made to improve the health care system.



## D: Key Results Commitments (KRC), Planned Results and Related Activities



### Planned Result

- ▶ KRC 4.1 Publicly funded hospital and physician services consistent with the principles of the *Canada Health Act* (CHA).

### Related Activities

- Monitor, assess and analyse provincial and territorial health insurance plans and health services for compliance with the principles of the CHA.
- Resolve outstanding CHA compliance issues.
- Conduct research on the health care system's key elements that significantly influence health care service delivery.
- Synthesis and dissemination of federal health activity information, including the administration of the CHA and health services for First Nations and Inuit.
- Consultation with provinces, territories and stakeholders to identify priority issues and develop strategies to strengthen health care system renewal and reform in the context of the CHA.
- Better reporting to Parliament in the form of an improved CHA Annual Report.

## KRC 4.2 An integrated health system embodying efficient health services.



### Planned Result

- ▶ Federal, provincial and territorial collaboration on home- and continuing-care issues to identify shared priorities and objectives for strengthening home- and community-based services.

### Related Activities

- Continue to work on home care with provinces, territories and non-governmental organizations to identify common definitions, terminology, quality indicators, values, principles and cost-effective models.
- Coordinated approach to address key human resource issues and information needs in home care.
- Promote effective uses of technology in home care.
- Explore with federal departments possible policy activities that strengthen support for services to individuals and communities.
- Address the patch-work nature of current home care services, by determining client needs and developing cost-effective new models for a continuum of care in the community.

- Promote and support the implementation of effective accountability approaches, and in conjunction with the Canadian Institute for Health Information promote the development of common, national performance indicators to track improvements in quality and accessibility of home and community care.
- Consider gender and policy implications of home and community care from the perspectives of care recipients and care providers in view of research sponsored through the Centres of Excellence for Women’s Health Program.
- Develop the policy, evidence-based decision-making and management infrastructures needed to achieve a more responsive and accountable health system.



### Planned Result

- ▶ Support of provincial/territorial activities for improving the primary health care system in rural and remote communities as well as in urban centres.

### Related Activities

- Assess and support the implementation of new primary care delivery and funding models which promote more integrated, client-oriented care.
- Work with provinces and territories on options to strengthen health human resource development and to improve the organization and delivery of primary care services.
- Develop a better understanding of what payment options, information systems and models of integration work best, based on the needs of the population in urban, rural, hospital or community-based settings.
- Continue to study women’s health issues in rural and remote communities and communicate results as they become available.

### Our initiatives contribute to a primary health care system which . . .

- Balances promotion, prevention and treatment, and meets the principles of the *Canada Health Act*.
- Provides the appropriate incentives, information and support to patients and providers.
- Encourages education, team work and innovation, and utilizes the best information and evidence to provide increased accountability and better outcomes for the health of all Canadians.





## Planned Result

- ▶ Understand and address key issues underlying rising drug costs (including prices, utilization, system efficiencies and access to needed medicines) in collaboration with the provinces and territories through the F/P/T Pharmaceutical Issues Committee.

## Related Activities

- Funding for the Patented Medicine Prices Review Board (PMPRB) to analyse and report on price and expenditure trends, price levels and cost drivers facing public drug benefit plans in Canada.
- Preparatory work towards the implementation of a national drug utilization database.
- Implement an action plan to promote the effective dissemination of drug information and the use of clinical practice guidelines.
- Measures to promote the transparency of formulary decision-making through increased collaboration of expert advisory committees.
- Understand and address cost pressures in the area of pharmaceuticals, and assist provinces in improving the affordability of their drug plans.



## Planned Result

- ▶ KRC 4.3 Innovative national and international initiatives that strengthen the health system.

## Related Activities

- Adjust and adapt to changes in social, technological and fiscal environments in the spirit of the Social Union Framework Agreement to upgrade quality of and access to health care services.
- Support federal, provincial and territorial government development of innovative approaches to health care through Health Transition Fund priority areas: home care, pharmacare, primary care and integrated service delivery.
- Monitor, analyse and utilize information from international sources in order to reflect the impact of global influences on Canadian health policy.
- Development of academic and community-based policy research on the health system needs of women and the promotion of gender-specific health issues through the Centres of Excellence for Women's Health Program.
- Implement the Canada Health Infostructure Partnership Program which will provide funding support to innovative applications of information and communications technologies in health service delivery, including rural health, particularly electronic health records, telemedicine and telehomecare.





## Planned Result

- ▶ KRC 4.4 A better understanding of the fundamental issues relating to health care, and better tools and mechanisms for improving access to a range of high quality, equitable services.

## Related Activities

- Analysis of the impacts of current approaches to health care financing (both public and private) on accessibility to high quality, integrated health care services both in the public and private sectors.
- Work closely with the provinces and territories through the federal, provincial and territorial Advisory Committee on Health Infostructure and its various working groups, such as the Working Group on Telehealth and the Working Group on Electronic Health Records, to find innovative solutions and share information and best practices on local and national health infostructure initiatives.
- Develop the best approach for synthesizing and disseminating information for policy and decision-making.



## Planned Result

- ▶ KRC 4.5 Strengthened partnerships among federal, provincial and territorial governments, key stakeholders, Canadians and international partners.

## Related Activities

- Support and collaborate with provincial and territorial governments, public health departments, regional health boards, medical associations, community health centres and other members of the health community in examining, reorganizing and improving the delivery of health services.
- Innovative approaches for more active and effective citizen engagement in a dialogue focussing on support and renewal of the health care system.
- New international organization partnerships in the health sector, such as with the European Union.



## Accountability for Key Results

### Primary Responsibility:

Assistant Deputy Minister - Policy and Consultation Branch

### Co-Responsibility:

Assistant Deputy Minister - Health Promotion and Programs Branch

Assistant Deputy Minister - Information, Analysis and Connectivity Branch

## Business Line 5: Health Policy, Planning and Information (HPPI)

### A: Planned Spending and Full-Time Equivalents (FTEs)

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Net expenditures	\$154.2	<b>\$182.6*</b>	\$224.8	\$162.0
FTEs	518	<b>644</b>	675	727

\* This represents 7.7 percent of the Department's total net planned spending.

### B: Objective

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

### C: Description

This business line contributes to the achievement of federal health objectives by:

- internally, drawing together activities and levers (surveillance, research, policy, communications, federal/provincial and international relations, legislation, consultation, planning and review) used across all business lines, into a cohesive, cost-effective way to deliver the government's health agenda and core Health Canada responsibilities;
- externally, contributing to the generation, provision and use of health information, taking into account the roles of our health information partners.



### D: Background

The Health Policy, Planning and Information (HPPI) business line plays four key roles:

- helps develop national programs, policies and strategic plans;
- helps develop and bring into the decision-making process the evidence needed for evidence-based decision-making;
- promotes the development and application of innovative information systems and technologies in the health sector;
- develops methods and systems to enable Health Canada to be accountable to Canadians and Parliament for the effectiveness of its programs and activities and its decisions in promoting better health.

In its policy and strategic planning work, HPPI focuses on the measurement and understanding of health outcomes and their determinants, including analysis of the costs and potential benefits from a full range of health policy and program options. This requires coordinating health policy planning with the planning of other policies. The business line also provides a policy focus for women's health issues within the Department, coordinates and supports federal/provincial/territorial activities and provides coordination and advice on the international activities of the Department.

Health Canada has reorganized itself to better support the HPPI business line:

- In late 1998, a new Branch - the Information, Analysis and Connectivity Branch - was formed in Health Canada. This Branch includes a new Applied Research and Analysis Directorate to support evidence-based decision-making and accountability. As well, the Branch contains the Office of Health and the Information Highway which provides national leadership in the development of the Canadian health infostructure including the innovative use of information and communication technologies. The integration of the information and technology infrastructure and enterprise delivery functions has created an alliance and enabling capacity for information analysis and knowledge management which is unique in federal government departments.
- In late 1999, the Policy and Consultation Branch was also reorganized to better support health policy decision-making. The changes are intended to enhance policy leadership and the challenge function, make clear linkages between analysis and policy, and provide overall policy integration within Health Canada and with the broader social policy agenda. As part of the reorganization, the Branch has centralized health care policy, including home and community care, pharmaceuticals, health human resources, the Health Transition Fund and broad Medicare policy, in one Directorate. The overall challenge function, integration, coordination and strategic planning have also been centralized.
- Health Canada intends to transfer its investigator-driven health research promotion activities to the proposed Canadian Institutes of Health Research which, when formed, will fund a wide range of health research including multi-disciplinary health policy research. The Department will, nonetheless, continue to fund other external research and direct it towards areas most appropriate for policy decision-making needs.

In its development of health information systems, HPPI coordinates the networks, infrastructures and partnerships needed to help make the health sector (including the Department) a more effective user of modern information-processing technologies, for the purposes of better health system management, better health policy decisions, and to improve the access of both health professionals and individual Canadians to high-quality health information.

In its accountability initiatives, HPPI works with partners including Canadians, to jointly establish criteria for measuring the effectiveness and quality of Canada's health system and of the federal government's direct expenditures in health, and then report to Canadians on the performance of federal health initiatives.



## E: Issues

Health policy and planning requires good information, good research and sound policy decision-making processes. An important component in achieving this is a secure, responsive and robust technology infrastructure, that responds to client needs, and that is defined through an enterprise architecture that applies leading edge tools and methodologies.

There are also major gaps in health information, ranging from data about the effectiveness of particular medical procedures to information about system costs and effectiveness. Filling these gaps will improve research quality, health system efficiency, and lead to better health policy decisions. A key challenge will be to improve the quantity and quality of data while respecting legal and ethical concerns, such as privacy.

In terms of data on health outcomes and their determinants, the 1999 Budget made major new investments in the provision of better health data through the Canadian Institute for Health Information (CIHI). These activities will range from new surveys of health status to efforts towards standards for data exchange and comparability. Health Canada's challenges in 2000-2001 will be to work with CIHI and other partners to develop this information base and ensure its usefulness for policy analysis and research activities, including ensuring the information is as widely-disseminated as possible, subject to privacy and consent considerations. Better dissemination of health-related data within Health Canada for policy development, analysis and accountability, is also necessary.

Health research is key to better health outcomes. Canada has always been a strong supporter of health research, through channels such as: departmental operations, the Medical Research Council, the Health Services Research Foundation, the National Health Research and Development Program, the Health Transition Fund and other departments and agencies. The anticipated creation of the Canadian Institutes of Health Research (CIHR) will help enrich and modernize these efforts. CIHR funded research will better reflect modern views of health outcomes as reflecting a continuum of health determinants, ranging from: health promotion and disease prevention, to early detection, diagnosis and treatment, to care and rehabilitation. The proposed CIHR will achieve this broader focus through a much more multi-disciplinary approach to health research, with research organized more around health issues than simple disciplinary fields.

In 2000-2001 Health Canada's research challenge will be to ensure that the priority setting of the CIHR takes into account Health Canada's own research needs and to ensure that the Department has in place the mechanisms to make effective use of the research from CIHR and the other organizations (public sector, private sector and academic) that are working on health issues. This, along with the ongoing development of the Department's own research and analysis capacity will help fill the major information gaps that decision-makers now face and help better analyze issues in the allocation of health resources along the health care continuum. Health Canada also needs to better integrate its own policy research and development capacity, both within the department and within the federal government research community, to ensure that its efforts are directed towards the policy issues that will arise in the future and are coordinated with other policies.





Governments must also improve accountability for the challenges they take on and the policies they pursue. Citizens should not only be recipients of reports on the health system, but must be actively consulted and engaged in determining appropriate measures and benchmarks for accountability. This will help achieve the goals of transparency and accountability.

## F: Recent Developments

The Minister's Advisory Council on Health Infostructure delivered its final report in February 1999, with 39 recommendations addressing health information for the public, telehealth, access, the protection of personal health information and an Aboriginal Health Infostructure. Building on this and other efforts, the 1999 Budget provided further investments aimed at enhancing the First Nations Health Information System, strengthening the National Health Surveillance Infostructure and promoting innovation through incentive programs, such as projects to develop new technologies (e.g. telehealth and telehomecare). The Budget also made a commitment to citizen engagement and public accountability for the performance of federal programs.

## G: Key Results Commitments (KRC), Planned Results and Related Activities



### Planned Result

- ▶ KRC 5.1 National policies and plans that effectively address emerging health challenges and/or changes to existing health priorities.

### Related Activities

- Continue development of a stronger internal policy and analysis capacity, including improved internal dissemination and use of quantitative data and analysis, to improve health policy decision-making and accountability.
- Development of strong links between Health Canada and the external health research community, especially links with the proposed Canadian Institutes of Health Research and continued funding of the Centres of Excellence for Women's Health, to ensure that policy making reflects the best available research and analysis and that the efforts of the research community encompass the research needs of policy makers.
- Encourage a fuller and better informed public policy debate about the future of health care in Canada through activities such as policy analysis dissemination conferences and workshops.
- Explore the potential for engaging citizens in a dialogue on issues related to health care and the health care system which also takes into consideration the commitments for collaborative work made under the Social Union Framework Agreement.



- Work with the provinces, territories and selected stakeholders to develop legislation that will address provisions for either prohibiting or regulating the application of certain reproductive technologies. The intended legislation, which may include a regulatory framework, will constitute the response of the federal government to the 1993 Royal Commission on New Reproductive Technologies.
- Continue implementation of Health Canada's Women's Health Strategy.
- Use the Department's decision-making framework to help identify, assess and manage health risks.



## Planned Result

- ▶ KRC 5.2 A health system that is more effective, efficient and accountable and which includes a well functioning national health information and health research infrastructure.

## Related Activities

- Implement Health Canada's three infostructure initiatives: the First Nations Health Information System (established to ensure all First Nations communities are linked to national surveillance programs and components of provincial databases), the National Health Surveillance Infostructure (established to ensure that Canada has the right tools to respond to health threats in a timely manner) and the Canadian Health Network (established to improve access of Canadians to the best public information on health issues).
- Release a report on preparing Canada's health system for the 21<sup>st</sup> century. A culmination of work conducted over the past 2½ years towards the establishment of a national health infostructure, including that of the Minister's Advisory Council on Health Infostructure. This document will provide a vision for a successful health care future for Canada, recognizing the pivotal role information and communications technologies will play in realizing that future.
- Develop a blueprint of the technical components of a national health infostructure and a tactical plan describing the initiatives needed to move Canada toward that infostructure. This work is being conducted by the Federal/Provincial/Territorial Deputy Ministers' Advisory Committee on Health Infostructure which was established to ensure collaboration and consultation, and to advise Deputies on strategies to support its development.
- Develop more fully and implement, within Health Canada, information technology capacity, frameworks and tools for measuring program performance, to enhance performance and for accountability reporting.
- Improve reporting to Canadians and Parliament on the performance of Health Canada's programs and activities, as well as begin a process of interacting with Canadians on what they would expect, to enhance transparency, accountability and performance.



- Continue to support the Canadian Institute for Health Information in reporting on the performance of Canada's health care system and enriching Canada's health information resource base.
- Continue strengthening the National Health Surveillance Network.
- Better measurement and understanding of health outcomes and the role of Health Canada's programs in these outcomes, to enhance policy decision-making, accountability and program performance.



### Planned Result

- ▶ KRC 5.3 Canadians accessing and using reliable information to maintain and improve their health.

### Related Activities

- Continue to develop and promote the Canadian Health Network to ensure that Canadians have access to information on health promotion, disease prevention, self-care and the performance of the health care system. For more information, please visit < <http://www.canadian-health-network.ca> >.
- Publications and consumer alerts on a wide range of health issues and products such as tobacco, AIDS and consumer and environmental hazards.
- Health Canada On-line, the Department's Web site < <http://www.hc-sc.gc.ca/english/index.htm> >, that contains up-to-date information on national health strategies, programs and services.
- Fund the Canadian Women's Health Network, < <http://www.cwhn.ca/> >, which provides an on-line clearinghouse service and newsletter on women's health.



### Planned Result

- ▶ KRC 5.4 International health policies, programs and strategies which contribute to the Department's ability to fulfill its national and international objectives.

### Related Activities

- Strengthen major international health organizations such as the World Health Organization (WHO) and the Pan American Health Organization.
- Maintain and develop bilateral and multilateral linkages and networks to ensure Canadian access to information and policy exchange.
- Prepare for and participate in the development of international activities to control tobacco use including the preparation of the International Framework Convention on Tobacco Control.



- Develop a planning instrument and work actively with United Nations (UN) agencies such as UN AIDS and WHO to control the spread of HIV/AIDS. This work will be carried out in close co-operation with HIV/AIDS organizations in Canada.
- Work with Canadian organizations in the non-governmental, academic, and private sectors to enhance their capability and the Department's to provide Canadian health expertise to other countries and international organizations.
- Collaborate with international organizations in the development of women's health indicators and new policy approaches to women's health.

For further details, see the Information, Analysis and Connectivity Branch Web site at < [http://www.hc-sc.gc.ca/iacb-dgiac/english/main\\_e.html](http://www.hc-sc.gc.ca/iacb-dgiac/english/main_e.html) >.

## **Accountability for Key Results**

### **Primary Responsibility:**

Assistant Deputy Minister - Information, Analysis and Connectivity Branch

### **Co-Responsibility:**

Assistant Deputy Minister - Policy and Consultation Branch

Assistant Deputy Minister - Health Protection Branch

Regional Directors General



## Business Line 6: Corporate Services (CS)

### A: Planned Spending and Full-Time Equivalents (FTEs)

(millions of dollars)

	Forecast Spending 1999-2000	Planned Spending 2000-2001	Planned Spending 2001-2002	Planned Spending 2002-2003
Gross expenditures	\$176.3	<b>\$156.7</b>	\$144.2	\$141.2
Expected revenue	(\$0.9)	<b>(\$0.7)</b>	(\$0.7)	(\$0.7)
Net expenditures	\$175.4	<b>\$156.0*</b>	\$143.5	\$140.5
FTEs	861	<b>1,004</b>	1,004	1,004

\* This represents 6.6 percent of the Department's total net planned spending.

### B: Objective

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

#### Budget 2000

Budget 2000 included \$31M over three years for capital replacement purposes. These funds will be used to modernize laboratories, health care facilities, vehicles and major equipment.

### C: Description

Corporate Services provides services and advice to departmental senior managers in support of program needs related to the management, use and reporting of financial and human resources, facilities and assets, information technology and audit services.



### D: Key Results Commitments (KRC), Planned Results and Related Activities

#### Planned Result

- ▶ KRC 6.1 Continuous improvement in the provision of corporate administrative services.

## Related Activities


- Launch client service initiatives in the Corporate Services Branch and the Information, Analysis and Connectivity Branch to modernize services to meet evolving business needs.
- Further enhance the recently installed procurement and financial management (SAP) system to increase client awareness and use, as well as provide the capacity for automating linkages with other processes such as the reading of bar codes and the sending of faxes.
- Continue adaptation of learning, exchange, staffing and other programs as the needs of Health Canada's work force change.
- Continue implementation of the Secure Electronic Services Delivery (SESD) project which will utilize new technologies to improve the security of information transmitted via the Internet consistent with the requirements of the Canadian Health Infostructure initiatives, other Health Canada applications, and the government-wide Strategic Infrastructure Initiative.
- Continue optimization and remodeling of office space in the National Capital Region and in some regions to accommodate the planned growth in the number of Departmental employees.



## Planned Result

- ▶ KRC 6.2 Continuous improvement in the promotion of sound management practices.

## Related Activities

- 
- Launch an initiative in the Corporate Services Branch to identify and implement the changes required to modernize the comptrollership of resources across the Department and increase accountability for results.
  - Implement accrual accounting of physical assets and other outstanding elements of the government-wide Financial Information Strategy.
  - Continue implementation and refinement of multi-year measures to enhance the diversity of Health Canada's work force and the accountability of managers for results.
  - Implement the departmental Electronic Records Management Application (ERMA), an automated management system for both electronic and paper records.
  - Develop an Enterprise Architecture and asset renewal strategy for future investments in knowledge, information and technology to ensure a stable, integrated IM/IT infrastructure to meet business needs in a cost-effective, timely manner.
  - Further enhance the collection and dissemination of information required in the SAP and other systems for the prudent management of physical assets, including operations that impact on the environment.
  - Enhance auditing of selected financial management issues.

## **Accountability for Key Results**

### **Primary Responsibility:**

Senior Assistant Deputy Minister - Corporate Services Branch

### **Co-Responsibility:**

Assistant Deputy Minister - Information, Analysis and Connectivity Branch

Regional Directors General

Director - Internal Audit









## SECTION IV: HORIZONTAL INITIATIVES

### Accountability in Health Canada

The accountability vision for Health Canada is that of an organization that credibly engages and informs Canadians of the impact of its policies and programs on the health of the people of Canada, and is driven by evidence-based and outcomes-oriented decision-making.

The Department has a number of initiatives under way to improve accountability measures, to embed the principles of results-based management, and to foster a continuing culture shift to outcomes-oriented decision-making. These initiatives are consistent with Treasury Board's *Managing for Results*, as well as directions of modern comptrollership and the Social Union Framework Agreement. They include:

- developing and using performance frameworks at a departmental and program level;
- linking individual performance to results-based management through the implementation of the Treasury Board Secretariat's Performance Management Program;
- strengthening the departmental evaluation function to provide timely feedback to program managers for ongoing improvement to programs;
- developing the tools and processes to enhance program and functional area capacity to measure, evaluate, report on and improve performance;
- undertaking an outcomes-based assessment of key activity areas;
- improving the evidence base and analytical and evaluation capacity to support accountability practices.

The February 1999 federal Budget allocated \$43 million to Health Canada over three years to develop and implement *A Federal Accountability Initiative Focussing on Health Canada's Policies and Programs*. Pursuant to this initiative, organizational changes are being made to promote the increased use of performance measurement and reporting to enhance both program performance and accountability. The Applied Research and Analysis Directorate (ARAD) was



established in February 1999 to help foster strategic and evidence-based decision-making in Health Canada. Areas of activity include accountability and performance measurement. ARAD now houses both the Accountability Implementation Division and the Program Evaluation Division.

Outcomes of these initiatives will include:

- easy access to informative reports on health status, health determinants and health system and program performance;
- enhanced use of research and analysis to support better policy decision-making;
- improved coordination between Health Canada and the health research community;
- improved program performance through:
  - better measurement and understanding of health outcomes and their determinants;
  - better outcome-oriented, evidence-based development and management of programs;
  - improved reporting of program performance to Canadians and Parliament.

Additionally, Medical Services Branch will, in partnership with First Nations and Inuit leadership, incorporate an accountability framework into its activities to facilitate and improve data collection, as well as data exchange, between Health Canada and its stakeholders.

Health Canada recognizes that performance measurement and accountability initiatives must be integral parts of a comprehensive and sustainable performance management approach that embeds performance and accountability into planning, policy, human resource development, resource allocation and other decision-making processes in the Department. The performance measurement and accountability initiatives noted here will enhance the availability of rigorous, relevant analytical evidence. This will enable the Department to be accountable to its stakeholders for results, improve its effectiveness, and continuously learn from its experiences as it helps the people of Canada maintain and improve their health.



**Primary Responsibility:**

Assistant Deputy Minister - Information, Analysis and Connectivity Branch

**Co-Responsibility:**

Assistant Deputy Minister - Health Protection Branch

Assistant Deputy Minister - Health Promotion and Programs Branch

Assistant Deputy Minister - Medical Services Branch

Assistant Deputy Minister - Policy and Consultation Branch

## Summary of Proposed Major Legislative/Regulatory Initiatives

**Table I: Major Regulatory Initiatives proposed to be published in *Canada Gazette* Part II between April 1, 2000 and March 31, 2001**

Purpose of Regulatory / Legislative Initiative	Expected Results
<p>Revoking the Hazardous Products (Matches) Regulations</p> <p>Develop Consumer Chemicals and Containers Regulations</p> <p>Revised Cosmetics Regulations</p>	<ul style="list-style-type: none"> <li>▶ Clarifies that the Matches Regulations are not in force because they are now governed under the <i>Explosives Act</i>.</li> <li>▶ Protection of the health and safety of Canadians when they are exposed to consumer chemical products.</li> <li>▶ Comprehensive risk-based cosmetic product surveillance and monitoring with an injury prevention focus.</li> </ul>
<p>Amendments to Clinical Trials Regulatory Framework*</p> <p>Proposed amendments were republished in the <i>Canada Gazette</i>, Part I on Saturday, January 22, 2000</p>	<ul style="list-style-type: none"> <li>▶ Amendments to clinical trial regulations to include a registration system for Phase I trials, reducing the default period from 60 to 30 days for all other trials and the provision of an audit program. This will speed up the approval times for clinical trials without jeopardizing the safety of trial participants while providing an environment which is more conducive to the promotion of research and development in Canada.</li> </ul>
<p>Amendments to Establishment Licensing and Good Manufacturing Practice Requirements**</p>	<ul style="list-style-type: none"> <li>▶ This amendment rectifies current inconsistencies between obligations for importers and distributors under Division 2 (GMP) and their obligations in the operational phase of Mutual Recognition Agreements (MRAs) signed by Canada.</li> </ul>
<p>Amendments to the Fees in Respect of Medical Devices Regulations**</p>	<ul style="list-style-type: none"> <li>▶ Interim measure to address concerns of severe economic impact on the medical device industry due to the establishment licensing fees which came into force January 1, 2000.</li> </ul>
<p>Amendment to Special Access Program Regulations*</p>	<ul style="list-style-type: none"> <li>▶ The Special Access Program provides legal access to drugs which are not approved for sale in Canada, when conventional therapies have failed, are unavailable or are unsuitable. The proposed amendment will redefine the information required to authorize the release of an emergency drug to a practitioner. It also proposes to introduce Block Access authorizations which will allow a fabricator/distributor to sell a determined quantity of an unapproved drug to practitioners.</li> </ul>

\* Product Licensing, TPP  
 \*\* Establishment Licensing, TPP  
 \*\*\* Controlled Substance Surveillance, TPP



**Table I: (continued)**

Purpose of Regulatory / Legislative Initiative	Expected Results
Amendments to Non-Medicinal Ingredients (NMI) Regulations*	<ul style="list-style-type: none"> <li>▶ An amendment to require full ingredient label disclosure for drug products which are available without direct intervention from a health care professional. Consumers will be provided with ready access to meaningful information on the NMI content of over-the-counter drugs to take home for future reference. The listing of NMIs will allow consumers to make an informed choice when purchasing non-prescription drugs. It is anticipated that mandatory NMI labelling should lead to fewer repeat adverse reactions.</li> </ul>
Amendment to Camphor Toxicity in Children*	<ul style="list-style-type: none"> <li>▶ This amendment will require all liquid-containing camphor drug products to be in Child Resistant Packaging (CRP) and all drug preparations containing camphor to have enhanced cautionary labelling. By requiring CRP and enhanced labelling, it is hoped that the incidence of toxicity and poisoning due to accidental ingestion of camphor by children will decrease.</li> </ul>
Amendment to Expanded Claims for Vitamins and Minerals*	<ul style="list-style-type: none"> <li>▶ An amendment to remove the current regulatory restrictions on therapeutic claims for vitamins and minerals. This will allow manufacturers to make claims on vitamin and mineral products which are supported by scientific evidence.</li> </ul>
Amendment to Prohibited Substances Regulations*	<ul style="list-style-type: none"> <li>▶ An amendment to remove specific regulatory prohibitions on the inclusion in drug products of certain substances. This will allow manufacturers to seek approval to market these drug products with sufficient supporting safety and efficacy data.</li> </ul>
Amendments to Fee Regulations for Low Sale Products*	<ul style="list-style-type: none"> <li>▶ A revised fee structure in the Authority to Sell Drugs Fee Regulations. This will address concerns of the detrimental financial impact of these annual product registration fees on the low sales volume homeopathic industry.</li> </ul>
Fees for Industrial Hemp Regulations***	<ul style="list-style-type: none"> <li>▶ Having implemented the new regulatory framework which permits the cultivation of industrial hemp under licensed conditions, the costs of related administration and compliance activities require that fees be collected from clients who benefit from this service. Fee regulations will provide stable ongoing funding for this program.</li> </ul>

<p>* Product Licensing, TPP  ** Establishment Licensing, TPP  *** Controlled Substance Surveillance, TPP</p>
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**Table I: (continued)**

Purpose of Regulatory / Legislative Initiative	Expected Results
Regulatory Framework for Tissues and Organs used in Transplantation**	<ul style="list-style-type: none"> <li>▶ Regulations that will balance the need to ensure organ and tissue safety and quality with the need to ensure the availability of organs and tissues for transplantation. The regulations will reference an external standard that is amended from time to time, making it easier for the new regulations to keep up with scientific and technological changes.</li> </ul>
Amendments to Semen Regulations**	<ul style="list-style-type: none"> <li>▶ Standards that reflect current testing procedures.</li> </ul>
Environmental Assessment Regulations (products of biotechnology - food, drugs and cosmetics)	<ul style="list-style-type: none"> <li>▶ To develop product-appropriate regulations to protect health, safety and the environment. This approach provides a single window for product review.</li> </ul>
<i>Tobacco Act</i> Reporting Regulations	<ul style="list-style-type: none"> <li>▶ Health Canada will be able to develop policy and programs to reduce tobacco use and assist smokers and non-smokers to make decisions with sufficient knowledge regarding the use of tobacco. In addition, Health Canada will be in a better position to anticipate and deal with emerging trends in the use of new or untested products, and to better regulate tobacco products.</li> </ul>
<i>Tobacco Act</i> Products Information Regulations (Labelling Requirements)	<ul style="list-style-type: none"> <li>▶ The goal of these proposed regulations is to enhance public awareness about the health hazards associated with the use of tobacco products.</li> </ul>



<p>* Product Licensing, TPP  ** Establishment Licensing, TPP  *** Controlled Substance Surveillance, TPP</p>
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**Table II: Major Regulatory initiatives that will be published in *Canada Gazette* Part I between April 1, 2000 and March 31, 2001**

Regulations	Expected Results
Food and Drug Regulations (Nutrient Content Claims)	<ul style="list-style-type: none"> <li>▶ To provide the consumer with nutrient content claims that:               <ul style="list-style-type: none"> <li>- are consistent, accurate and non-misleading;</li> <li>- are based on health criteria and support dietary guidance;</li> <li>- are not in conflict with health and safety issues, but still take into account economic and trade considerations.</li> </ul> </li> </ul>
Food and Drug Regulations (Nutrition Labelling)	<ul style="list-style-type: none"> <li>▶ To provide the consumer with more detailed and pertinent nutritional information in a standardized format on food labels to allow the consumer to select a healthy diet.</li> </ul>
Food and Drug Regulations (Addition of Vitamins and Minerals to Foods)	<ul style="list-style-type: none"> <li>▶ Appropriate regulatory framework for the food industry to provide consumers with a wider variety of food products with added vitamins and minerals to meet public health needs and at the same time protect the population from excessive or imbalanced intakes.</li> </ul>
Regulatory Framework for Health Claims for Foods	<ul style="list-style-type: none"> <li>▶ New regulations and amendments to existing regulations will be required to enable the use of health claims for foods. The framework is part of a three-part plan implementing a health claims policy for foods, designed to provide more opportunities for communicating the role of diet and foods in health promotion disease reduction. The other parts of the plan are the review of United States generic health claims for potential adoption in the Canadian context and the development of standards of evidence and a guidance document on data requirements for supporting the validity of new health claims for foods.</li> </ul>
Product Licensing*	<ul style="list-style-type: none"> <li>▶ Contemporary pre-market review and post-approval assessment regulatory framework for drugs, based on risk management principles and consistent with international standards.</li> </ul>



\* Product Licensing, TPP  
 \*\* Establishment Licensing, TPP  
 \*\*\* Controlled Substance Surveillance, TPP

**Table II: (continued)**

Regulations	Expected Results
Prescription Drugs*	▶ A more efficient and effective regulatory mechanism for listing and delisting prescription drugs, based on risk management principles and harmonized with provincial/territorial pharmaceutical regulatory authorities.
Amendments to Good Manufacturing Practices for Active Pharmaceutical Ingredients (API)**	▶ An amendment to ensure that the Food and Drug Regulations are consistent to the extent that Health Canada intends to adopt the policy direction of the International Conference on Harmonization (ICH) - API guidelines. This will ensure that the Canadian GMP requirements for APIs will be standardized with other countries involved in the ICH process.
E-commerce*/**	▶ Amended regulations to provide for the transmission of information electronically.
Precursor Chemical Regulations***	▶ New regulatory framework to fulfill international obligations, specifically requirements under the <i>UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988</i> , will increase the level of control for these substances to international standards.
Amendments to Industrial Hemp Regulations***	▶ Based on a commitment made to the industry to conduct a review of the Hemp Regulations in the year 2000, amended regulations will improve the effectiveness and efficiency of the regulatory framework for industrial hemp by correcting problems which have been identified since these regulations originally came into force in 1998.
Regulatory Framework for Blood**	▶ Regulations that will balance the need to ensure blood safety and quality with the need to ensure the availability of blood for transfusion and processing. The regulations will reference an external standard that is amended from time to time, making it easier for the new regulations to keep up with scientific and technological changes.



<p>* Product Licensing, TPP  ** Establishment Licensing, TPP  *** Controlled Substance Surveillance, TPP</p>
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**Table II: (continued)**

Regulations	Expected Results
Plasmapheresis Regulations**	<ul style="list-style-type: none"> <li>▶ Regulations that reflect current practices, tests and technical standards that must be in place to ensure the safety of blood plasma and plasma donors.</li> </ul>
Omnibus amendment to restructure the Food and Drug Regulations and revoke regulations no longer relevant*/**	<ul style="list-style-type: none"> <li>▶ An amendment to modernize the <i>Food and Drugs Regulations</i>. This will provide the Canadian public with continued access to therapeutic products that are safe, effective and of high quality while recognizing new scientific evidence in the area of drug safety and development.</li> </ul>
Environmental Assessment Regulations (products of biotechnology - medical devices)	<ul style="list-style-type: none"> <li>▶ To develop product appropriate regulations to protect health, safety and the environment. This approach provides a single window for product review.</li> </ul>
Environmental Assessment Regulations (chemicals and polymers)	<ul style="list-style-type: none"> <li>▶ To develop product appropriate regulations to protect health, safety and the environment. This approach provides a single window for product review.</li> </ul>



<p>* Product Licensing, TPP  ** Establishment Licensing, TPP  *** Controlled Substance Surveillance, TPP</p>
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**Table III: Legislative Initiatives that are or may be tabled in Parliament in 2000-2001**

Legislative Initiatives	Expected Results
<p>Replacement of the <i>Pest Control Products Act</i> with a new Act</p> <p>The new Act would strengthen protection from health and environmental risks posed by pesticides and provide for informed public participation through consultation and access to information supporting pesticide registrations</p>	<ul style="list-style-type: none"> <li>▶ Greater certainty that marketed pesticides do not pose unacceptable risks.</li> <li>▶ Enhanced public confidence in the pesticide regulatory system.</li> <li>▶ Cost-effective regulation.</li> </ul>
<p>Development of the <i>Canada Food Safety and Inspection Act</i></p>	<ul style="list-style-type: none"> <li>▶ Consolidation and modernization of the food related aspects of the <i>Food and Drugs Act</i>, the <i>Consumer Packaging and Labelling Act</i> and a number of other Acts administered by the Canadian Food Inspection Agency. The Minister of Health's authority for establishing policies and standards respecting any matter that may affect the safety and nutritional quality of food will be clarified and reaffirmed. The Minister of Health is given the authority to create an emergency food standard which would enable a rapid response to a serious public health situation not covered by existing standards.</li> <li>▶ This Bill has been withdrawn from the Parliamentary Agenda at this time, but it is expected to be re-introduced later in the Spring session, 2000.</li> </ul>



\* Product Licensing, TPP  
 \*\* Establishment Licensing, TPP  
 \*\*\* Controlled Substance Surveillance, TPP

## Proposed Regulations

Regulatory initiatives - policy development that could lead to regulation, legal review, prepublication in *Canada Gazette* Part I or tabling in Parliament.

Regulatory	Expected Results	Status
Food and Drug Regulations (Good Manufacturing Practices (GMPs) for Foods)	<ul style="list-style-type: none"> <li>▶ These GMPs would establish minimum manufacturing and distribution requirements considered essential for the safety of food products in Canada. The GMPs would provide a basis for harmonization of regulatory requirements across federal, provincial and territorial jurisdictions and with the <i>General Principles of Food Hygiene</i> as elaborated by the Codex Alimentarius Commission.</li> </ul>	These proposed Regulations will be brought forward for promulgation after the proposed <i>Canada Food Safety and Inspection Act</i> has been enacted by Parliament.
Food and Drug Regulations (Revision of Division 16 - Food Additive Tables)	<ul style="list-style-type: none"> <li>▶ The new approach will give industry greater choice in the use of food additives, while continuing to ensure public safety.</li> </ul>	Proposed revisions are scheduled for legal drafting.
<p>Amendments to the Pest Control Products Regulations</p> <p>Passage of the new <i>Pest Control Products Act</i> will require changes to the regulations in the areas of consultation on major pesticide registration decisions, access to information supporting pesticide registrations, protection of proprietary rights to data and reporting of adverse effects</p>	<ul style="list-style-type: none"> <li>▶ Greater certainty that marketed pesticides do not pose unacceptable risks.</li> <li>▶ Enhanced public confidence in the pesticide regulatory system.</li> <li>▶ Cost-effective regulation.</li> </ul>	Policy development that may lead to regulation.



<p>* Product Licensing, TPP</p> <p>** Establishment Licensing, TPP</p> <p>*** Controlled Substance Surveillance, TPP</p>
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## Proposed Regulations (continued)

Regulatory	Expected Results	Status
<p>Bilingual labelling</p> <p>A proposal has been developed to increase the use of bilingual labels on pest control products</p>	<p>► Greater certainty that users are able to understand and follow labels.</p>	<p>Anticipate publication in <i>Canada Gazette</i> Part II.</p>
<p>National Pesticide Sales Database</p> <p>A proposal is being developed to require the reporting by registrants of pesticide sales information</p>	<p>► Ability to monitor trends in pesticide use as one element of a pesticide risk indicator.</p>	<p>Anticipate publication in <i>Canada Gazette</i> Part I.</p>
<p>Regulations amending certain regulations made under the <i>Hazardous Products Act</i> (non Miscellaneous Program)</p> <p>Multi-Purpose Lighters Regulations</p>	<p>► Replace outdated and unobtainable referenced standards where the new version has substantive changes and other consolidating changes.</p> <p>► Protection against fire and injury to users.</p>	<p>Policy development that may lead to regulations.</p> <p>Policy development following a national survey which revealed potential fire and injury hazards.</p>
<p>Rewrite Controlled Drugs and Substances Regulations***</p>	<p>► Contemporary regulatory framework for controlled drugs and substances. (Existing regulations, including Narcotic Control, Controlled Drug and Restricted Drug Regulations, some dating back to 1960-1961, are outdated. The policy needs to be reviewed and updated with a view to establish new consolidated regulations under the <i>Controlled Drugs and Substances Act</i> (CDSA).)</p>	<p>Some policy review has already been undertaken, even prior to the enactment of the CDSA in 1997. Active policy development including extensive consultation with all partners, clients and other stakeholders will resume in the 2000-2001 fiscal year with a view to introducing a new regulatory framework in 2001-2002.</p>



<p>* Product Licensing, TPP</p> <p>** Establishment Licensing, TPP</p> <p>*** Controlled Substance Surveillance, TPP</p>
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## Proposed Regulations (continued)

Regulatory	Expected Results	Status
<p>Cost Recovery Phase IV*/**</p> <p>This review addresses the requirements of the 1997 Treasury Board Cost Recovery and Charging Policy</p>	<p>► The final phase of the Therapeutic Products Program's (TPP) cost recovery implementation plan is the Phase IV review of its Cost Recovery Initiative (CRI). It is intended to assess the impact of fees on all TPP stakeholders as a means of determining whether the user-charge policy requirements are being met; as well as addressing whether fees should be increased or decreased where cost structures have changed, where the mix of public and private benefits has changed, or where service levels have been altered.</p>	<p>Regulatory change related to fees and/or fee structures may result.</p> <p>Contract for consultation and policy development.</p>
<p><i>Health Protection Act</i></p>	<p>► The proposed legislative framework would correct numerous gaps and inconsistencies found in the current statutes aimed at addressing health risks before they lead to injury or disease (<i>Food and Drugs Act; Hazardous Products Act; Quarantine Act; etc.</i>). It would also establish guiding principles to govern federal intervention in the area of health protection.</p>	<p>In light of the comments received in a first round of national consultations, Health Canada is developing a detailed legislative proposal to serve as a basis for a second round of discussions, to take place during the year 2000. It is only after the completion of these consultations that a Bill could be tabled before Parliament.</p>
<p><i>Human Reproductive and Genetic Technologies Act</i></p>	<p>► The protection and promotion of the health and safety of Canadians in the use of human reproductive materials for assisted human reproduction, other medical procedures and medical research; the promotion of the resolution of ethical issues in the use of human reproductive materials and fetal tissues; and the protection of the dignity and security of all persons, especially women and children.</p>	<p>Proposing to develop appropriate set of regulations in consultations with key stakeholder groups.</p>

<p>* Product Licensing, TPP</p> <p>** Establishment Licensing, TPP</p> <p>*** Controlled Substance Surveillance, TPP</p>
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## Sustainable Development

As the concept of sustainable development has been evolving so ideas about what makes human populations healthy have also been changing. Over the last two decades, there has been a growing awareness of the interrelated determinants (or factors) that contribute to population health. These are now recognized to include income and social status, social support networks, education, employment and working conditions, social and physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture.

Health Canada has a direct influence on social/cultural, economic and environmental conditions in Canada through implementation of its policies, programs and regulatory responsibilities. To foster the creation of a healthier society where human and ecosystem well-being are enhanced, the Department is striving for fuller consideration and integration of the economic, social and environmental spheres in its decision-making process.

Sustainable development is a practical process with ethical and legal responsibilities that shape decision-making throughout the Department. Sustainable development is about our quality of life. Health Canada is currently implementing its 1997 Sustainable Development Strategy, prepared under the authority of the *Auditor General's Act* (revised 1995). In 1998, the Department revised its targets in response to the recommendation of the Commissioner of the Environment and Sustainable Development and made them more quantifiable. The targets, published on the departmental Web site, < [http://www.hc-sc.gc.ca/susdevdur/health\\_e.htm](http://www.hc-sc.gc.ca/susdevdur/health_e.htm) > are arranged under four strategic themes:

**Promoting and Supporting Population Health:** Opportunities to contribute to sustainable development through a population health approach and through our intention to more fully explore the linkages between population health and sustainable development, and to support healthy child and youth development;

**Identifying and Reducing Health Risks from the Environment:** Opportunities to address health risks of environmental origin (toxic substances in the environment, bio-regional health effects and environment-related diseases) and from the food supply;

**Strengthening Partnerships on Health, Environment and Sustainable Development:** Opportunities for collaboration with other federal departments, provincial and territorial governments, First Nations and Inuit communities and organizations, as well as health professionals, health advocates, consumers and researchers;

**Integrating Sustainable Development into Departmental Decision-Making and Physical Operations:** Opportunities for the Department to become more responsive to sustainable development by clearly establishing responsibilities and accountability for sustainable development; and by "greening" operations in its laboratories, health care facilities, warehouses and offices.



The direction at Health Canada is to integrate sustainable development thinking into the development of all policies and programs, and into planning, staffing, training, risk assessments, regulatory evaluations, partnership activities, public consultation and more. Integrating sustainable development thinking into all the Department does will require continuous examination of the processes and tools it has and the ones it needs.

For the planning period, Health Canada's Office of Sustainable Development (OSD) will initiate, together with the Branches and the Pest Management Regulatory Agency, the process for developing Health Canada's Sustainable Development Strategy 2000 by identifying suitable themes and targets and receiving input from stakeholders and the public through a consultation process involving all federal departments.

Additionally, the OSD will address all commitments contained in the 1997 Sustainable Development Strategy and will respond to initiatives of the Office of the Commissioner of the Environment and Sustainable Development.

**Primary Responsibility:**

Assistant Deputy Minister - Health Protection Branch

**Co-Responsibility:**

Assistant Deputy Minister - Health Promotion and Programs Branch

Assistant Deputy Minister - Medical Services Branch

Assistant Deputy Minister - Policy and Consultation Branch

Assistant Deputy Minister - Information, Analysis and Connectivity Branch

Senior Assistant Deputy Minister - Corporate Services Branch





## SECTION V: FINANCIAL INFORMATION

**TABLE 5.1: Summary of Transfer Payments**

(millions of dollars)

<b>Business Lines</b>	<b>Forecast Spending 1999-2000</b>	<b>Planned Spending 2000-2001</b>	<b>Planned Spending 2001-2002</b>	<b>Planned Spending 2002-2003</b>
<b>Grants</b>				
Management of Risks to Health	\$37.1	<b>\$5.1</b>	\$5.1	\$5.1
Promotion of Population Health	22.2	<b>22.6</b>	22.6	21.5
Aboriginal Health	0.0	<b>0.0</b>	0.2	0.2
Health Policy, Planning and Information	11.9	<b>11.9</b>	10.7	10.7
<b>Total Grants</b>	<b>\$71.2</b>	<b>\$39.6</b>	<b>\$38.6</b>	<b>\$37.5</b>
<b>Contributions</b>				
Management of Risks to Health	\$7.8	<b>\$8.1</b>	\$6.6	\$1.4
Promotion of Population Health	125.5	<b>212.9</b>	174.2	168.1
Aboriginal Health	565.4	<b>599.4</b>	643.7	663.5
Health System Support and Renewal	45.0	<b>59.5</b>	0.0	0.0
Health Policy, Planning and Information	19.6	<b>50.2</b>	69.1	19.5
Corporate Services	30.0	<b>19.5</b>	19.5	19.5
<b>Total Contributions</b>	<b>\$793.3</b>	<b>\$949.6</b>	<b>\$913.1</b>	<b>\$872.0</b>
<b>Total Transfer Payments</b>	<b>\$864.5</b>	<b>\$989.2</b>	<b>\$951.7</b>	<b>\$909.5</b>



## TABLE 5.2: Source of Respendable Revenues

(millions of dollars)

<b>Business Lines/ Service Lines</b>	<b>Total Authorities* 1999-2000</b>	<b>Planned Revenues** 2000-2001</b>	<b>Planned Revenues** 2001-2002</b>	<b>Planned Revenues** 2002-2003</b>
<b>Management of Risks to Health</b>				
Food Safety, Quality and Nutrition	\$1.3	<b>\$1.3</b>	\$1.3	\$1.3
Therapeutic Product Regulation*	34.7	<b>34.7</b>	34.7	34.7
Environmental Health	3.3	<b>3.3</b>	3.3	3.3
Occupational Health and Safety Agency	5.3	<b>0.1</b>	0.1	0.1
Pest Management Regulation*	0.2	<b>0.2</b>	0.2	0.2
Emergency Services	0.1	<b>0.1</b>	0.1	0.1
<b>Aboriginal Health</b>				
Indian and Inuit Health	\$9.1	<b>\$9.1</b>	\$9.1	\$9.1
<b>Corporate Services</b>				
	\$1.2	<b>\$0.7</b>	\$0.7	\$0.7
<b>Total Respendable Revenues</b>	<b>\$55.2</b>	<b>\$49.5</b>	<b>\$49.5</b>	<b>\$49.5</b>

\*Does not include the Respendable Revenues approved after Main Estimates. PMRA \$7.3M and Medical Devices \$4.6M.

\*\*Includes only authorities already approved by Parliament.

Respendable Revenues: These revenues were formerly called "Revenues Credited to the Vote" and are available for spending by the Department.





## TABLE 5.3: Source of Non-Respendable Revenues

(millions of dollars)

<b>Business Lines Service Lines</b>	Forecast Revenues 1999-2000	<b>Planned Revenues 2000-2001</b>	Planned Revenues 2001-2002	Planned Revenues 2002-2003
<b>Management of Risks to Health</b>				
Food Safety, Quality and Nutrition	\$0.2	<b>\$0.2</b>	\$0.2	\$0.2
Therapeutic Product Regulation	3.6	<b>3.6</b>	3.6	3.6
Environmental Health	0.5	<b>0.5</b>	0.5	0.5
Occupational Health and Safety Agency	0.1	<b>0.1</b>	0.1	0.2
Pest Management Regulation	1.0	<b>1.0</b>	1.0	1.0
Emergency Services	-	-	-	-
<b>Aboriginal Health</b>				
Indian and Inuit Health	2.3	<b>2.3</b>	2.3	2.3
<b>Corporate Services</b>				
	-	<b>0.1</b>	0.1	0.1
<b>Total Non-Respendable Revenues</b>	<b>\$7.7</b>	<b>\$7.8</b>	<b>\$7.8</b>	<b>\$7.9</b>
<b>Total Respendable and Non-Respendable Revenues</b>	<b>\$62.9</b>	<b>\$57.3</b>	<b>\$57.3</b>	<b>\$57.4</b>

Non-Respendable Revenues: These revenues were formerly called "Revenues Credited to the Consolidated Revenue Fund." They are not available to be spent by the Department but are available to the Government.



## TABLE 5.4: Net Cost of Program for 2000-2001

(millions of dollars)

	Health Program
<b>Planned Spending (Budgetary and Non-Budgetary Main Estimates plus adjustments)</b>	<b>\$2,435.0</b>
<i>Plus: Services Received Without Charge</i>	
Accommodation provided by Public Works and Government Services Canada (PWGSC)	\$18.0
Contributions covering employees' share of employees' insurance premiums and expenditures paid by TBS	19.2
Workman's compensation coverage provided by Human Resources Canada	0.9
Salary and associated expenditures of legal services provided by Justice Canada	1.9
<i>Less: Respendable Revenues</i>	<b>49.5</b>
<i>Less: Non-Respendable Revenues</i>	<b>7.8</b>
<b>2000-2001 Net Program Cost</b>	<b>\$2,417.7</b>





## SECTION VI: OTHER INFORMATION

### Listing of Statutes and Regulations

#### Statutes and Regulations Currently in Force

1. *Canada Health Act*, R.S.C. 1985, c. C-6
2. *Canadian Environmental Protection Act*, S.C. 1999, c. 33
3. *Controlled Drugs and Substances Act*, R.S.C. 1985, c. C-38.8
4. *Department of Health Act*, R.S.C. 1985, c. H-3.2
5. *Financial Administration Act*, R.S.C. 1985, c. F-11
6. *Food and Drugs Act*, R.S.C. 1985, c. F-27
7. *Hazardous Products Act*, R.S.C. 1985, c. H-3
8. *Patent Act*, R.S.C. 1985, c. P-4
9. *Pest Control Products Act*, R.S.C. 1985, c. P-9
10. *Quarantine Act*, R.S.C. 1985, c. Q-1
11. *Tobacco Act*, R.S.C. 1985, c. T-11.5
12. *Canadian Centre on Substance Abuse Act*, R.S.C. 1985, c. 49 (4<sup>th</sup> Supp.)
13. Regulation under the *Department of National Health and Welfare Act* repealed and replaced by *Department of Health Act*, R.S.C. 1985, c. H-3.2
  - Potable Water on Common Carriers, C.R.C. 1978, c. 1105
14. Regulation under the *Department of National Health and Welfare Act* repealed and replaced by *Department of Health Act*, R.S.C. 1985, c. H-3.2
  - Human Pathogens Importation Regulations, SOR/94-558
15. *Fitness and Amateur Sport Act*, R.S.C. 1985, c. F-25
16. *Medical Research Council Act*, R.S.C. 1985, c. M-4



17. *Queen Elizabeth II Canadian Research Fund Act*, R.S.C. 1970, c. Q-1
18. *Radiation Emitting Devices Act*, R.S.C. 1985, c. R-1
19. *Hazardous Materials Information Review Act*, R.S.C. 1985, c. H-2.7
20. *Pesticide Residue Compensation Act*, R.S.C. 1985, c. P-10

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

21. *Atomic Control Act*, R.S.C. 1985, c. A-16
22. *Broadcasting Act*, R.S.C. 1985, c. B-9.01
23. *Canada Labour Code*, R.S.C. 1985, c. L-2
24. *Canada Medical Act*, R.S.C. 1952, c. 27
25. *Canada Shipping Act*, R.S.C. 1985, c. S-9
  - *Ships' Crews Food and Catering Regulations*, C.R.C. 1978, c. 1480
26. *Canadian Food Inspection Agency Act*, R.S.C. 1985, c. C-16.5
27. *Emergency Preparedness Act*, R.S.C. 1985, c. 6 (4<sup>th</sup> Supp.)
28. *Energy Supplies Emergency Act*, R.S.C. 1985, c. E-9
29. *Excise Tax Act*, R.S.C. 1985, c. E-15
30. *Federal-Provincial Fiscal Arrangements Act*, R.S.C. 1985, c. F-8
31. *Feeds Act*, R.S.C. 1985, c. F-9
32. *Immigration Act*, R.S.C. 1985, c. I-2
33. *National Parks Act*, R.S.C. 1985, c. N-14
34. *Trade Marks Act*, R.S.C. 1985, c. T-13



### **Bills Pending\***

35. Canadian Institutes of Health Research (Bill C-13)

\* Bills that are in progress or an adopted law but not into force.

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## References

### **Health Canada documents can be ordered from:**

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The following are examples of documents available.

### **Reports:**

A New Approach to Health Research for the 21<sup>st</sup> Century  
A New Perspective on the Health of Canadians  
Aboriginal Health in Canada  
Canada Health Action: Building on the Legacy  
Canada Health Infoway  
Canada's Alcohol and Other Drugs Survey: Preview 1995  
How Effective are Alcohol and Other Drug Treatment Programs  
Nutrition for a Healthy Pregnancy  
Toward a Healthy Future: Second Report on the Health of Canadians  
Trends in the Health of Canadian Youth  
Various reports on Mental Health

### **Books, brochures, 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  
The Vitality Approach: A Guide for Leaders  
Tobacco



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