

# Health Canada

**2007-2008  
Report on Plans and  
Priorities**



# Table of Contents

---

Section 1: Overview .....	1
<b>1.1 Minister's Message .....</b>	<b>3</b>
<b>1.2 Management Representation Statement .....</b>	<b>5</b>
<b>1.3 Summary Information .....</b>	<b>6</b>
<b>1.4 Overview .....</b>	<b>8</b>
Introduction .....	8
Health Portfolio Overview .....	8
Health Portfolio Organizations .....	8
Introduction to Health Canada .....	9
Health Canada at Work Across the Country .....	11
Corporate Priorities of Health Canada .....	12
Health Canada and Partners Helping Canadians Make Independent, Informed Choices .....	12
Our Operating Environment .....	13
Our Strategic Response .....	14
Our Key Priorities for 2007-2008 .....	14
Guiding Principles .....	15
Our Management Priorities .....	15
Contributing to Government of Canada Strategic Outcomes .....	16
Integrating human resource planning into business planning .....	17
Sustainable Development .....	18
The Role of Science .....	18
Section 2: Analysis of Program Activities by Strategic Outcome .....	19
<b>Strategic Outcome: Strengthened Knowledge Base to Address Health and Health Care Priorities .....</b>	<b>21</b>
Program Activity Description .....	21
Performance Measurement Strategy .....	22
Key Programs and Services .....	23
Health Care Policy .....	23
Pharmaceuticals Management Strategy .....	25
Nursing Policy .....	26
Assisted Human Reproduction Canada Implementation .....	27
Health Sciences Policy .....	28

Legislative and Regulatory Affairs . . . . .	29
International Affairs . . . . .	30
Official Languages Minority Community Development . . . . .	31

<b>Strategic Outcome: Access to Safe and Effective Health Products and Food and Information for Healthy Choices . . . . .</b>	<b>32</b>
Program Activity Description . . . . .	32
Performance Measurement Strategy . . . . .	34
Key Programs and Services . . . . .	35
Pre-market evaluation and regulatory process improvement . . . . .	35
Information, education and outreach on health products, food and nutrition . . . . .	37
Monitoring safety and therapeutic effectiveness and risk management . . . . .	38
Transparency, public accountability and stakeholder relationships . . . . .	40
Endnotes . . . . .	41

<b>Strategic Outcome: Reduced Health and Environmental Risks from Products and Substances, and Safer Living and Working Environments . . . . .</b>	<b>42</b>
Program Activity Description – Healthy Environments and Consumer Safety . . . . .	42
Performance Measurement Strategy . . . . .	44
Key Programs and Services . . . . .	44
Drug Strategy and Controlled Substances . . . . .	44
Tobacco Control . . . . .	45
Safe Environments . . . . .	47
Product Safety . . . . .	49
Workplace Health & Public Safety . . . . .	50
Program Activity Description – Pest Control Product Regulation . . . . .	51
Performance Measurement Strategy . . . . .	53
Web Links . . . . .	54

<b>Strategic Outcome: Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians . . . . .</b>	<b>55</b>
Program Activity Description . . . . .	55
Performance Measurement Strategy . . . . .	60
Key Programs and Services . . . . .	60
Children and Youth Programs . . . . .	61
Mental Health and Addictions Programs . . . . .	61
Chronic Disease and Injury Prevention Programs . . . . .	62
Environmental Health and Research Programs . . . . .	62
Communicable Disease Control Programs . . . . .	63

---

Primary Health Care Programs . . . . .	63
Non-Insured Health Benefits . . . . .	64
Web Links . . . . .	64
<b>Section 3: Supplementary Information . . . . .</b>	<b>67</b>
Organizational Information . . . . .	68
Departmental Links to Government of Canada Outcomes . . . . .	69
Table 1: Departmental Planned Spending and Full Time Equivalents . . . . .	70
Table 2: Voted and Statutory Items listed in Main Estimates . . . . .	73
Table 3: Services Received Without Charge . . . . .	73
Table 4: Sources of Respendable and Non-Respendable Revenues . . . . .	74
Table 5: Resource Requirements by Branch and by Program Activity . . . . .	75
Table 6: Regulatory Plan . . . . .	76
Table 7: Details on Transfer Payments Programs . . . . .	81
Table 8: Conditional Grants (Foundations) . . . . .	82
Table 9: Horizontal Initiatives . . . . .	83
Table 10: Sustainable Development Strategy . . . . .	83
Table 11: Internal Audits and Evaluations. . . . .	99
<b>Section 4: Other Items of Interest . . . . .</b>	<b>103</b>
Health Canada's Regional Operations – An Overview. . . . .	105
Advancing the Science Agenda . . . . .	107



**2007-2008  
Departmental  
Overview**





# 1.1 Minister's Message

---



It is my pleasure to present to you Health Canada's *2007-2008 Report on Plans and Priorities*. This Report lays out the initiatives Health Canada will undertake over the next three years and reflects the commitment of Canada's New Government to help ensure

that our publicly-funded health system remains strong and effective and is doing everything it can to help make Canadians among the healthiest in the world.

Health remains one of this Government's top priorities. In my first year as Minister of Health, we have embarked on an ambitious agenda. I am pleased to see that we made much progress in addressing our key priorities and we must continue in this spirit to meet the needs and expectations that Canadians have for this Department and this Government.

One of the foremost priorities for this planning period remains to continue working with the provinces, territories and stakeholders to ensure Canadians receive essential health care within clinically acceptable wait times. In this spirit, we will continue to develop the building blocks for a Patient Wait Times Guarantee to help reduce the wait times faced by Canadians. The focus of our work in the next year will include the implementation of the Patient Wait Times Guarantee pilot projects recently launched for diabetic and prenatal care for First Nations and for pediatric surgery. To further our efforts in the reduction of wait times, this Government will continue to support the development of an electronic health record system. Timely access to care will remain a focal point for Health Canada's activities.

Cancer continues to threaten a growing number of Canadians. That is why Health Canada will continue to work with the Public Health Agency of Canada to support the implementation of the Canadian Partnership Against Cancer Corporation, recently announced by the Prime Minister. Health Canada will focus on assisting with the start-up of this non-profit organization while helping to ensure its successful implementation

and ongoing collaboration with other governments and cancer organizations. The initial focus of this new organization will be implementing its priority areas for immediate action and developing its role in coordinating cancer activities across Canada.

Mental health and addiction problems affect 1 in 5 Canadians and cost the Canadian economy an estimated \$18 billion per year. Health Canada will continue its work in addressing mental health and mental illness in Canada and will work with others to build a foundation for a national approach to mental health and mental illness in Canada.

As the provider of primary health care to First Nations and Inuit, we will continue to work with the provinces, territories, Aboriginal Health Organizations and other federal departments to help improve the overall health outcomes of First Nations and Inuit and help ensure the availability of and access to quality health care. Special focus over the next three years will be on initiatives to ensure safe drinking water in Aboriginal communities, reduce mould in community housing and increase health human resources.

Canada's New Government also recognizes the importance of a clean and sustainable environment and the impact it has on the overall health of Canadians. We will continue to work to minimize the health risks to Canadians from environmental contaminants. To this end, Health Canada will play an integral role in working with Environment Canada to develop and implement the Government's Environmental Agenda with a specific focus on the safe management of chemicals and clean air.

Developing a pandemic preparedness plan will continue to be a focus for us throughout the next year and beyond, as diseases are able to travel rapidly across the globe and with little warning. We will continue to work with others here and abroad to continue research and ensure vaccine availability.

Canada's population is getting older, which brings with it evolving health challenges. In order to address these challenges, Health Canada will play an important role in the creation of a national seniors council, which will serve as an advisory body and sounding board for seniors' health issues across the country. This will help Health Canada develop policies to address the health needs of this growing group.

This Department is committed to working with Justice Canada and Public Safety and Emergency Preparedness Canada to develop a National Drug Strategy. Health Canada will also work with stakeholders to help reduce alcohol-related harms in Canada and to address the issue of abuse and diversion of legal pharmaceutical products containing controlled substances. Through these efforts, Health Canada will contribute to healthier Canadians and safer communities.

Health Canada will continue to work with the Public Health Agency of Canada and other stakeholders to promote the Healthy Canadians initiative. The recent release of the new *Canada's Food Guide* along with support for ParticipACTION will provide key tools for helping Canadians adopt and maintain healthy lifestyles.

We will also continue to strengthen Health Canada's regulatory capacity by streamlining the regulatory process to ensure Canadians have access to safe and effective products in a timely manner. This will play a key role in the review of the Natural Health Product Regulations.

Health Canada remains committed to fostering leading edge science and research within the federal government and with external partners to ensure we have the knowledge needed to meet current and emerging risks to the health of Canadians. Federal support recently announced by the Prime Minister for specific research initiatives, such as the Spinal Cord Injury Translational Research Network and the Canadian HIV Vaccine Initiative, are illustrations of this commitment. We will continue to support and strengthen our research to ensure we have a sound evidence base for decision-making.

Underlying all of these plans and priorities are mechanisms to ensure that we are providing value for money and tangible results for Canadians. I am pleased to report that we have strengthened results-based management throughout Health Canada so we can better demonstrate to Canadians that we are doing everything we can to ensure our programs and services are achieving their objectives.

I am confident that with the plans described in this Report, we will be able to continue to make progress on this Government's health agenda, contribute to an efficient health care system and help improve the health of Canadians.



Tony Clement  
Minister of Health, and Minister for the Federal  
Economic Development Initiative for Northern Ontario

# 1.2 Management Representation Statement

I submit for tabling in Parliament, the 2007-2008 Report on Plans and Priorities (RPP) for Health Canada.

This document has been prepared based on the reporting principles contained in *Guide for the Preparation of Part III of the 2007-2008 Estimates: Reports on Plans and Priorities and Departmental Performance Reports*:

- It adheres to the specific reporting requirements outlined in the Treasury Board Secretariat guidance;
- It is based on the Department's Strategic Outcomes and Program Activity Architecture that were approved by the Treasury Board;
- It presents consistent, comprehensive, balanced and reliable information;
- It provides a basis of accountability for the results achieved with the resources and authorities entrusted to it; and
- It reports finances based on approved planned spending numbers from the Treasury Board Secretariat in the RPP.



Morris Rosenberg  
Deputy Minister of Health

## 1.3 Summary Information

---

### Raison d'être

Health Canada was established to help the people of Canada maintain and improve their health. We are also committed to improving the lives of all Canadians and making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

FINANCIAL RESOURCES (IN MILLIONS OF DOLLARS)		
2007–2008	2008–2009	2009–2010
3,036.7	2,991.0	3,028.3

HUMAN RESOURCES		
2007–2008	2008–2009	2009–2010
8,825	8,681	8,689

DEPARTMENTAL PRIORITIES	
Name	Type
1. Working with others to strengthen the efficiency and effectiveness of the publicly-funded health care system	Ongoing
2. Contributing to the improvement of the health of Canadians	Ongoing
3. Reducing the risks to the health of the people of Canada	Ongoing
4. Strengthening accountability to Parliament and the public	Ongoing

## PROGRAM ACTIVITIES BY STRATEGIC OUTCOME

		Planned Spending			
	Expected Results	2007– 2008	2008– 2009	2009– 2010	Contributes to the following priority
<b>STRATEGIC OUTCOME #1: Strengthened Knowledge Base to Address Health and Health Care Priorities</b>					
Program Activity: Health Policy, Planning and Information	<ul style="list-style-type: none"> <li>Strengthened knowledge base to address health and health care priorities</li> </ul>	263.7	259.9	254.8	Priority No. 1, 2, 3 and 4
<b>STRATEGIC OUTCOME #2: Access to Safe and Effective Health Products and Food and Information for Healthy Choices</b>					
Program Activity: Health Products and Food	<ul style="list-style-type: none"> <li>Access to Safe and Effective Health Products and Food</li> <li>Access to Information for Healthy Choices</li> </ul>	257.4	246.3	246.7	Priority No. 1, 2, 3 and 4
<b>STRATEGIC OUTCOME #3: Reduced Health and Environmental Risks from Products and Substances, and Safer Living and Working Environments</b>					
Program Activity: Healthy Environments and Consumer Safety	<ul style="list-style-type: none"> <li>Reduced health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol and other substances</li> <li>Reduced risks to health and safety, and improved protection against harm associated with workplace and environmental hazards and consumer products (including cosmetics)</li> </ul>	333.8	289.8	291.7	Priority No. 2, 3 and 4
Program Activity: Pest Control Product Regulation	<ul style="list-style-type: none"> <li>Access to safer pesticides</li> <li>Improved transparency and knowledge dissemination</li> </ul>	50.9	46.5	46.3	Priority No. 3 and 4
<b>STRATEGIC OUTCOME #4: Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians</b>					
Program Activity: First Nations and Inuit Health	<ul style="list-style-type: none"> <li>Better health outcomes and reduction of health in equalities between First Nations and Inuit and other Canadians</li> </ul>	2,130.9	2,148.5	2,188.8	Priority No. 1, 2, 3 and 4

# 1.4 Overview

---

## INTRODUCTION

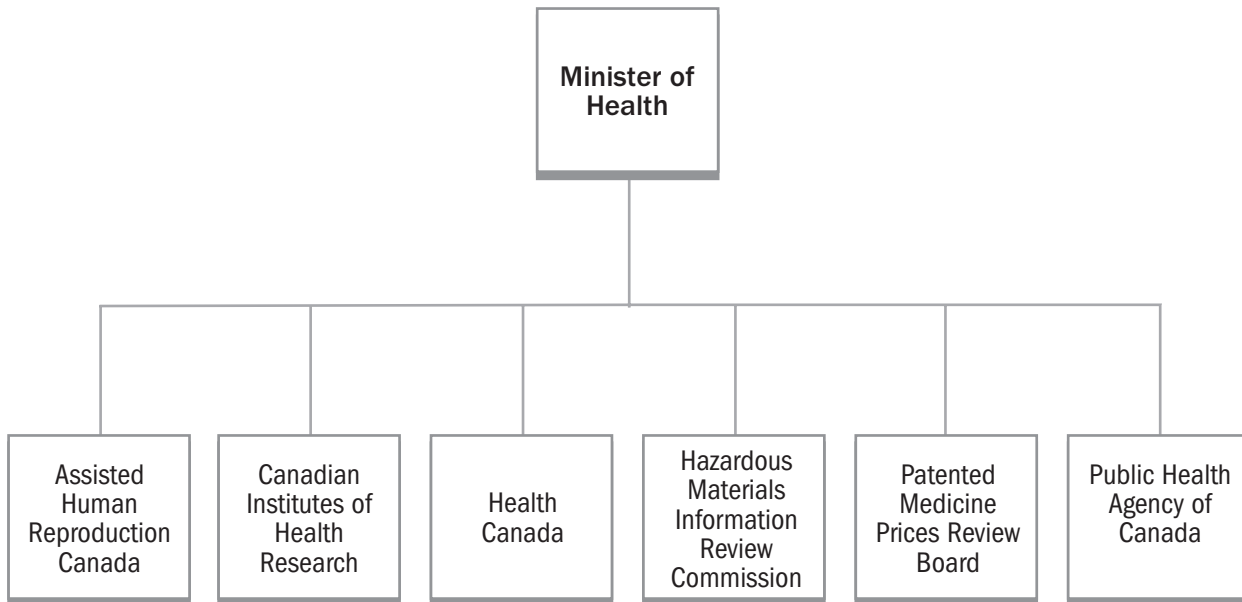
The Report on Plans and Priorities is Health Canada’s key planning and priority-setting document. It provides an overview of the work of the Department, the external and internal challenges it faces and the key programs and services that will be delivered in the coming three years. It also summarizes planned expenditures and outlines performance measurement activities.

## HEALTH PORTFOLIO OVERVIEW

The Minister of Health, through the work of the Health Portfolio, is responsible for maintaining and improving the health of Canadians. The Portfolio consists of Health Canada, the Public Health Agency of Canada, the Canadian Institutes of Health Research, the Hazardous Materials Information Review Commission, the Patented Medicine Prices Review Board and the newly-formed Assisted Human Reproduction Canada. Each member of the Portfolio prepares its own Report on Plans and Priorities.

The Health Portfolio consists of approximately 11,400 employees and an annual budget of over \$4.5 billion. Health Canada provides policy leadership and coordination among portfolio members to ensure a coherent approach to addressing health priorities.

## HEALTH PORTFOLIO ORGANIZATIONS



## INTRODUCTION TO HEALTH CANADA

Health Canada's mission is to help the people of Canada maintain and improve their health. This responsibility covers a wide range of functions, including:

- regulation of a large variety of products in order to protect health and safety. Regulatory authorities cover medicines and medical devices, pesticides, consumer chemicals and products, nuclear and radiological safety, illicit drugs and food.
- providing health services to First Nations and Inuit;
- supporting the health care system by working with provincial and territorial partners and stakeholders on important reform initiatives;
- promoting improved health, as a public champion for individual decision-making that will enable individuals and families to be as healthy as possible;
- generating and sharing knowledge and information, on which personal decision-making, regulations and standards, and innovation in health rely; and,
- contributing to global health.

We protect the health and safety of Canadians through regulations and legislation. We work with a number of partners to maintain and improve health through programs and services with other federal agencies, the provinces and territories, First Nations and Inuit and stakeholders across Canada and abroad. These ongoing relationships help ensure our activities are based on emerging best-practices, make use of the most current science and are tailored to specific regional and stakeholder challenges. Health Canada helps assess risks to human health, maintains health protection efforts, regulates and approves products and provides national leadership and expertise in the development of health science and policy.

As administrator of the *Canada Health Act*, the Minister of Health works with provinces and territories to promote and protect a strong, universally accessible and equitable publicly funded health care system that is consistent with the criteria and conditions of the *Act*

and allows Canadians to be confident in the services they receive. The Minister of Health is also responsible for another 18 statutes including the *Food and Drugs Act*, the *Pest Control Products Act*, the *Controlled Drugs and Substances Act* and the *Tobacco Act*, to name a few.

Health Canada implements its legislation through a number of regulations, guidelines, policies, programs, and services. Health Canada's significant responsibilities include ensuring the quality, safety, and effectiveness of drugs, medical devices and other therapeutic products, and pesticides; the safety of consumer products and workplace substances; the safety and nutritional quality of food; exposure to toxic substances in the environment; and the quality of air and water. Health Canada also helps Canadians to prevent and reduce the incidence and severity of disease, injury and disability, through prevention and control programs. Maintaining modern regulatory systems requires continued updating of legislation, regulations and policies, and the continuous monitoring of emerging issues, responding when and where required in order to protect the health and safety of Canadians. For these reasons, the Department is working to strengthen our regulatory systems. In 2007-2008, we will complete comprehensive reviews of all regulatory programs and activities in order to define the level of activities, performance and resources required to meet our regulatory and other responsibilities. A departmental priority will be regulatory streamlining and modernization, which will support the broader Government of Canada priority of a stronger economy.

The Minister of Health, through Health Canada, oversees transfers to the provinces and territories through the Canada Health Transfer and facilitates collaboration and coordination across the health systems.

While working towards improving the health of the entire population, the Minister of Health is also the provider of primary health care to First Nations and Inuit, largely in remote and rural areas. The objectives of Health Canada's First Nations and Inuit health program are to reduce the gap between health outcomes of First Nations and Inuit and the rest of the Canadian population, improve the overall health

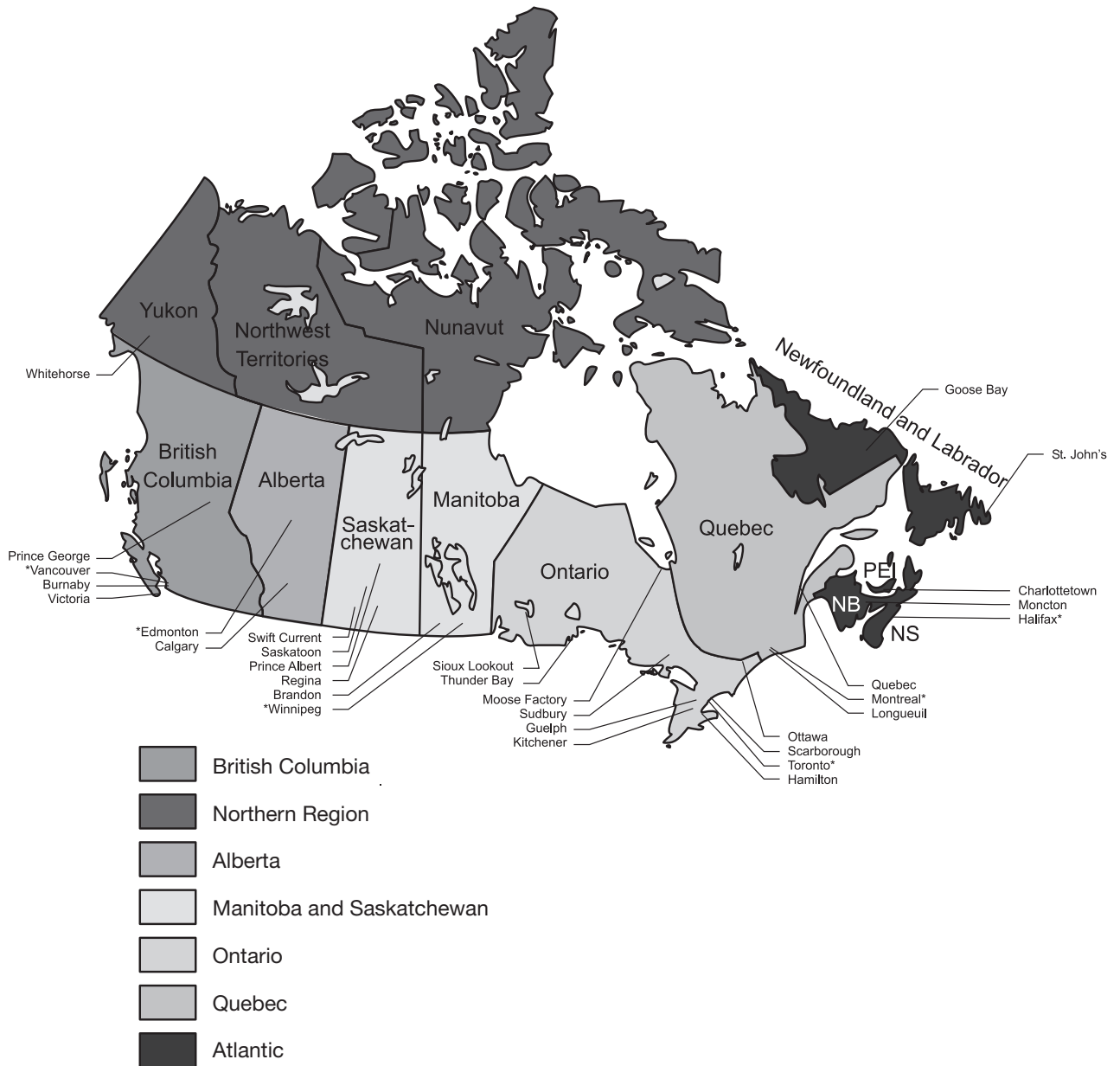
of these communities, ensure the availability of and access to quality health services, work towards seamless integration of health programs and services, and develop capacity to support delivery of health services by First Nations and Inuit communities. Additional challenges remain as these populations are growing faster than the national average, have higher rates of chronic and communicable disease and injuries, and often face unique health challenges due to factors of geography, socio-economic status and other underlying health determinants.



# HEALTH CANADA AT WORK ACROSS THE COUNTRY

Health Canada has approximately 8,700 employees across Canada. Roughly one third work outside the National Capital Region, providing close proximity to communities and clients thereby facilitating the

design and delivery of programs and services that are responsive to local issues, priorities and needs of the diverse regions of Canada.



Note: This map indicates only where Health Canada has significant presence  
 \* indicates location of Regional Directors General

## CORPORATE PRIORITIES OF HEALTH CANADA

Health Canada has identified four corporate priorities that guide the work of the Department as we address the challenges and opportunities that affect the health of Canadians. These priorities reflect our mission and planned strategic outcomes as explained in Section 2.

1. Contributing to the improvement of the health of Canadians.
2. Reducing the risks to the health of the people of Canada.
3. Working with others to strengthen the efficiency and effectiveness of the publicly-funded health care and health system.
4. Strengthening accountability to Parliament and the public.

## HEALTH CANADA AND PARTNERS HELPING CANADIANS MAKE INDEPENDENT, INFORMED CHOICES

The responsibility for promoting, protecting and improving the health of Canadians does not rest with a specific level of government, the medical profession or Canadians themselves. The responsibility is found in an interwoven community of collaborating stakeholders that each contributes to this goal.

Canadians make choices everyday that affect their health and well-being. Environmental, economic and social factors also affect health. Municipal, provincial and territorial governments and health service providers work to ensure community health services are available and provide the health care system that Canadians rely on to protect and improve their health. The private sector helps develop pharmaceuticals and other health products for Canadians.

### **The contribution of Health Canada**

In addition to overseeing the *Canada Health Act*, the federal government helps assess risks to human health, sustains health protection efforts, regulates and approves products, and funds health services. Health Canada provides national leadership and expertise in the development of health science and policy. The federal government provides assistance to provincial and territorial governments in the provision of health care services through the Canada Health Transfer. With respect to health programming and services for First Nations and Inuit, Health Canada supports public health and community health programs on-reserve and in Inuit communities, provides non-insured health benefits coverage regardless of residence, and delivers primary care on-reserve in remote and isolated areas where no provincial services are readily available.

Health Canada employees play key roles in the areas of promoting, protecting and improving the health of Canadians, roles that assist other stakeholders working in the area.

**Innovators.** As a science-based department, Health Canada employees are innovators, providing leading-edge science, sound policy research, and effective program and service development. Keeping abreast of global developments on diseases enabled Health Canada to play a leading role in Canada's response to the SARS, BSE and West Nile Virus outbreaks.

**Knowledge Brokers.** Through research, risk assessment, risk management and surveillance, Health Canada provides knowledge to Canadians, health care workers and other public and private sector stakeholders to enable them to make sound choices to protect health. The Department also monitors and researches the health threats from environmental factors such as toxic substances, air and water pollution, climate change and other threats. This work fosters sound decision-making and policy-development by all stakeholders to help reduce health risks.

*Continued*

**Enablers.** In all program areas, Health Canada brings stakeholders together, as well as provides information, research and education. The work of Health Canada enables Canadians to be up-to-date and informed about the issues that can impact their health.

**Regulators, Trustees and Stewards.** The Department's broad regulatory responsibilities to protect Canadians and promote health and safety range from prescription drugs and vaccines to toxic substances, from cardiac pacemakers to natural health products and food, from consumer goods to pesticides. Health Canada, through the administration of the *Canada Health Act*, safeguards publicly-funded health care in Canada, ensuring universal access to needed services.

**Proponents of Transparency.** All work at Health Canada, from the assessment of products under the *Canadian Environmental Protection Act* to the regulation and approval of thousands of products, is conducted transparently. Health Canada has committed to be accountable for delivering results to Canadians. The public had an opportunity to be involved in consultations on major regulatory initiatives such as the new *Pest Control Products Act* and will continue to be consulted in other areas as part of the Department's consultations framework.

## OUR OPERATING ENVIRONMENT

Health Canada works collectively with stakeholders here and abroad to improve the health status of people around the world and to prevent and address potential threats. Increasingly, governments and stakeholders are collaborating to share experiences and approaches to help ensure changing populations continue to have adequate health care and access to the latest treatments made possible by technological advancements. Health threats rapidly cross borders, whether from infectious diseases, pollution or imported products and food. Canada continues to make a strong contribution to improving health outcomes around the world. Global changes and linkages make the operating environment for Health Canada even more complex, requiring the Department to maintain an active engagement in the global health community.

Here at home, the face of illness in Canada is evolving. For example, we are seeing a shift in balance between chronic diseases and infectious diseases as preparing for, preventing and responding to infectious diseases has recently become a key priority for many governments and health partners across Canada. Health Canada must be able to respond to a complex, broad and often rapidly evolving environment, one that can see a serious health risk travel around the globe and threaten the health of Canadians here at home in a matter of hours. The demographics of disease are also shifting. Examples include the diseases associated

with the elderly that are now seen increasingly in younger populations, and lung diseases and HIV/AIDS that are turning up more frequently among women. Health inequalities continue across the population as socio-economic and regional factors continue to raise different challenges for health providers and policy-makers.

While there are a number of new emerging trends with potential benefits and threats to Canadians' health, for the most part there are several key themes that continue to dominate the policy landscape for Health Canada.

### **We are seeing encouraging progress towards improving the health of Canadians**

In Canada, we have made significant advances in preventing and treating cardiovascular disease and we have seen death rates in this area decline dramatically over the past 40 years. Progress has been made also in the fight against cancer, with the latest statistics showing stable or declining incidence and mortality rates for most types of cancers. Canada has a better cancer survival rate than Western Europe. We have made progress with tobacco use, with overall smoking rates and smoking related deaths declining.

**A number of health issues will always remain, as challenges and diseases evolve and positive efforts in prevention and treatment take time to alter the overall health of the population**

Though concrete progress has occurred in First Nations and Inuit health, such as with increases to overall life expectancy, there still exists a health gap between Aboriginal peoples and the rest of the Canadian population. Child poverty remains a challenge for a significant number of Canadian households, with potential impacts on health. Mental illness is a burden for many Canadians. The overall number of new cases of cancer continues to increase, as the population grows and ages. The number of HIV/AIDS cases continues to grow, affecting different segments of the population.

**More evidence, research, monitoring and reporting is crystallizing what we know about emerging health threats and the changing face of illness in Canada**

Governments and health organizations around the world continue to monitor avian flu and pandemic influenza, a relatively new focus for many organizations. The growing incidence of obesity in younger Canadians is an emerging health threat that governments and health care providers have to address. The rate of respiratory diseases, such as asthma, is increasing rapidly in Canada and women are especially vulnerable. Superbugs and hospital acquired infections continue to challenge health care providers and governments.

**Research repeatedly demonstrates that the actions of individuals can have a positive impact on their health and well-being, providing encouraging potential for improving the health of Canadians**

Two thirds of Canadians have at least one modifiable risk factor for chronic disease. It is estimated that about one half of cancers in Canada are preventable through lifestyle changes. Nutrition is a key factor for preventing some cancers and diseases. Experts say many accidents and injuries are preventable, though mishaps around the house, workplace or on the roads remain a leading cause of death. Eliminating tobacco use remains a critical lifestyle change for improving health.

## **OUR STRATEGIC RESPONSE**

Health Canada has developed a comprehensive array of programs, services, policies and regulations to enable us to address both existing and emerging health issues and challenges in Canada. Following are the four strategic outcomes guiding the work of the Department. Details of the program activities, priorities, expenditures and expected outcomes that fall within each of the following Health Canada strategic outcomes are included in Section 2 of this Report.

1. Strengthened knowledge base to address health and health care priorities.
2. Access to safe and effective health products and food, and information for healthy choices.
3. Reduced health and environmental risks from products and substances, and safer living and working environments.
4. Better health outcomes and reduction of health inequalities between First Nations and Inuit and other Canadians.

## **OUR KEY PRIORITIES FOR 2007-2008**

In addition to delivering initiatives in support of the four ongoing corporate priorities that reflect our day-to-day business, Health Canada will assign specific priority to the following key areas in 2007-2008:

1. **Supporting the health care system by advancing Patient Wait Times Guarantees.** Health Canada is working with the provinces to help ensure Canadians receive the care they need within clinically acceptable wait times. For example, Health Canada is implementing pilot projects for patient wait times guarantees in such areas as diabetes and prenatal care for First Nations and Inuit and pediatric surgeries.
2. **Improving the health of specific populations** including Aboriginals, seniors, children and youth. Initiatives will be implemented to help improve health outcomes for these specific groups that are each facing unique health challenges in comparison with other Canadians.

3. **Advancing Health and Environment initiatives** to protect health and adapt to our changing climate. Health Canada's work on the Chemicals Management Plan of Canada's Environmental Agenda will improve the degree of protection of Canadians and their environment against hazardous chemicals by introducing a number of new, proactive measures. The Clean Air Agenda will reduce indoor and outdoor air quality risks through such initiatives as a Radon Strategy and an Air Quality Health Index and Forecast Program.
  4. **Protecting the health of Canadians with a focus on regulatory renewal, natural health products and a National Drug Strategy.** We will develop and maintain modern and flexible legislation, regulatory frameworks and policy instruments in order to strengthen and modernize Canada's regulatory systems related to consumer and health products, food and pesticides. We will also continue work on the assessment of natural health products to help protect Canadians using these remedies. To help reduce harm associated with the abuse of drugs, we will work with partners to develop a National Drug Strategy.
  5. **Advancing global health security** by working with the Global Health Security Initiative to coordinate global actions in response to health threats. We work with other countries and international organizations including the World Health Organization (WHO).
- Ensuring alignment across the Health Portfolio: ensuring that the different policies, programs, agencies and partnerships that support strategic investments are aligned, reducing fragmentation, duplication in effort, overlap and where appropriate, varying cultures and modes of operation.
  - Building relationships with partners based on trust and inclusiveness: improving federal-provincial-territorial relations to better serve Canadians and ensuring wider participation by private and non-government organizations in policy making and with international organizations such as the World Health Organization.
  - Ensuring active engagement in international health issues including pandemic planning, knowledge generation and sharing, and new health developments in other countries.
  - Improving performance and ensuring value for money: supporting evidence-based policy and developing information and management systems that support performance management and optimal use of taxpayer funds.
  - Strengthening accountability to Parliament and the public.

## GUIDING PRINCIPLES

The following guiding principles will direct the work of the Minister of Health and the management of the Health Portfolio's activities as it responds to the priorities for action:

- Putting people first: Promoting policies and programs that provide greater certainty and timely access to health care for Canadians.
- Making strategic and evidence-based investments: understanding and responding in a strategic and co-ordinated manner to changes affecting our health system, including demographics, societal expectations and the changing nature of infectious, communicable and chronic diseases.

## OUR MANAGEMENT PRIORITIES

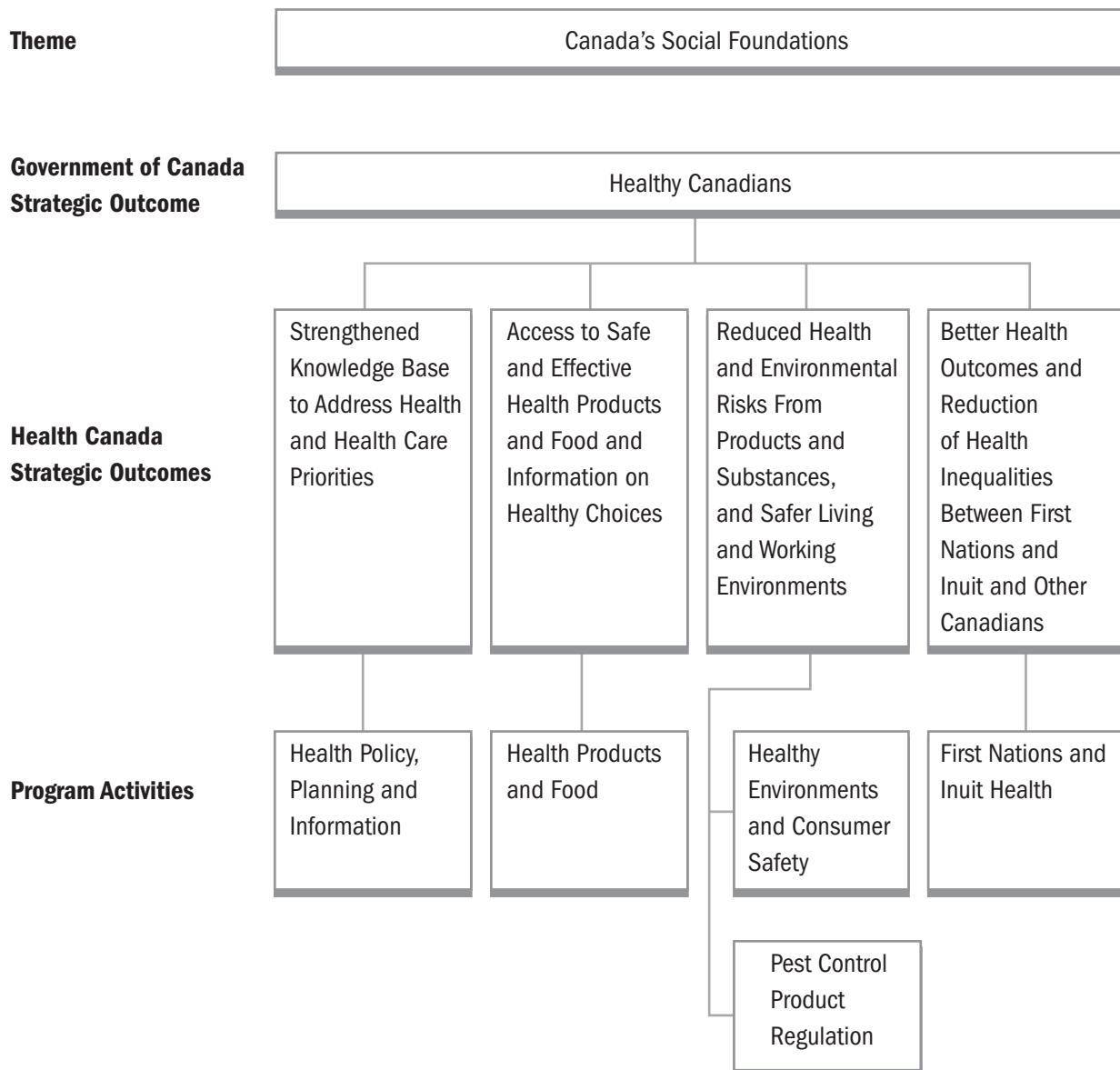
In the coming three years, Health Canada will address several internal management issues to ensure the Department is able to effectively and efficiently deliver on its priorities and meet its objectives. An overview of several key management priorities is included below. Impacts to Health Canada from Expenditure Restraint were limited to the Medical Marijuana Research Program, the First Nations and Inuit Tobacco Control Strategy and the Policy Research Program. Details are included in Section 2 - Strategic Outcomes.

Health Canada will continue to move forward with projects from its Financial Management and Control Framework to improve the capacity of Health Canada to effectively manage the resources under its control. Recently, a major step was taken towards a coordinated approach to resource management in Health Canada with the introduction of an integrated departmental operational planning process, including

human resources. We will continue to refine the process to ensure effective decision-making and enhanced monitoring of the resources for which the Department is responsible. Also, Health Canada will continue to work to meet the requirement for Audited Financial Statements, including the strengthening of internal controls and standardization of practices and processes.

Health Canada will implement the requirements of the new *Federal Accountability Act*. We will continue to monitor developments in the policy environment as it pertains to departmental finance and administration and will develop appropriate responses to newly implemented policies in a timely fashion. Health Canada will continue to support the work of the Blue Ribbon Panel on Grants and Contributions by assisting on the Business Process Review to streamline processes and participate as a vanguard department in implementing the Panel's recommendations.

## CONTRIBUTING TO GOVERNMENT OF CANADA STRATEGIC OUTCOMES



Health Canada will continue to respond to audit recommendations as laid out by the Office of the Auditor General, the Office of the Comptroller General and others. We will ensure that structures, processes and systems are in place to ensure that our responses will satisfy the requirements described in various audit recommendations. The Department has most recently agreed with all recommendations of the November 2006 Auditor General's Report, which contained two Chapters on Health Canada. With respect to Chapter 8, Allocating Funds to Regulatory Programs, Health Canada has developed an Action Plan to address all ten recommendations. The Plan comprises two main components to strengthen its overall resource management process: a Branch level Comprehensive Program Review; and a departmental wide corporate Financial Management Control Framework targeted to be completed by March 2008. The Action Plan and status reports will be provided to the Standing Committee on Health and the Standing Committee on Public Accounts. For Chapter 10, Award and Management of a Health Benefits Contract, Health Canada has resolved the issues that the Auditor General brought to its attention.

Health Canada will continue to apply the Management Accountability Framework (MAF) at all management levels, and to integrate MAF expectations into the management culture of the Department. Through the MAF, Deputy heads will carry on their dialogue between the Treasury Board of Canada Secretariat (TBS) and the Public Service Human Resources of Canada (PSHRMAC) on the state of management practices in their organizations and on priorities for management improvement. The application of the MAF will facilitate the dialogue on management results with departments and agencies, as it integrates TBS and PSHRMAC management improvement initiatives and policies. Risk Management is an important element of the MAF and Health Canada is now incorporating risk management in departmental planning processes.

Health Canada will continue to participate in the federal government's shared services initiatives, and will continue to improve the Department's Business Continuity Planning Program to ensure departmental readiness for the continuous delivery of critical services during emergencies that have the potential to interrupt departmental operations such as a pandemic influenza outbreak.

## **INTEGRATING HUMAN RESOURCE PLANNING INTO BUSINESS PLANNING**

Business objectives will guide human resource planning, helping to ensure we have the right people, with the right skills, at the right time, to achieve our goals. The strategic outcomes highlighted in the Report on Plans and Priorities will form the business framework for human resource planning in the Department.

For planning purposes, branches and regions will use input from multiple sources to analyze their human resources needs and issues. Managers will take into account various information, including an internal departmental environmental scan, departmental demographic information, the results of the last Public Service Employee Survey, available program evaluations, Health Canada's draft science plan, and feedback from the Department's Management Accountability Framework.

Consolidated human resources plans will be analysed and used for integrated decision-making.

### **Our Operating Principles**

- Sound, informed decision-making based on leading edge science
- Efficient and sustainable resource utilization within legal, ethical and operational frameworks
- Transparency
- Cooperation and engagement with provinces, territories, partners and stakeholders
- Engagement in international health issues

## **SUSTAINABLE DEVELOPMENT**

For the period of 2007–2010, implementation of the Department's Sustainable Development Strategy IV will be the focal point of activity for sustainable development within Health Canada. Departmental targets will contribute to outcomes in areas such as food safety, clean water and clean air; sustainable communities; and greening of departmental operations to further sustainable development. During this period, Health Canada will work with other federal departments to advance the social aspects of sustainable development to ensure that departmental policy and program integration efforts are taking into account determinants of health and other socio-cultural factors. For more information on Health Canada's Sustainable Development Strategy, please see Table 11 of this Report.

## **THE ROLE OF SCIENCE**

As a science-based department, Health Canada depends on a strong foundation of science and research to fulfil its legislated mandate and contribute to the health and safety of Canadians. Given the wide spectrum of science-related activities in the Department, it is critical that we foster excellence in science and research, by effectively using sound science in policy and regulatory decision-making, and ensuring that these activities are aligned with departmental and federal policies.

Sound science contributes to risk assessment, risk management and supports evidence-based decision-making within Health Canada. Sound science contributes to establishing policies, setting standards and providing advice and information on the safety and nutritional value of food; the review of drugs to assess their quality, safety and effectiveness, including prescription and non-prescription pharmaceuticals, disinfectants and sanitizers; in assessing health risks to Canadians posed by environmental factors, consumer products, controlled substances, workplace chemicals and tobacco. In addition, sound science contributes to science-based health, environmental and value (including efficacy) assessments of pest control products.

Health Canada plays a strong leadership role in the federal government with respect to horizontal science policy and science management issues; supporting excellence in technology and innovation in all science, both research and regulatory, and promoting science and technology integration within the federal government and with external partners. In addition, the Department is committed to fostering excellence and integrity in its own science, encouraging due diligence and ensuring Health Canada has the science capacity it needs to meet current and emerging challenges.



# 2

## **Analysis of Program Activities by Strategic Outcome**



## **STRATEGIC OUTCOME: STRENGTHENED KNOWLEDGE BASE TO ADDRESS HEALTH AND HEALTH CARE PRIORITIES**

<b>PROGRAM ACTIVITY - HEALTH POLICY, PLANNING AND INFORMATION</b>				
<b>PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FTEs)</b>				
<b>(\$ millions)</b>	Forecast Spending 2006-2007	<b>Planned Spending 2007-2008</b>	Planned Spending 2008-2009	Planned Spending 2009-2010
Net Expenditures	281.9	<b>263.7</b>	259.9	254.8
FTEs	635	<b>588</b>	570	571

**Notes:** The decrease in forecast/planned expenditures from 2006-2007 to 2007-2008 is mainly due to the sunset of the Primary Health Care Transition Fund. This decrease is partially offset by an increase in funding for the *Canadian Strategy for Cancer Control*.

The decrease in planned expenditures from 2007-2008 to 2008-2009 is mainly due to a decrease in the level of funding for the Implementation of the Therapeutic Access Strategy, and the Assisted Human Reproduction regulatory regime. The decrease in planned expenditures from 2008-2009 to 2009-2010 is mainly due to a decrease in the level of funding for the National Wait Times Initiative.

Figures include an amount for departmental and regional infrastructure costs supporting program delivery.

### **PROGRAM ACTIVITY DESCRIPTION**

Under this program activity, we strive to develop effective policy responses to a range of priority, emerging, and cross-cutting issues that impact the health of Canadians. There are many governmental and non-governmental organizations working towards improved health outcomes in Canada, including provincial and territorial ministries of health, professional organizations, research organizations, the program branches of Health Canada, and the agencies within the federal Health Portfolio. Our objective is to promote national coordination and development of a strong, shared knowledge base to address health and health care priorities for all Canadians. We also aim to facilitate successful health system adaptation to changes in technology, society, industry and the environment, such that Canadians will continue to be protected from health risks, have access to quality health care, and gain positive health benefits from information and innovation.

We engage in a variety of policy activities to achieve our objectives. This includes managing targeted funding programs to stimulate health system research and

renewal, administering the *Canada Health Act*, drafting new health protection legislation and regulations, developing and distributing federal position papers on emerging issues, and setting up new agencies. We also take a leadership role for the Department in strategic planning, intergovernmental and international affairs, Cabinet and parliamentary relations, and providing policy advice and support to the Minister of Health.

During 2007-2008, reduction in health care wait times will remain one of our key priorities. Our work in this area is focussed on health human resources (i.e., ensuring there are adequate numbers of qualified health professionals to provide the health care Canadians need), promoting the use of electronic health records, facilitating federal/provincial collaboration, and supporting research that will help identify more efficient and effective ways to manage health care. Another continuing priority will be pandemic influenza preparedness and response. Here, we will focus on coordinating our efforts with the provinces and territories and the Public Health Agency of Canada (PHAC), the lead federal agency responsible for responding to public health emergencies and infectious

disease outbreaks. Our role is to promote equitable access to needed vaccines and antivirals, to represent Canada in international initiatives, and to provide advice on the broader social and economic implications of a pandemic influenza outbreak. Renewal of health protection legislation and modernization of the Canadian regulatory system also remain priorities. We are aiming to provide enhanced protection for Canadians as consumers, patients and workers, while encouraging commercial innovation and a competitive economy.

Effective policy development in the area of health draws on expertise and knowledge in the health sciences and medicine as well as the social sciences. We work with many partner organizations in health research and health data collection. The Canadian Institutes for Health Research (CIHR), Statistics Canada, the Canadian Institute for Health Information (CIHI), professional organizations, and non-governmental organizations work with the federal Health Portfolio to generate the extensive knowledge base needed for effective health policy, and to ensure its availability to the decision-makers who need it. We also share information internationally through partnerships such as the Organization for Economic Cooperation and Development (OECD) Health Committee, the Global Health Research Initiative (GHRI), and the Canada-Australia Dialogue. Our priority at Health Canada is to promote collaboration and knowledge-sharing in health care research, to address knowledge gaps in what the federal Health Portfolio has identified as priority issues, and to ensure research addresses the health needs of all Canadians. In some areas, we have our own expertise. For example, we conduct economic analyses of what affects supply and demand in health care, and we conduct gender-based analyses (i.e., to determine how men and women may be affected differently by policies and programs).

The impact of the Health Policy Research Program cancellation (as part of the spending restraint announced in September 2006) has been generally on university-based researchers, graduate students and institutions interested in providing evidence for health policy decision-making. Departmental staff scanned other funding organizations to recommend alternate sources of funding for projects terminated or about to begin, but were unable to find appropriate sources. The implication of the program cut for future plans and priorities is that the Department, PHAC, and the broader health community have lost a source of medium- to long-term health policy research on priority issues, which could be/has been used in the development of policies and programs.

### **Performance Measurement Strategy**

Under the Health Policy, Planning and Information Program Activity, Health Canada's role is one of facilitation and coordination as well as promotion of federal standards and policy directions to improve health outcomes for all Canadians. In many areas, we are working collaboratively across jurisdictions, sectors, and agency mandates. Our performance measures and indicators reflect this. For example, our expected results include facilitating strengthened global health security and health system improvements through establishing pan-Canadian as well as international strategies and commitments, and through effectively managing targeted funding programs. To ensure accountability to Canadians, we conduct periodic evaluations of these programs. We also support agencies such as the Health Council to report on progress in joint initiatives such as health care renewal. We have identified expected results and performance indicators for each key program and service below.

## KEY PROGRAMS AND SERVICES

### HEALTH CARE POLICY (ONGOING)

**Description:** Health Canada works in close collaboration with the provinces and territories, health professionals, health care administrators and other key stakeholders to develop strategic policy on health care. Our aim is to improve access, quality, and integration of health services to better meet the health needs of all Canadians. We strive to ensure that health care policy decisions are based on strong evidence and are aligned with the principles of equity, sustainability, and affordability. Further, we aim to facilitate effective health system adaptation to the changing needs of the population.

Our policy activities in this area address issues related to broader health care system renewal, such as fiscal transfers, health care financing, governance and accountability, and the roles and interface of the public and private sectors. We also work with the provinces and territories and other stakeholders to address specific health care issues, such as health human resource strategies, electronic health records, home care, continuing care and palliative care.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Facilitate improved access, quality and integration of health care services for all Canadians		Establishment of joint federal/provincial/territorial strategies and commitments			
		Interim and summative evaluations of funding programs (expected results and indicators are specific to each initiative)			
		Progress reports on health care renewal from the Health Council			
		Performance indicators and targets are under development for new policy directions			
2007-2008		2008-2009		2009-2010	
\$(in millions)	FTEs	\$(in millions)	FTEs	\$(in millions)	FTEs
132.8	112	132.6	112	127.8	112

## KEY INITIATIVES

### Wait Times Management and Health Care Renewal

An important area of focus for 2007-2008 is continuing work on the government's key health priority of Patient Wait Times Guarantees (PWTGs) and the National Wait Times Initiative (NWTI) fund.

Health Canada has been working collaboratively with the provinces and territories and other stakeholders to develop and share innovative initiatives and best practices in wait times management and reduction; develop and implement pilot projects to test and evaluate PWTGs; establish evidence-based benchmarks

for medically acceptable wait times; produce regular reports to Canadians on progress on wait times; support and disseminate research on wait times; and, monitor national and international developments in quality and patient safety. A number of initiatives to stimulate health care renewal were initiated in response to the 2004 Health Accord, and Health Canada is continuing to monitor the implementation of those initiatives. We will also continue to support the Health Council of Canada with a grant of up to \$10 million annually until March 2008 to monitor and report on the progress of health care renewal in Canada. With regard to patient safety, Health Canada oversees a grant of up to \$8 million annually (until March 2008) to the Canadian Patient Safety Institute (CPSI) to improve national collaboration.

At the time of writing of this document, workplans for wait times reduction initiatives were being developed to reflect the direction of the new government in this area in collaboration with the provinces and territories.

### **Health Human Resources Strategies**

Health Canada will continue the implementation of the Pan-Canadian Health Human Resource (HHR) Strategy, established in 2003 to provide financial support (up to a total of \$20 million annually) for activities that promote appropriate planning and management of HHR to help ensure Canadians have access to the health providers they need. Under the Strategy, Health Canada manages three broad funding initiatives: Pan-Canadian Health Human Resource Planning, Interprofessional Education for Collaborative Patient-Centred Practice, and Recruitment and Retention. Projects underway include the development of nationwide databases for HHR planning, and projects to stimulate interest in health careers in areas of shortage such as rural medical practice. (See also the Nursing Policy section for a description of activities under these initiatives.) Evaluations of the funding initiatives under the Strategy will be conducted in 2007-2008.

In partnership with federal, provincial and territorial governments, regulatory bodies, academic organizations and others, Health Canada will also continue to implement the Internationally Educated Health Professionals Initiative (IEHPI), for which the federal government committed \$75 million, beginning in 2005-2006. The goal of this initiative is to facilitate integration of health professionals educated in other countries into the Canadian workforce.

As part of the Pan-Canadian HHR Strategy, Health Canada has been working with the provinces and territories, stakeholders, and other federal departments to develop and implement a pan-Canadian HHR Planning Framework. The framework is intended to act as a guide for HHR planning in Canada and for the future research and activity agenda of the Pan-Canadian HHR Strategy. Between the Spring and Fall of 2006, key stakeholders, including representatives from ministries of education, research entities, national Aboriginal groups, health sector organizations, health professional associations, and professional regulatory bodies were consulted on the framework and its action

plan. Federal funding for 2008-2013 of the Pan-Canadian HHR Strategy will largely be based on the framework.

The Canada Manitoba Health Policy Dialogue is a partnership between Health Canada's Manitoba Region and Manitoba Health to provide continuous learning opportunities for staff and to foster new networks and collaborations across programs. To be held quarterly, it is a forum for senior managers at Health Canada and Manitoba Health to discuss strategic health issues with broad involvement of staff from both organizations.

### **Home and Continuing Care, Chronic Disease Management, E-health**

Health promotion and prevention of disease, screening, diagnosis, treatment, home and continuing care, and palliative and end of life care are all important elements of a quality health system. The new government is committed to emphasizing health promotion, chronic disease management (in particular, cancer), and the health of seniors and children. Federal initiatives related to these priorities will be the shared responsibility of Health Canada, the Public Health Agency and the Canadian Institutes for Health Research. Health Canada will focus on the role of the health care delivery sector and coordination across the federal Health Portfolio and the provinces and territories.

In early 2007-2008, the summative evaluation of initiatives under the Primary Health Care Transition Fund (PHCTF) will be available. The Fund (2000-2006) aimed to support provinces, territories and other health care system stakeholders in improving access, quality of care, accountability, and integration of services in primary care (i.e., the broad spectrum of services involved in health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury).

Moving forward, Health Canada's priority policy development issues in the area of primary and continuing care include coordination of care, self-managed home care, and data development related to palliative care. Health Canada will also enhance

attention to emerging portfolio issues such as chronic disease management and e-health, and we will provide Portfolio leadership in relation to government policy and commitments regarding autism.

Health Canada is the federal government's liaison with the Canadian Partnership Against Cancer Corporation (CPACC) and will be responsible for managing the \$50 million per year grant agreement with the Corporation (April 2007 to March 2012). CPACC is currently in its start-up phase and is developing its workplan for the upcoming fiscal year. Its mandate will be to provide a leadership role with respect to cancer control through the management of knowledge and the coordination of efforts among provinces and territories, cancer experts, stakeholder groups, and Aboriginal

organizations to champion change, improve health outcomes related to cancer, and leverage existing investments.

### Addressing Mental Health and Mental Illness

The Government of Canada recognizes the importance of pursuing action on mental health, and is committed to advancing pan-Canadian efforts with the provinces, territories, and other stakeholders, including various organizations and Aboriginal groups. Health Canada, along with PHAC, is reviewing the recommendations of the Senate Committee report released in May 2006, including the proposal to set up a Commission as a focal point in Canada for mental health.

## PHARMACEUTICALS MANAGEMENT STRATEGY (ONGOING)

**Description:** The Pharmaceuticals Management Strategy activity area focusses on the overall coordination of federal pharmaceutical policy and collaborative work with provincial and territorial partners on pharmaceuticals management. Our objective is to better integrate pharmaceuticals into a seamless, robust health care system in order to improve health outcomes for Canadians and reduce costs in other health care sectors, such as hospitals. To achieve this, we seek to optimize policy interventions in areas such as post-market drug safety and effectiveness, appropriate drug-prescribing and use, and drug pricing and research. Our work in this area is closely linked with the Department's initiatives under the *Blueprint for Renewal* (the Health Products and Food Branch's comprehensive plan for regulatory modernization) and with the activities of the Patented Medicine Prices Review Board.

### EXPECTED RESULTS

Facilitate better integration of pharmaceuticals into the health care system

### PERFORMANCE INDICATORS

Under the second phase of the National Pharmaceutical Strategy, workplans are being established in consultation with the provinces and territories

2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
9.9	25	8.5	22	8.5	22

We will continue to work with the provinces and territories on pharmaceutical activities initiated as part of the 2004 Health Accord under the National Pharmaceuticals Strategy (NPS), an integrated, collaborative, multi-pronged approach to addressing pharmaceutical challenges that builds on governments' shared roles in the pharmaceuticals sector. The NPS Progress Report, published in September 2006 by the F/P/T Ministerial Task Force on the NPS, highlighted major achievements to date and set out key next steps for future work. The Report sets the stage for development and implementation of a second phase of the NPS work.

For more information on the NPS Progress report, see: [http://www.hc-sc.gc.ca/hcs-sss/pubs/care-soins/2006-nps-snpp/index\\_e.html](http://www.hc-sc.gc.ca/hcs-sss/pubs/care-soins/2006-nps-snpp/index_e.html)

In 2007-2008, Health Canada will continue to seek to advance work on all elements of the NPS. Specific collaborative work on the priority areas with provincial and territorial partners is expected to include:

- Catastrophic Drug Coverage (CDC): Officials will review and validate CDC costing methodologies, update related costs, and analyse issues related to the private insurer role.

- **Expensive Drugs for Rare Diseases (EDRD):** Officials will focus on developing federal/provincial/territorial consensus on the parameters of an EDRD framework and validate it with experts and external stakeholders.
- **Common Drug Formulary:** Officials will continue work to expand the Common Drug Review to all drugs and identify improvements to drug plan formulary management processes.
- **Drug Pricing and Purchasing Strategies:** Officials will develop a business case and implementation plan to address generic and other non-patented drug prices, and will examine the issue of the price of patented drugs for which there are expanded indications.
- **Real-World Drug Safety and Effectiveness:** Officials will complete a business plan to develop a national research network and centres of excellence under the guidance of a national oversight body, and engage “front-line” providers and patients on knowledge exchange related to drug safety and effectiveness in day-to-day use.

## NURSING POLICY (ONGOING)

**Description:** Under this activity, policy advice from a nursing perspective is provided to the Minister, his office and senior staff within the Department. The aim is to work in close collaboration with the nursing community to optimize the contribution of nursing knowledge and practice to improved health care for Canadians.

To support policy development in this area, we fund activities related to knowledge generation as well as knowledge transfer and uptake (through publications, presentations, internet postings, sharing at meetings, workshops, etc.) These activities are targeted at decision-makers in governments and non-government organizations, both nationally and internationally.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Optimize the contribution of nursing knowledge and practice to improved health care for Canadians		Specified in workplans and funding agreements			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
1.5	10	1.5	10	1.5	10

In support of efforts to improve Canadians’ access to health care services, reduce wait times and support care guarantees, we will continue to be engaged in policy development and knowledge generation, sharing and uptake. To facilitate an increase in the supply of nurses and improvements in the stability of the nursing workforce, we fund projects related to increasing domestic production, enhancing recruitment and retention, and integrating internationally educated nurses into the Canadian system. These activities are funded through the Pan-Canadian HHR Strategy (under Recruitment and Retention), and through the Internationally Educated Health Professional Initiative.

Under the Healthy Workplace Initiative (HWI) component of the Pan-Canadian HHR Strategy, we have been working to enhance the uptake and utilization of healthy workplace practices to improve the retention of health care providers. To achieve this, we are providing funding to projects that will increase knowledge about best practices in health workplaces, and funding for a national project that will facilitate the exchange of best practices across the country. In 2007-2008, we will complete an evaluation of the Healthy Workplace Initiative to establish if its objectives are being met. Expected results include policies that enhance the workplace, thereby improving provision of quality health care; improved health and well-being of health care workers; decreased absenteeism, turnover and



overtime of health care workers; and an inventory of innovative practices that enhance the health practice setting.

In 2007-2008, we will also provide ongoing funding to 20 research/learning projects that will increase knowledge about best practices in encouraging health care professionals to learn and work together in collaborative, patient-centred practice. In addition, we will provide ongoing and new funding

for complementary projects that address issues at the health system level to improve the uptake of these collaborative practices in all jurisdictions. These projects are funded under the Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) component of the Pan-Canadian HHR Strategy and will be completed by June 2008. Further, we will develop an evaluation plan and interim evaluation to determine how well IECPCP objectives are being met.

## ASSISTED HUMAN REPRODUCTION CANADA IMPLEMENTATION (ONGOING)

**Description:** Under this activity, Health Canada works towards the set up of Assisted Human Reproduction Canada (AHRC), the implementation of the *Assisted Human Reproduction Act*, and the development of related regulations. The aim of AHRC is to promote and protect the health and safety of Canadians who are using Assisted Human Reproduction technologies.

### EXPECTED RESULTS

Implementation of *Assisted Human Reproduction Act* and development of related regulations

Set up of Assisted Human Reproduction Canada (AHRC)

### PERFORMANCE INDICATORS

Milestones towards completion specified in yearly workplans

Ultimately, AHRC will report on success in promoting the health and safety of Canadians who are using these technologies

2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
3.1	25	1.5	9	1.5	9

With the appointments of the President and board of directors of AHRC completed in December 2006, Health Canada will now concentrate its resources on completing the elements of the regulatory framework.

It is anticipated that in 2007-2008, draft regulations will be published for areas such as licencing, health reporting information, and clinical and laboratory requirements dealing with in-vitro fertilization procedures using the patients' own gametes. We will continue to gather input from stakeholders, including the provinces, to ensure a pan-Canadian approach and to develop further regulations for controlled activities, such as the use of third-party gametes and pre-implantation genetic diagnosis. In 2007-2008, we expect to complete the issue identification phase of these consultations.

The Personal Health Information Registry will be ready for transfer to AHRC by the end of 2007-2008. Steps will be taken to develop a workplan to begin the process to remake, under the *AHR Act*, the Processing and Distribution of Semen for Assisted Conception Regulations under the *Food and Drugs Act*.

The Quebec Government filed a reference with the Quebec Court of Appeal challenging the constitutionality of sections of the *AHR Act*. The Department will continue to defend the constitutional validity of the *Act*.

## HEALTH SCIENCES POLICY (ONGOING)

**Description:** Health Canada monitors new and emerging health science technologies, such as nanotechnology and human genetics, to determine potential risks and benefits to the health system and the health of Canadians, as well as to address wider economic, social, ethical and/or legal implications. We develop policy options to address these potential impacts. For example, we work collaboratively to develop standards for research ethics, best practices for biobanking, and quality guidelines for genetic testing. We also aim to ensure that Canadians will be in a position to make informed decisions on health care or participation in research involving new health technologies. By conducting policy research in this area, we aim to incorporate the perspectives of affected stakeholders, the knowledge of experts, and the experience of other jurisdictions. Our work involves collaboration with other Health Portfolio agencies, other departments, and international organizations, such as the Organization for Economic Cooperation and Development (OECD) and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Contribute to health science areas such as: <ul style="list-style-type: none"> <li>• promotion of innovation in preventative, diagnostic and therapeutic technologies</li> <li>• interventions for infectious diseases, such development of and access to safe and effective vaccines</li> <li>• strengthened human research participant protection</li> <li>• quality assurance guidelines for genetic testing</li> </ul>		Reflection of ethical, legal, social, economic and health system considerations in international and domestic partnerships and policy advice in health science areas  Progress on a system for human research protection in Canada; milestones specified in the workplan and project agreement			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
3.7	33	3.4	33	3.5	33

Under this activity area, Health Canada will continue to provide strategic policy analysis, advice and oversight on economic, social, legal, and ethical issues on pandemic influenza and other infectious disease issues. Activities include the following: liaising with officials across the Health Portfolio and other government departments on broad policy issues related to pandemic influenza (e.g., potential social and economic impacts); advancing dialogue on equitable access to vaccines and antivirals; assessing policy and market levers to stimulate health research and innovation to address unmet health needs related to infectious diseases domestically and abroad; and providing input to government-wide initiatives on infectious disease-related issues, including pandemic influenza, vaccines, etc. For example, we are providing input to the North American Plan for Avian and Pandemic Influenza, the G7 Advance Market Commitment pilot vaccine project for pneumococcal vaccine, and Government of Canada positioning within the OECD high-level forum on neglected and emerging infectious diseases.

We will also continue working with domestic stakeholders (i.e., clinical researchers, research ethics board members and administrators, sponsors of clinical trials such as pharmaceutical companies, the National Council on Ethics in Human Research, the Canadian Institutes of Health Research, the Inter-Agency Panel on Research Ethics, and other experts involved in research ethics) to develop standards for research ethics boards and solutions to the issue of protecting human research participants. Health Canada's role in developing the standards is to engage these stakeholders as well as the industry sector through a consensus-based approach. Work on this project involves collaboration with the Health Products and Food Branch to ensure consistency with clinical trial regulations. In 2007-2008, Health Canada will work with the Canadian General Standards Board to establish the technical committee made up of experts and stakeholders who will draft the standards, and will play a central role in coordinating the project and communicating more broadly. This work aims to achieve improved

consistency in the operation of research ethics boards that review clinical trial applications, contributing to improved protection for research participants. Funding

for the project for 2007-2008 is \$1 million, and will be \$0.7 million per year from 2008-2009 onward.

## LEGISLATIVE AND REGULATORY AFFAIRS (ONGOING)

**Description:** Health Canada is preparing a new framework to update, strengthen and integrate federal health protection legislation to be more responsive to present and future social and technological realities and to provide the tools needed to better protect the health and safety of Canadians. A new legislative framework will modernize and reinforce key existing legislation, including the *Food and Drugs Act*, *Radiation Emitting Devices Act* and *Hazardous Products Act*.

With respect to regulations, Health Canada continues to actively work to modernize the Canadian regulatory system to respond to current and emerging challenges from rapid scientific developments, globalization and cross-boundary health risks. The goal is to build a robust and flexible regulatory system that maximizes health, safety and environmental protection and also promotes an innovative and competitive economy.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Better protection for the health and safety of Canadians as consumers, workers, and patients		Progress towards regulatory policy coherence across the Health Portfolio			
		Achievement of milestones towards completion of a new framework set in annual workplans (see text below for 2007-2008)			
		Ultimately, the success of the new framework in achieving improved health protection for Canadians will be reported on by the Health Canada program branches and the Health Portfolio organizations responsible for specific sectors (i.e., food safety, consumer safety, etc.)			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
1.1	0	1.1	0	1.1	0

Health Canada will continue in 2007-2008 with a phased approach to legislative renewal. Over the next fiscal year, efforts will be focussed on the following areas: protection of personal health information, re-design of enforcement and compliance authorities and the treatment of confidential commercial information. We will review current legal authorities and instruments, and develop policy options for greater, modernized health protection that are aligned with Charter, legal and international considerations. Research and policy work, along with stakeholder engagement, will continue on the other aspects of the renewal exercise to advance a comprehensive framework of consumer health protection laws. In

addition, we will further the work already undertaken on direct-to-consumer advertising (DTCA). Specifically, we will review the latest approaches by other countries, review scientific evidence, conduct consultations within the Health Portfolio to determine implications of various options, and make a recommendation on a policy on DTCA.

We will continue to work on a renewed modern approach to regulation, which builds on existing federal regulatory policy by promoting increased regulatory transparency, the alignment of legislative and regulatory planning and increased departmental efficiencies through improved coordination.

## INTERNATIONAL AFFAIRS (ONGOING)

**Description:** Health Canada contributes to enhancing health security and to protecting the health of Canadians by anticipating and responding to international health developments. International Affairs is Health Canada's focal point to initiate, coordinate, and monitor departmental policies, strategies and activities that help promote Canadian priorities and values on the international health agenda. We provide strategic policy advice on international health issues to the Minister of Health, senior management and the Health Portfolio. We ensure Canada's health priorities are advanced by appropriate representation at international fora, and we ensure that the Department's international activities are consistent with government-wide policies.

We collaborate and exchange ideas and knowledge with key multilateral health agencies, including the World Health Organization (WHO) and the Pan American Health Organisation (PAHO) on global issues such as pandemic influenza preparedness, HIV/AIDS strategies, and global health security initiatives. We also share Canada's best policies and practices with other countries, and negotiate bilateral agreements with numerous countries on important health issues.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Contribute to enhancing global health security and protecting the health of Canadians		Participation in and outcomes of conferences and meetings; establishment of joint strategies and frameworks			
		Expected results and performance measurements relating to specific sectors will be reported on by the organizations responsible (e.g., PHAC will report on pandemic preparedness)			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
22.9	30	23.3	30	23.3	30

Avian influenza and the possibility of a pandemic human influenza outbreak are considered a global threat. Health Canada will continue to provide policy coordination, advice and analysis on international avian and pandemic influenza planning and preparedness. By participating in interdepartmental policy development (for example, with Department of Foreign Affairs, PHAC, Public Safety and Emergency Preparedness Canada, Agriculture/CFIA and Industry Canada), we will contribute to a coherent cross-government approach to advancing global pandemic preparedness. Health Canada will continue to provide policy coordination/coherence for the Health Portfolio and to act as the lead/key interlocutor for Canada with organizations such as the WHO, OECD, APEC, etc. We will work closely with PHAC, which serves as the substantive lead on pandemic influenza.

Health Canada will continue to chair the APEC Health Task Force (HTF) (2006-2008). As Chair, Canada provides key policy guidance on current priorities of the HTF, including enhancing avian and human pandemic influenza preparedness and response; fighting against AIDS in APEC; and improving health outcomes through advances in health information technology. Our partners in the working group on APEC HTF are PHAC, DFAIT, and the Canadian Food Inspection Agency (CFIA).

## OFFICIAL LANGUAGES MINORITY COMMUNITY DEVELOPMENT (ONGOING)

**Description:** Health Canada manages funding programs to support projects that will help improve access to health services for official language minority communities.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Improved access to health services for official language minority communities		Evaluations of funding programs (expected results and indicators are specified in the funding agreements for projects)			
2007-2008		2008-2009		2009-2010	
\$(in millions)	FTEs	\$(in millions)	FTEs	\$(in millions)	FTEs
24.4	11	24.4	11	24.4	11

In 2007-2008, Health Canada will conduct an evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities (launched in June 2003). The Program has had an ongoing funding base of \$23 million per year as of 2006-2007. Funds support initiatives for community networking and training and retention of health professionals among official languages minority communities. The evaluation will assess the program for its success in achieving the following: increased awareness among health professionals and policy makers of health needs of official language minority communities; increased recruitment and enrolment of students in training to offer services for official language minorities; increased level of satisfaction of health professionals and patients; increased health service access for official language minority groups; increased number of health professionals providing health services to official language communities; and, improved health status of target population groups.

*The following programs and initiatives contribute to the balance of the program activity total:*

- Applied Research and Analysis
- Canada Health Act
- Federal Provincial Relations
- Policy Coordination
- Policy Priorities and Analysis
- Portfolio Affairs
- Women's Health and Gender Analysis

The planned spending for 2007-2008 for these programs and initiatives is \$64.3 million.

## **STRATEGIC OUTCOME: ACCESS TO SAFE AND EFFECTIVE HEALTH PRODUCTS AND FOOD AND INFORMATION FOR HEALTHY CHOICES**

### **PROGRAM ACTIVITY - HEALTH PRODUCTS AND FOOD**

#### **PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FTEs)**

<b>(\$ millions)</b>	Forecast Spending 2006-2007	<b>Planned Spending 2007-2008</b>	Planned Spending 2008-2009	Planned Spending 2009-2010
Gross Expenditures	345.0	<b>298.6</b>	287.5	287.9
Less: Expected spendable revenues	41.2	<b>41.2</b>	41.2	41.2
Net Expenditures	303.8	<b>257.4</b>	246.3	246.7
FTEs	2,591	<b>2,668</b>	2,656	2,650

**Notes:** The decrease in forecast/planned expenditures from 2006-2007 to 2007-2008 is due in part to the sunset of the Phase II Response to Bovine Spongiform Encephalopathy (BSE) in the areas of Risk Management and Targeted Research, the effect of one-year interim funding the Department received for 2006-2007 for Natural Health Products and Litigation Management as well as other Funding from the Department's operational budget carry-forward.

The decrease in planned expenditures from 2007-2008 to 2008-2009 is primarily due to a decrease in funding for the Therapeutic Access Strategy and the sunsetting of funding for the Agriculture Policy Framework and Health Canada's Phase I Response to Bovine Spongiform Encephalopathy (BSE). This is partially offset by an increase in Therapeutic Products Safety (TPS) Initiative funding.

Figures include an amount for departmental and regional infrastructure costs supporting program delivery.

### **PROGRAM ACTIVITY DESCRIPTION**

Health Canada is Canada's federal authority responsible for the regulation of health products and food. Under this Program Activity, Health Canada evaluates and monitors the safety, quality and efficacy of health products such as drugs, vaccines, medical devices, natural health products and other therapeutic products available to Canadians, as well as the safety and nutritional quality of the foods they eat. In addition, the Department protects human and animal health and the safety of Canada's food supply by evaluating and monitoring the safety, quality and effectiveness of veterinary drugs by setting standards and promoting the prudent use of veterinary drugs administered to food-producing animals and companion animals. Finally, we promote the health and well-being of Canadians through a broad range of activities related

to health products and food, including developing nutrition policies and standards such as *Canada's Food Guide to Healthy Eating*.<sup>1</sup>

Health Canada has identified five major challenges that must be addressed to help ensure continued, timely access by Canadians to safe and effective health products and a safe and nutritious food supply:

- an outdated regulatory toolkit that is increasingly limited and inflexible in responding to today's health products and food environment;
- the regulatory system's current incapacity to consider a given product through its entire life cycle, from discovery through examining the "real-world" benefits and risks of a health product and a food on the market;

- the impact of social and economic changes, such as accelerating scientific and technological advances, the rise of trans-border health and environmental threats, and a more informed and engaged citizenry;
- a regulatory system that currently is not sufficiently interconnected with the research and development, and health care systems; and
- the need to sustain and improve regulatory performance and capacity.

Health Canada will continue to renew the regulatory system for health products and food. This requires strengthening our regulatory tools and promoting innovative solutions to new population and public health challenges; improving the efficiency of our regulatory system, and more fully integrating evidence-based decision-making; influencing and adopting internationally respected scientific advice and internationally recognized regulatory best practices; pursuing international regulatory cooperation opportunities; meeting high standards of vigilance in our responsibility to monitor “real-world” product safety and effectiveness; and promoting a culture of openness and transparency.<sup>2</sup>

Therefore, Health Canada needs to continue to modernize its legislative and regulatory frameworks to keep pace with the challenges affecting Canada’s regulatory environment. The Department recently launched its *Blueprint for Renewal* plan, which aims to modernize Canada’s regulatory system for health products and food.<sup>3</sup> The *Blueprint* underpins many of the activities described under the Key Programs and Services section below.

In response to the Auditor General report regarding the funding of regulatory programs, Health Canada is reviewing its resource requirements and updating its cost recovery regime as complementary activities to the *Blueprint for Renewal*.<sup>4</sup> The Department has recently approved a new cost recovery strategy and framework for all its user fees programs, including drugs and medical devices, to align it to the Treasury Board Policy on Service Standards for External Fees and to develop a full costing model. The work on cost recovery is expected to be completed by March 31, 2008.

The Department will continue to work in collaboration with all the key players who influence or provide access to health products on the Canadian market. These players include provincial and territorial governments, the Patented Medicine Price Review Board, the Canadian Agency for Drugs and Technologies in Health, health professionals and practitioners, patients and consumers, and industry. In particular, Health Canada will foster partnerships and information sharing arrangements with the Canadian Institutes of Health Research (CIHR) and the Canadian Agency for Drugs and Technologies in Health.

Health Canada will continue to seek the views of citizens and stakeholders in reviewing and strengthening our regulatory system. We are working with federal science and technology partners to promote and protect the health and safety of Canadians. Some of our work includes collaborating directly with Agriculture and Agri-Food Canada (AAFC), Environment Canada (EC), the Canadian Food Inspection Agency (CFIA), the Public Health Agency of Canada (PHAC), and other federal partners. Also we are collaborating with CFIA to promote food safety as a science priority for Canada.

Science underpins the work of Health Canada’s Health Products and Food Branch (HPFB). It informs our regulatory, policy and research activities pertaining to food and nutrition, drugs, medical devices and, natural health products. This requires the expertise of many – from the laboratory researchers to the scientists reviewing new health product submissions, and from the inspectors in the regions to the researchers generating the evidence base to create appropriate policies. Health Canada also supports the Community of Federal Regulators (CFR) Initiative, which works to build the capacity of the federal regulatory community through learning, the sharing of best practices and horizontal collaboration.<sup>5</sup>

Health Canada’s regional offices develop and deliver key programs and services, including monitoring the risks of health products and the safety of food, and the investigation and inspection associated with the import, sale and manufacture of health products. They work with regional stakeholders and provincial and municipal governments to promote collaboration, participate in the monitoring of adverse reactions and assist in

developing policy responses in areas including: food safety, nutrition, natural health products, antimicrobial resistance, and the efficacy of health products. As part of the national laboratory network, Health Canada's regional laboratories are key contributors to our work

to develop and manage food safety research and surveillance projects on natural toxins, genetically modified food, food allergen detection, method development and nutrition.

## PERFORMANCE MEASUREMENT STRATEGY

The Performance Measurement Strategy for this Strategic Outcome will help us measure our results over time, and determine if our current program activity is working to ensure Canadians have access to safe

and effective health products and food, and safe and nutritious food, as well as useful information for healthy choices.

EXPECTED RESULTS	PERFORMANCE INDICATORS
<p>Access to safe and effective health products and food</p> <p>Access to information for healthy choices</p>	<p>Level of satisfaction of Canadians, health professionals and other stakeholders with the information disseminated for healthy choices and informed decision-making</p>



## KEY PROGRAMS AND SERVICES

### PRE-MARKET EVALUATION AND REGULATORY PROCESS IMPROVEMENT (ONGOING)

**Description:** A modernized Regulatory System: making regulatory functions more efficient, effective, flexible and responsive to Canadians by streamlining processes and collaborating more closely with other organizations to ensure Canada continues to have a world class regulatory environment.

EXPECTED RESULTS		PERFORMANCE INDICATORS*			
Timely product assessment for health products and food		Percentage of decisions made within performance target by type for submission related to: <ul style="list-style-type: none"> <li>• pharmaceuticals</li> <li>• medical devices</li> <li>• biologics</li> <li>• veterinary drugs</li> <li>• natural health products</li> </ul> Percentage of pre-market submissions backlog reduced for: <ul style="list-style-type: none"> <li>• veterinary drugs</li> <li>• natural health products</li> <li>• food</li> </ul>			
A modern regulatory system for health products and food that meets the needs of Canadians		Percentage of <i>Blueprint for Renewal</i> initiatives completed on schedule			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
106.5	1,273	97.8	1,264	95.6	1,254
*Data is collected and reported quarterly and annually.					

Health Canada is responsible for assessing the efficacy, safety, and quality of drugs before they are marketed. However, there is a need to monitor drugs after they reach the market and are being used in the real world. To address this need, Health Canada will develop a regulatory approach that recognizes that health products have a life-cycle. A life-cycle approach will encompass all stages of product development and use, both before and after it reaches the market. For example, Health Canada will establish a progressive licensing framework based on sound science and risk assessment principles, that supports: continuous monitoring of safety, quality, efficacy and effectiveness of information, evaluation of benefits and risks throughout the product's life-cycle, and access to promising new pharmaceuticals and biologics. As well, Health Canada plans to implement new safety reporting

policies, which will take into account risk-benefit assessment, risk management, risk communication and market intervention.

Health Canada will improve the review processes for the following food-related submissions: those for which a pre-market review is mandated under the Food and Drugs Regulations (food additives, novel foods and infant formulae); submissions for which a pre-market review is conducted in support of legislation or certification programs outside of Health Canada (packaging materials, incidental food additives and processing aids); or those for which specific amendments to the Food and Drugs Regulations are sought (i.e., with respect to the addition of vitamins and minerals to foods, requests for approval of novel fibre sources, requests for acceptability of nutrition

and health claim). This initiative aims to improve the transparency and predictability of the submission management process and define the respective roles and responsibilities of all parties involved (i.e., petitioners and Health Canada officials).

In 2007-2008, Health Canada will continue working on a regulatory framework for food-related health claims that support informed consumer choice and that are truthful, substantiated and not likely to lead to harm to consumers.<sup>6</sup> The health claims initiative, along with other initiatives related to novel foods and food fortification, will aim to promote conditions that enable innovative food products to be marketed. As well, we will improve guidance for industry regarding what is required for pre-market submissions.

The Department will continue its efforts to establish and meet internationally-benchmarked performance targets for all regulated products, building on recent performance improvements in the review of pharmaceuticals, biologics and medical devices.<sup>7</sup> Health Canada will institute efficiencies and management strategies to maintain the current standard of service and meet performance targets for pharmaceuticals, biologics and medical devices and continue working towards eliminating the backlog for submissions of natural health products and veterinary drugs.

In 2007-2008, Health Canada will continue to implement new regulatory frameworks for blood, cells, tissues and organs, which balance the need for safe cells, tissues and organs and blood of high quality with the need to ensure their availability.<sup>8</sup> The Department will also develop a new regulatory framework for vaccines. As well, Health Canada will continue to work with other departments and stakeholders to ensure that new products and procedures derived from bio, nano and other health related emerging technologies have been adequately evaluated for their safety to humans, animals and to the environment.

In the Quebec Region, the Health Products and Food Branch is working to promote the establishment of good co-ordination with Quebec's Ministère de la Santé et des Services sociaux [health and social services department] in connection with implementation of the federal regulations concerning bloods, cells, tissues and organs. These regulations are designed to ensure that Canadians have access to these products and that the products are safe and effective.

Health Canada is committed to establishing a more transparent and consistent system of categorizing products and assessing their risks. This will help product sponsors understand how decisions are made and anticipate the approach that will be taken by Health Canada to review their products. Health Canada's overall review of the Natural Health Product Regulations will contribute to these efforts. In addition to work completed through the International Conference on Harmonization (ICH), Health Canada will continue to work on the reviews of the Special Access Programme and the Clinical Trial Regulations, which have already been initiated.<sup>9,10</sup>

Health Canada is actively engaged in International Regulatory Cooperation (IRC) initiatives with regulators around the world. In 2007-2008, our efforts will focus on refining these activities to maximize their strategic value and ensure they are resource efficient.

For example, Health Canada and US Food and Drug Administration (FDA) will hold a Strategic Policy Forum to map out policy directions related to medical devices, food and drugs under the HPFB-FDA Memorandum of Understanding. In addition, through the Security and Prosperity Partnership (SPP), Canada, US and Mexico will collaborate on human and avian influenza pandemic planning. Internally, the Department will continue to implement the HPFB IRC Strategic Framework and advance work and information sharing that further domestic regulatory performance.

Under its Environmental Impact Initiative, Health Canada will conduct a review of current New Substance Notification Regulations (NSNR), which are used to assess the environmental and human health impact of new substances, contained in products regulated under the *Food and Drug Act*.<sup>11</sup> Activities under

this initiative will include the completion of needs analyses for Cosmetics, Pharmaceuticals, Medical Devices, Veterinary Drugs, Novel Foods, Food Additives, Radiopharmaceuticals, Natural Health Products, and Biologics.

## INFORMATION, EDUCATION AND OUTREACH ON HEALTH PRODUCTS, FOOD AND NUTRITION (ONGOING)

**Description:** Responding to increased consumer interest in health issues by disseminating more information, and improving access to information that enables consumers to make appropriate decisions about health products and food safety, and nutrition

EXPECTED RESULTS		PERFORMANCE INDICATORS*			
Public and stakeholders are aware of and have access to information that enables them to make informed decisions regarding the safety of health products, food and nutrition		Number of information products disseminated related to:			
		<ul style="list-style-type: none"> <li>• health products</li> <li>• food</li> <li>• nutrition</li> </ul>			
		Percentage target population reached			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
13.2	135	12.9	135	12.3	135
*Data is collected and reported annually					

In 2007-2008, Health Canada will undertake activities to further develop, promote and disseminate healthy eating advice and information. A revised *Canada's Food Guide* was launched in February 2007. A Food Guide tailored to First Nations, Inuit and Métis is scheduled to be launched in 2007 in partnership with the First Nations and Inuit Health Branch. Based on findings from the Canadian Community Health Survey and other sources, work will also be undertaken to identify additional information that could be developed for specific segments of the population. Health Canada will also update key recommendations from its national pregnancy guidelines, *Nutrition for a Healthy Pregnancy*.<sup>12</sup>

Health Canada will continue to promote consumers' understanding and awareness of the information available on food labels to assist them to make informed choices. For example, the Nutrition Facts

panel will be profiled on the revised *Canada's Food Guide* and through related public information initiatives that promote the importance of healthy eating to overall health and wellness.

Health Canada will deliver effective and timely communications to the public and vulnerable groups regarding food safety and nutrition issues and educate consumers on risk avoidance practices in order to maximize safety and minimize risks associated with food choices. Specifically, the Department plans to disseminate updated advice about fish consumption, safe handling of raw meat and poultry and consumption of unpasteurized juice, and updated consumer information as a result of amendments to the 2002 Nutritional Labelling regulations, which will be published in *Canada Gazette Part II* by December 2007.

As the applications of new technologies become numerous and more complex, Health Canada will continue to promote a comprehensive stewardship approach (i.e., responsible management of economic, environmental and social interest, while maintaining and improving high standards for product safety). As an integral part of this, Health Canada will continue to ensure that the public has access to objective information about and understand the benefits and risks associated with products of bio, nano and other health related emerging technologies.

As part of Health Products and Food Branch's Consumer Information Strategy, we will continue to: find new and effective ways to improve the way we communicate information to the public; improve and expand the tools and practices through which we communicate information; turn raw information about health products and food into practical knowledge that consumers can use to make personal decisions about their health and healthcare treatments; and provide this information to consumers when they need it in a form that allows them to more easily and effectively use it.

## MONITORING SAFETY AND THERAPEUTIC EFFECTIVENESS AND RISK MANAGEMENT (ONGOING)

**Description:** Increasing the responsiveness to specific public health issues and the ability to manage risks through the development of sustainable research, monitoring and surveillance systems and stronger compliance and enforcement activities. Increased ability to manage risks associated with the food supply, including food safety emergencies, in order to provide safer food to Canadians.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Strengthened safety of health products available to Canadians		Percentage of health product recalls addressed within legislated timelines (15 days from receipt of information)			
Compliance with the <i>Food and Drugs Act</i> and its regulations		Percentage annual increase of adverse reaction reports received			
		Number of inspections			
		Percentage of compliance based on total number of inspections (of establishments) completed			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
119.2	1,072	117.9	1,070	122.5	1,076

\*Data will be collected and reported annually

Current regulatory resources and tools are primarily focussed on pre-market assessments of health products. However, Health Canada has a key responsibility for monitoring the real-world safety and therapeutic effectiveness of health products and the safety of food, and surveillance and monitoring of the Canadian food supply, once it is on the market. In particular, there are many new challenges and threats related to food: unapproved residues and chemicals in imported food; the pace and scale of technological innovations; new consumption trends such as organic food; and unforeseeable threats such as new animal or plant diseases and bio-terrorism. Recognizing this, Health

Canada will use the regulatory system to better generate and disseminate data, and respond to safety and effectiveness issues affecting health products and food. We will move towards a more proactive, post-market surveillance and monitoring strategy.

The Department plans to continue its efforts towards a robust, sustainable research and surveillance system to increase our ability to manage risks associated with the food supply for Canadians. Key activities include addressing priority gaps in scientific knowledge in order to better characterize risks associated with priority food-borne pathogens (e.g., *E.coli* 0157, *Salmonella*,

*C. Botulinum*) and chemical contaminants in food (e.g., Persistent Organic Pollutants, flame retardants, water repellents) working with departmental partners to develop a sustainability plan for bio-monitoring; and working with CFIA and other federal, provincial and territorial partners to ensure that there is a consistent “national” approach to the enforcement and compliance of Health Canada policies and standards for the safety and nutritional quality of all food sold in Canada.<sup>13</sup>

Health Canada will co-chair the Nova Scotia Food and Health Products Safety Network with the Nova Scotia Department of Agriculture and Fisheries in 2007-2008. The Network is comprised of experts in the areas of food, water, health products, and animal health issues who work together to promote proactive and preventative strategies, and conduct post incident reviews of significant investigations in order to improve the efficiency and effectiveness of the regulatory systems. Also, the Network provides a forum for federal, provincial and municipal governments to exchange information on best practices, policy development, roles and responsibilities, and to conduct joint training exercises.

Adverse reaction reports are used by Health Canada to identify potential health product safety issues. Health Canada has launched the development of a new computerized system, which will replace the current Canadian Adverse Drug Reaction Information System (CADRIS) and strengthen Health Canada’s ability to detect potential safety issues and to analyse adverse report data.<sup>14</sup> In addition to being able to monitor adverse reactions over the entire life cycle of a product - an option not available under CADRIS - the new system will also allow more efficient electronic reporting by all manufacturers in the future. In 2007-2008, the new system will initially focus on post-market adverse reactions to pharmaceuticals, biologics and natural health products, and later be expanded to include pre-market adverse reaction reports from clinical trials. Implementation will be completed in 2007-2008.

Building on international best practices, Health Canada will develop a pharmacovigilance toolkit to strengthen our post-market surveillance capacity. The toolkit will allow easy access to guidance documents, information management and prioritization strategies, as well as additional information sources such as Periodic Safety Update Reports (PSURs) and the analysis of foreign adverse reaction data.<sup>15</sup>

Post-market surveillance, compliance and enforcement are essential in helping to ensure that Canadians have access to safe and effective medical devices. In 2007-2008, the Therapeutic Product Safety Initiative along with other sources of funding will increase funding for Health Canada’s inspection program for medical device establishment licence holders to \$1.8 million. These resources will allow Health Canada to conduct an estimated 205 Medical Devices Establishment inspections and associated follow-up activities.

Clinical trials require periodic compliance inspections to protect the trials’ subjects as well as the integrity and accuracy of the data that supports the application for new drugs bound for market. As a component of the Therapeutic Product Safety Initiative, in 2007-2008 the number of clinical trial inspections will be increased to 85, which meets the international benchmark of 2% of all clinical trials inspected annually.

In order to reduce the number of drugs and natural health products on the market that are making unapproved health claims, Health Canada is carrying out two surveys of the health food stores, fitness facilities, pharmacies and other retail establishments to search for products making these unapproved claims and following up with the manufacturers to correct the situation.

A strong, flexible compliance and enforcement strategy is necessary for Health Canada to fulfil its mandate in today’s complex regulatory environment. To reflect this change the Department will develop a new compliance and enforcement strategy as part of the *Blueprint for Renewal* of the health products and food regulatory system initiative

Health Canada is responsible for the development of a pandemic emergency implementation plan that outlines the roles and responsibilities of the regulatory authority if a pandemic is officially declared. Health Canada will continue to work with PHAC to implement the Canadian Pandemic Influenza Plan and to support the WHO's Global Agenda for Influenza Surveillance and Control. The Department will spend \$6.2 million over five years, as well as \$1.2 million ongoing, on planning and preparedness activities, providing regulatory guidance

during the development of a prototype vaccine, developing a regulator's emergency implementation plan and designing an accelerated approval process. These measures will help to ensure that Canada is ready in the event of an influenza pandemic and will limit the impact of a pandemic on the Canadian population. It will also enable Canada to fulfill its role as a WHO laboratory for release of vaccines for WHO member countries in the event of a pandemic.

## TRANSPARENCY, PUBLIC ACCOUNTABILITY AND STAKEHOLDER RELATIONSHIPS (ONGOING)

**Description:** Bringing more transparency to our decision-making processes by providing more accessible information about the evidence, processes and rationale underpinning our decisions. Health Canada is also strengthening its capacity to involve the public more meaningfully and inclusively in regulatory decision-making.

EXPECTED RESULTS		PERFORMANCE INDICATORS*			
Transparency accountability and openness are integrated into Health Canada's daily business		Number and nature of new tools and approaches implemented to better integrate transparency and openness into HPFB's daily business			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
18.5	188	17.7	187	16.3	185
*Data will be collected and reported annually.					

In the spring or summer of 2007, Health Canada will begin to implement measures for the registration and disclosure of clinical trial information on health products. In response to stakeholder requests for additional information, the Department will also begin providing web-based access to Health Canada-authorized Product Monographs in 2007 thereby providing Canadians with quick access to the most recently-approved information supporting safe and effective use of drug products. In addition, Health Canada will continue to provide access to information regarding the basis for regulatory decisions on some of its newly approved products (i.e, Summary Basis of Decision document) and will undertake an evaluation to explore the feasibility of expanding the initiative.<sup>16</sup>

In 2007-2008, Health Canada's Office of Consumer and Public Involvement (OCAPI) will also develop an implementation strategy for the Policy on Public Input

in the Review of Health Products. This policy builds on the Health Products and Food Branch's commitment to improved transparency, openness, and accountability made in the "2004-2007 Strategic Plan, Serving Canadians Now and Into the Future" and further developed in the Public Involvement Framework.

Health Canada will continue to use a variety of methods to engage stakeholders early and throughout the decision-making process. In 2007-2008, Health Canada will launch a number of thematic consultations on such initiatives as the proposed Progressive Licensing Framework for pharmaceuticals and biologics; its cost recovery regime, the review of Natural Health Product Regulations and regulatory regime, and the Special Access Program (SAP), as well as the regulatory framework for food-related health claims.

---

## ENDNOTES

1. [http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/fg\\_rainbow-arc\\_en\\_ciel\\_ga\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/fg_rainbow-arc_en_ciel_ga_e.html)
2. Once therapeutic products are on the market, Health Canada monitors them for safety, efficacy and quality. For further information, visit the HC web site: [http://www.hc-sc.gc.ca/hcs-sss/pharma/nps-snpp/securit/index\\_e.html](http://www.hc-sc.gc.ca/hcs-sss/pharma/nps-snpp/securit/index_e.html)
3. [http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/blueprint-plan/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/blueprint-plan/index_e.html)
4. [http://www.hc-sc.gc.ca/ahc-asc/finance/frais-charg/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/finance/frais-charg/index_e.html)
5. [www.cfr-crf.gc.ca](http://www.cfr-crf.gc.ca)
6. [http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/claims-reclam/final\\_proposal-proposition\\_final01\\_e.html](http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/claims-reclam/final_proposal-proposition_final01_e.html)
7. [http://www.hc-sc.gc.ca/ahc-asc/pubs/hpfb-dgpsa/performance\\_rendement\\_2005\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/pubs/hpfb-dgpsa/performance_rendement_2005_e.html)
8. [http://www.hc-sc.gc.ca/dhp-mps/brgtherap/reg-init/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/brgtherap/reg-init/index_e.html)
9. [http://www.hc-sc.gc.ca/dhp-mps/acces/drugs-drogues/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/acces/drugs-drogues/index_e.html)
10. [http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/consultation/clini-rev-exam/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/consultation/clini-rev-exam/index_e.html)
11. [http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/environ/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/environ/index_e.html)
12. [http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/national\\_guidelines-lignes\\_directrices\\_nationales-06\\_e.html](http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/national_guidelines-lignes_directrices_nationales-06_e.html)
13. The measurement of people's exposure to toxic substances in the environment by measuring the substances of their metabolites (blood or urine) in human specimens.
14. [http://www.hc-sc.gc.ca/dhp-mps/medeff/advers-react-neg/fs-if/cadris-2\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advers-react-neg/fs-if/cadris-2_e.html)
15. A clinical science whose objectives are the surveillance, evaluation and signaling of the undesirable effects of pharmaceutical products used for medical therapy and whose major sources of new information are spontaneous notification and reporting of such effects. Pharmacovigilance also includes the diffusion of this information and the regulatory measures taken to prevent future adverse drug reactions, to ensure safer use of drug products as well as an improvement in the risk-benefit ratio.
16. A public document that outlines in technical language the risk-benefit analysis and scientific considerations that have factored into Health Canada's Health Products and Food Branch's decision to grant market authorization for a drug or medical device. The document provides regulatory, quality (chemistry and manufacturing), efficacy and safety information.

## STRATEGIC OUTCOME: REDUCED HEALTH AND ENVIRONMENTAL RISKS FROM PRODUCTS AND SUBSTANCES, AND SAFER LIVING AND WORKING ENVIRONMENTS

### PROGRAM ACTIVITY - HEALTHY ENVIRONMENTS AND CONSUMER SAFETY

#### PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FTEs)

(\$ millions)	Forecast Spending 2006-2007	Planned Spending 2007-2008	Planned Spending 2008-2009	Planned Spending 2009-2010
Gross Expenditures	327.1	<b>349.5</b>	305.8	307.7
Less: Expected spendable revenues	15.5	<b>15.7</b>	16.0	16.0
Net Expenditures	311.7	<b>333.8</b>	289.8	291.7
FTEs	1,955	<b>2,074</b>	2,033	2,046

**Notes:** The increase in forecast/planned expenditures from 2006-2007 to 2007-2008 is mainly due to funding for the Chemical Management Plan, the Clean Air Regulatory Agenda, and the Clean Air Act Program. This funding increase is partially offset by the effect of one year interim funding received in 2006-2007 for litigation management and the Public Service Health Program, and by the sunset of the Border Air Quality Strategy in 2006-2007.

The decrease in planned expenditures from 2007-2008 to 2008-2009 is mainly due to the sunsetting of funding in 2007-2008 for the Chemical Management Plan, the Clean Air Regulatory Agenda, and the Clean Air Act Program. The increase in planned expenditures from 2008-2009 to 2009-2010 is mainly due to an increase in funding for the *Canadian Environmental Protection Act*.

Figures include an amount for departmental and regional infrastructure costs supporting program delivery.

### PROGRAM ACTIVITY DESCRIPTION

Healthy Environments and Consumer Safety touches many elements of day-to-day living that have an impact on the health of Canadians. These include drinking water safety, air quality, radiation exposure, substance use and abuse (including alcohol), consumer product safety, tobacco and secondhand smoke, workplace health, and chemicals in the workplace and in the environment. Much of this work is governed through legislation including the *Food and Drugs Act*, the *Controlled Drugs and Substances Act*, the *Hazardous Products Act*, the *Radiation Emitting Devices Act*, the *Canadian Environmental Protection Act*, the *Tobacco Act*, the *Quarantine Act*, the *Potable Water Regulations for Common Carriers*, and others. Health Canada is also engaged in other health and safety related activities such as chemical and nuclear emergency

preparedness; inspection of food and potable water for the travelling public; and health contingency planning for visiting dignitaries.

The Healthy Environments and Consumer Safety strategic outcome seeks to improve health outcomes by:

- Reducing health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol, and other controlled substances; and
- Reducing risks to health and safety, and improving protection against harm associated with workplace and environmental hazards, consumer products (including cosmetics), radiation-emitting devices, new chemical substances, and products of biotechnology.



A priority focus this year will be to help implement the Government's Environmental Agenda which responds to growing evidence that environmental factors contribute to health problems such as cancer, respiratory illnesses, and reproductive and developmental disorders. Initial action (programming and regulatory) is being undertaken on clean air and chemicals management.

Taking steps to modernize our regulatory frameworks and approaches is another important focus for Healthy Environments and Consumer Safety. This includes concrete initiatives such as modernizing the *Hazardous Products Act*, the *Radiation Emitting Devices Act*, and the *Food and Drugs Act* (Cosmetic Regulations) to protect the health of Canadians and implementing the *International Health Regulations (2005)* to help prevent the international spread of disease. Longer term efforts will identify the most efficient and cost-effective instruments to best reduce particular health risks facing Canadians.

A focus on human resources is also required to ensure we have the capacity needed to support key activities. Finding professionals with expertise in the applied sciences (e.g., toxicology, epidemiology, biology) and in both occupational and public health (e.g., nurses, medicine, psychologists, industrial hygienists) is proving to be a challenge. We must compete with other organizations to attract highly qualified scientists and health professionals. This will be especially challenging given that additional staff and expertise is required to deliver on new government environmental initiatives. To respond to human resources risks, we will initiate a multi-year people management plan focussed this year on implementing training and development, recruitment and succession planning/knowledge transfer.

Health Canada will continue to advance science and use strong evidence-based research to formulate our healthy and safe living promotion and harm prevention programs, policies and regulations. Our experts work closely with colleagues in the federal government and beyond (e.g., academia) in the areas of both research and development and related scientific activities. Anticipatory, applied and novel research provide the evidence of emerging health issues and contribute to the design and implementation of policies, regulations and legislation, as well as to decision making, aiming at protecting the health and safety of Canadians. In our

role as a regulator, we extend our scientific research by contributing to the generation, dissemination and application of scientific and technological knowledge, including the assessment of products and processes for the purpose of regulation, as well as surveillance, testing and collection of information. In addition to our internal activities related to scientific research, health surveillance, and foresight in the safe use of emerging and merging technologies (such as biotechnology and nanotechnology), we will also use the science conducted by external organizations to help identify risks to human health, and assess and manage these risks.

Activities within this strategic outcome require sustained partnerships with other government departments as well as provinces and territories, non-governmental organizations, and the international community. We work closely with the Health Products and Food Branch, the Pest Management Regulatory Agency, Environment Canada, and others on health and environment issues. We are engaged in the Government's public safety and anti-terrorism initiatives and, in support of the work the Government is doing on tackling illegal drug use and associated crime, we are working with Justice Canada, Public Safety and Emergency Preparedness Canada, the Royal Canadian Mounted Police, and the Canada Border Services Agency. We also collaborate with provinces and territories through various committees to develop guidelines on issues such as tobacco cessation and safe drinking water, and to coordinate nuclear emergency preparedness activities. Our work with the international community allows us to better respond to domestic health and safety issues, meet Canadian obligations and commitments, share best practices, and promote Canadian leadership globally.

The contributions of regional offices are integral to program delivery. They include: playing a leadership role on key national initiatives; conducting inspection, surveillance and educational activities related to consumer products, tobacco, controlled drugs and substances; conducting risk assessments and evaluations; providing health advice to federal employees, provinces, and municipalities related to chemical contaminants and exposure levels, drinking water standards, and work environments.

## PERFORMANCE MEASUREMENT STRATEGY

EXPECTED RESULTS	PERFORMANCE INDICATORS
Reduced health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol and other substances	see below
Reduced risks to health and safety, and improved protection against harm associated with workplace and environmental hazards and consumer products (including cosmetics)	

### KEY PROGRAMS AND SERVICES

Two programmes carry out work aimed at reducing health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol and other substances: the Drug Strategy and Controlled Substances Programme and the Tobacco Control Programme

#### DRUG STRATEGY AND CONTROLLED SUBSTANCES (ONGOING)

Health Canada administers the *Controlled Drugs and Substances Act*, develops prevention strategies to combat alcohol and drug abuse, monitors and reports to Canadians on current and emerging drug trends, supplies analysis and identification services of seized controlled substances to law enforcement agencies, and provides expert scientific advice and training to our clients (i.e., police and crown attorneys).

The Drug Strategy Community Initiatives Fund (DSCIF) funds activities at the national, regional, provincial/territorial and local levels in health promotion and prevention. The Alcohol and Drug Treatment and Rehabilitation Program (ADTR) currently aims to improve treatment for women and youth who are dealing with substance abuse problems. Health Canada also provides funding for the treatment component of Drug Treatment Courts.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Reduce health and safety risks associated with the abuse of drugs, alcohol, and other controlled substances		Decrease in health-related, at-risk behaviours associated with substance use within the general Canadian population as well as specifically youth and Aboriginal persons			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
76.6	320	78.6	328	78.0	326

### KEY INITIATIVES

In partnership with key stakeholders and other levels of government, Health Canada will carry out the following key initiatives:

- Initiate the development of a national strategy to prevent the abuse of pharmaceutical products that are controlled substances, such as oxycodone and codeine.

- Develop and implement national alcohol drinking guidelines as per the recommendations of the National Alcohol Strategy.
- Implement the National Alcohol and Drug Use Monitoring Survey (CADUMS), which is an ongoing general population telephone based survey that will provide useful data on topical and emerging issues related to the use of alcohol and other drugs and substances in a timely, reliable, and continuous basis.

The Medical Marihuana Research Program objective was to fund clinical research on the therapeutic aspects of marihuana. The Program was terminated in 2006 as a result of ongoing expenditure review. The pharmaceutical industry and academic institutions will be relied upon to generate the information. This decision does not impact the two clinical studies currently underway that were approved under the Program, nor does it impact approved individuals access to marihuana for medical purposes (i.e. Marihuana Medical Access Regulations which came into effect on July 30, 2001).

## TOBACCO CONTROL (ONGOING)

Health Canada administers the *Tobacco Act*; enforces compliance and sales-to-youth regulations as well as restrictions on tobacco advertising, promotions, and sponsorships; disseminates timely and comprehensive information to Canadians to influence attitudes and effect behaviour change aimed at reducing the serious and adverse health effects of tobacco use; evaluates industry reports on tobacco emissions and constituents; and monitors and analyzes changes in tobacco consumption patterns and public attitudes towards tobacco products to evaluate progress and to develop new areas for emphasis.

### EXPECTED RESULTS

**(Five 10-year objectives 2001-2011)**

### PERFORMANCE INDICATORS\*

Reduce smoking prevalence to 20% from 25% (level in 1999)

Decrease in smoking prevalence rate as measured by Canadian Tobacco Monitoring Survey (CTUMS), etc.

Reduce the number of cigarettes sold by 30% from 45 billion to 32 billion

Decrease in number of cigarettes sold

Increase retailer compliance regarding youth access to tobacco from 69% to 80%

Increase in retailer compliance as measured by the Retailer Behaviour Survey

Reduce the number of people exposed to environmental tobacco smoke in enclosed public places

Decrease in the number of Canadians exposed to second-hand smoke as measured by CTUMS

2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
63.8	263	65.9	269	65.3	268

## KEY INITIATIVES

Research suggests that tobacco promotion at retail, in the form of multi-tiered displays of tobacco products covering walls and counter tops, may induce the use of tobacco products, particularly among youth. A key initiative will focus on protecting these people from inducements to smoke through the development of regulations to restrict the display at retail of tobacco products, branded accessories and signs on the availability and price of tobacco products.

In support of the Federal Tobacco Control Strategy, Health Canada's BC regional office will fund community based projects that use innovative approaches to reach non-traditional target populations. One of these projects, entitled Smoke Screen, will provide educators, youth and community groups with documentaries and Learning Resource Packages that address tobacco use among immigrant youth and those who are learning English as a second language, while illuminating cultural attitudes and behaviours towards tobacco use. Another innovative project will aim to change the smoking culture of construction trades workers by targeting students who plan to work in those trades and by providing information to trades workers. Cessation resources will be disseminated through established trades networks such as WorkSafe BC and the BC and Yukon Trades Council.

In addition, given the tobacco industry's stated intent to develop and market tobacco products with less toxins, toxicological testing of tobacco products and biomarkers of exposure to tobacco products (such as nicotine, exhaled carbon monoxide, tobacco-specific nitrosamines) will be undertaken. Harm reduction in terms of product modifications, their impact on smoking trends or behaviour, including questions on how to assess and regulate such products, represent an emerging area in science. We will explore innovative risk assessment methodologies

to assess whether such modified tobacco products are more or less toxic than the range of products now on the market.

The five-year evaluation of the FTCS (2001-2006) demonstrates attributable health and economic benefits to Canadians of investments in tobacco control. The future FTCS will combine an on-going evaluation strategy built on its approved Results-based Management Accountability Framework in addition to cost-effectiveness studies and econometric modelling.

The signing of the World Health Organization sponsored Framework Convention on Tobacco Control is an opportunity to ensure that international policy and Canada's domestic policy are mutually reinforcing. Canada plays an active role in various working groups created by the Conference of the Parties, particularly those concerning the control of cross-border advertising and the regulation of the contents of tobacco products.

In support of the Federal Tobacco Control Strategy, Ontario Region employees will work in collaboration with other federal departments, provincial and municipal governments as well as with non-government organizations including Aboriginal and Francophone communities, to improve the coordination, understanding and application of the *Tobacco Act*. Among the priorities for program delivery will be to improve coordination, efficiencies, effectiveness and delivery of inspection activities to protect the public against smoking health hazards in light of the 2005 *Smoke-Free Ontario Act*.

**Three programmes carry out work aimed at reducing risks to health and safety, and improved protection against harm associated with workplace and environmental hazards and consumer products (including cosmetics): the Safe Environments Programme, the Product Safety Programme, and the Workplace Health and Public Safety Programme.**

## SAFE ENVIRONMENTS (ONGOING)

Health Canada conducts research, risk assessments, risk management, monitoring, and surveillance to protect all human health from the risks associated with chemicals substances, drinking water, air quality, contaminated sites, climate change, as well as preparedness for environmental emergencies. These activities are carried out to respond to the Department's obligations under the *Canadian Environmental Protection Act* (1999). Health Canada is also the lead for coordinating Canada's preparedness for nuclear emergencies under the Federal Nuclear Emergency Plan.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Reduce, eliminate, prevent, or better manage toxic chemical substances and their use and/or exposer		Establishment and maintenance of a monitoring and surveillance program to track public health and environmental priorities. This will increase a baseline which will then be used in future years to track performance.			
Increase knowledge, understanding and involvement by Canadians in environmental health issues		Establish a baseline by carrying out surveys with the public to gather data on their knowledge, understanding and involvement in environmental health issues. This will be used to track performance in future years.			
Improve scientific knowledge and capacity on environmental health issues		Percentage of Canadians who are more knowledgeable about how the environment impacts their health, e.g. sun exposure			
		Increase in the number and types of publications authored by Health Canada and published in peer-reviewed scientific journals			
		Extent to which risk assessment methodologies are harmonized with other countries			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
131.1	801	80.9	742	81.8	750

### KEY INITIATIVES

Health Canada, in collaboration with Environment Canada, is leading the development of Canada's new Chemicals Management Plan (CMP), one of two main themes of the Government of Canada's Environmental Agenda. The CMP will improve the degree of protection of Canadians and their environment against hazardous chemicals. The Plan will introduce a number of new, proactive measures that will ensure that risks are identified and assessed in a more effective and timely fashion, and that identified risks associated with chemical substances in or entering the marketplace are

managed properly. Core activities under the CMP include research, risk assessment, risk management, and monitoring and surveillance.

The *Canadian Environmental Protection Act* is the most important statute for regulating toxic chemicals. Priorities include the development of an integrated science-based action plan across exposure media (food, air, soil, water, products) to reduce or eliminate the risks posed by hundreds of hazardous substances, and the investments needed to resolve the toxic legacy of the 20<sup>th</sup> century by 2020.

The second theme of the Environmental Agenda is a clean air agenda, which will improve risk management actions to address both indoor and outdoor air quality risks to health. Initiatives will target exposure and risk analyses for indoor and outdoor pollutants and for fuels and fuel additives, and provide guidance to research initiatives, in order to maximize the health benefits of regulatory and non-regulatory actions. Health Canada will continue to develop and implement the Air Quality Health Index, which will provide a daily measure of air pollution health impacts and will provide the public with means to make informed decisions to reduce exposure to health risks posed by smog.

Health Canada will continue to work with Indian and Northern Affairs Canada and other experts as part of a national vapour intrusion working group to measure the extent of contaminant vapour intrusion such as low and high end volatile/non-volatile hydrocarbons (BTEX compounds: benzene, toluene, ethyl benzene, xylene; polycyclic aromatic hydrocarbons (PAHs)) into buildings under subarctic conditions. The goal of this effort is to test whether national guidelines are applicable to the subarctic conditions found in northern Manitoba and Saskatchewan and provide national guidance documents for remediation of contaminant site vapours. Data and recommendations will be shared with other regions having contaminated sites in the subarctic, as well as with the State of Alaska's contaminated sites program. A final report and recommendations for guidance documents will be issued in 2007.

Under additional indoor initiatives, Health Canada will address risks associated with exposure to radon. Tools under development to provide accountability include the Air Health Indicator and the Air Quality Benefits Assessment Tool. The Air Health Indicator will assess how regulatory measures and other changes to outdoor air quality affect human health

over time. The Air Quality Benefits Assessment Tool will quantify the health impacts of changes in air pollution and is used in cost/benefit analysis for regulatory and other risk management measures.

Health Canada will also increase awareness of climate change health risks and will complete and disseminate the Canadian Climate Change and Health Vulnerability Assessment in 2007, which assesses current and future vulnerabilities of Canadians and their communities to the health risks associated with climate change.

In keeping with an integrated source-to-tap approach to drinking water quality in Canada, Health Canada will establish and/or implement strategies to help address and prevent incidents of drinking water contamination across jurisdictions, including in small, rural, and remote communities. This includes building support for implementing a national Waterborne Contamination and Illness Response Protocol with federal departments, provinces and territories, as well as the launch and implementation of a web-based system designed to report boil water advisories and notify stakeholders across Canada.

## PRODUCT SAFETY (ONGOING)

As part of our legislative mandate under the *Hazardous Products Act* and the *Radiation Emitting Devices Act*, Health Canada identifies, assesses, manages, and communicates to Canadians the health and safety hazards and health risks associated with: consumer products; hazardous workplace materials; cosmetics; new chemical substances; products of biotechnology; radiation produced by radiation emitting devices; environmental noise; and solar UV radiation.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Reduce risk of death, illness, and injury from exposure to hazardous products and substances associated with: consumer products; cosmetics; workplace chemicals; new chemical substances; products of biotechnology; radiation-emitting devices; environmental noise; and solar UV radiation.		Increased industry rate of compliance with regulations			
		Increased public awareness of risks			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
31.2	292	32.6	298	33.9	307

### KEY INITIATIVES

As part of the Government of Canada's new Chemicals Management Plan, Health Canada will: identify consumer products and cosmetics that may contain potentially harmful substances and develop strategies to best manage the risk associated with such products on the Canadian marketplace; develop regulations that appropriately identify and manage the potential risk that any new substance contained in *Food and Drugs Act* products (e.g., pharmaceuticals, personal care products, cosmetics) may pose to the environment and human health; and determine the risk to human health and the environment associated with environmental exposure to approximately 9,000 substances in products regulated under the *Foods and Drugs Act* that entered commerce in Canada between 1987 and 2001.

To be more responsive to present and future social and technological realities, Health Canada will be modernizing federal health protection legislation, specifically the *Hazardous Products Act*, *Radiation Emitting Devices Act*, and the *Food and Drugs Act* (Cosmetic Regulations). This will provide the Department with the necessary tools to better protect the health of Canadians, and to respond to the challenges of the global marketplace. Health Canada is committed to serving Canadians by

strengthening its position as a nationally recognized and world-class regulator by establishing renewed legislative and regulatory frameworks.

Involvement on the international front will include work related to the Globally Harmonized System of Classification and Labelling of Chemicals (GHS) to enhance protection of human health and the environment. The GHS harmonizes chemical hazard classification and communication and is viewed globally as the basis for the sound management of chemicals. Health Canada will continue to work toward the legislative and regulatory changes necessary to implement the GHS as soon as possible.

In support of the Government's commitment to the health of children, Health Canada will continue with the implementation of the Lead Risk Reduction Strategy (LRRS) for Consumer Products. These measures will protect the health of Canadians by reducing health risks related to lead exposure, especially among infants and children. The LRRS proposes maximum lead content limits for four categories of consumer products with which children are likely to interact. Regulations for each category will be developed separately. We will also continue monitoring the compliance rates for products already regulated for lead content.

## WORKPLACE HEALTH AND PUBLIC SAFETY (ONGOING)

Through the Public Service Health Program, Health Canada provides occupational health and safety services to employees working in Canada and overseas. The Department co-ordinates cost-recovered Employee Assistance Program services to many Canadian public and para-public sector organizations. Health Canada also develops, coordinates, and manages health contingency plans for foreign dignitaries and their families while they are visiting Canada. Tools are also provided on its website to assist employers develop and implement workplace health programs.

Health Canada works with the PHAC, Public Safety and Emergency Preparedness Canada, and other organizations to plan, prepare and implement physical and psycho-social emergency responses to national health emergencies such as avian and pandemic influenza, and terrorist or suspected terrorist attacks. Health Canada also works with the conveyance industry (e.g., cruise ships, trains, aircraft) through the Travelling Public Program to reduce the risks to the health of Canadians who travel within Canada.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Timely and appropriate occupational health advice, guidance, and professional services to federal employees		Increase in number of service requests received and completed within service standards and carried over according to Activity Tracking System - target less than 20% carried over			
Timely and appropriate psycho-social advice, guidance and professional services to federal employees		Increase in rate of resolution of client problems within service standards - target 80%			
Timely and appropriate public health interventions related to conveyances and ancillary services		Increase in rate of implementation of water management plans within the Canadian airline industry (target 80%) and rate of resolution of critical deficiencies (target 90%) resolved within service standards			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	FTEs	\$ (in millions)	FTEs	\$ (in millions)	FTEs
31.1	398	31.8	397	32.7	395

## KEY INITIATIVES

Health Canada is working closely with the Public Health Agency of Canada (PHAC) and the World Health Organization to increase international cooperation efforts and to ensure compliance with the *International Health Regulations (2005)*, the purpose of these are to prevent, protect against, control, and provide a public health response to the international spread of disease and avoid

unnecessary interference with international traffic and trade. In doing so, both Health Canada and PHAC are collaborating with the Canada Border Services Agency, Transport Canada, the Canadian Food Inspection Agency, the Royal Canadian Mounted Police, Environment Canada, Fisheries and Oceans Canada, and others as appropriate.



## **STRATEGIC OUTCOME: REDUCED HEALTH AND ENVIRONMENTAL RISKS FROM PRODUCTS AND SUBSTANCES, AND SAFER LIVING AND WORKING ENVIRONMENTS**

<b>PROGRAM ACTIVITY – PEST CONTROL PRODUCT REGULATION</b>				
<b>PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FT)</b>				
<b>(\$ millions)</b>	Forecast Spending 2006-2007	<b>Planned Spending 2007-2008</b>	Planned Spending 2008-2009	Planned Spending 2009-2010
Gross Expenditures	66.8	<b>57.9</b>	53.5	53.3
Less: Expected responsible revenues	7.0	<b>7.0</b>	7.0	7.0
Net Expenditures	59.8	<b>50.9</b>	46.5	46.3
FTEs	652	<b>652</b>	600	600
<p><b>Notes:</b> The decrease in forecast/planned expenditures from 2006-2007 to 2007-2008 is due in part to one-year funding received in 2006-2007 for Pesticides Regulation.</p> <p>The decrease in planned expenditures from 2007-2008 to 2008-2009 is mainly due to a decrease in funding for Building Public and Stakeholder Confidence in Pesticide Regulation.</p> <p>Figures include an amount for departmental and regional infrastructure costs supporting program delivery.</p>				

### **PROGRAM ACTIVITY DESCRIPTION**

Health Canada's Pest Management Regulatory Agency (PMRA) protects human health and the environment by minimizing the risks associated with pest control products in an open and transparent manner, while enabling access to these pest management tools and sustainable pest management strategies. The PMRA registers pesticides and provides advice on sustainable pest management strategies. The Agency considers environmental and human health risks associated with proposed products as well as product effectiveness and contribution to sustainable development. As well, the PMRA sets maximum residue limits (MRLs) under the *Food and Drugs Act*. The *Pest Control Products Act (PCPA)* and Regulations allow the Agency to meet these commitments while providing access to Canadian and global pest management tools.

This year, along with our core work, the Agency's priorities will be the continued implementation of the new *PCPA* by advancing work on regulatory priorities such as Incident and Sales reporting and our commitment to transparency, access to new

products including reduced risk and new uses in Canada by utilizing performance standards in review work and addressing the technology gap and, finally, re-evaluation and full life-cycle management within the new *PCPA* and the Chemical Management Plan.

Science is the foundation for Health Canada's activities related to Pest Control Product Regulations. We conduct assessments of risks to human health and the environment arising from exposure to chemical and biological pesticides as well as assessments of the value of these products. In support of this work, we develop assessment methodologies, pesticide testing protocols, risk reduction strategies and risk management tools. Scientific expertise is in place in the following areas: toxicology, environmental toxicology, analytical chemistry, environmental fate and chemistry, biochemistry, endocrinology, ecology, crop science, plant pathology, entomology, occupational and bystander assessment, and aggregate and cumulative assessment.

To meet the Agency's objectives, we will collaborate with experts in a variety of disciplines throughout the Health Portfolio and with the five natural resource departments (Environment Canada, Fisheries and Oceans Canada, Natural Resources Canada, the Canadian Food Inspection Agency and Agriculture and Agri-Food Canada). This year the Agency will be collaborating with others in Health Canada and Environment Canada to implement the new Chemicals Management Plan that improves the degree of protection for Canadians and their environment against hazardous chemicals in products they use, food and water they consume and environments in which they live. We will work with Healthy Environments & Consumer Safety (HECS) Branch to facilitate the exchange of review material on compounds that have shared jurisdiction under both programs. We will also work with HECS and the Public Health Agency of Canada (PHAC) to provide technical support to the Department of National Defence in a fact-finding exercise on the use of registered herbicides and testing of military chemicals at CFB Gagetown, in partnership with Veterans Affairs Canada and other federal departments. Health Canada's PMRA also participates in a number of departmental working groups that are developing or updating various science-based methodologies for risk assessment.

We also work with the Canadian Food Inspection Agency (CFIA) on their priority setting exercise to set their annual inspection and monitoring program, and with the CFIA and provincial governments on compliance activities; and with Agriculture and Agri-Food Canada to develop risk reduction strategies and improve access to specialized pest control.

We rely on professionals in a number of scientific disciplines to achieve our key results for Canadians. The PMRA must compete with other organizations to attract and retain highly qualified professionals. To address this risk we will focus on recruitment, retention, learning and succession planning through our human resources plan in order to ensure we have the human resources to support our activities under this strategic outcome.

The expected result of this program activity "To protect human health and the environment by minimizing risks associated with pesticides imported, sold or used in Canada" is supported by four main

program sub activities: New Pest Control Product Registration and Decision-Making; Registered Pest Control Product Evaluation and Decision Making; Compliance; and Pesticide Risk Reduction. The table above outlines the planned resources allocated for this program's activities.

## **NEW PEST CONTROL PRODUCT REGISTRATION**

New pesticides undergo an extensive pre-market assessment by Health Canada to ensure their use poses no unacceptable risks. This includes an assessment of human health risk (including worker and bystander exposure), food residues, environmental risk (including environmental fate and potential effects on wildlife), and an assessment of value. Assessments are carried out using the most modern scientific methods available and meet international best practices.

To provide for continual updating of regulatory approaches, we are working closely with the United States and Mexico through NAFTA and with OECD countries globally through the OECD Working Group on Pesticides. This work is focussed on harmonization, joint reviews, and worksharing to ensure pesticide risk assessments are efficient and benefit from the best science available internationally. In 2007-2008, Health Canada is committed to using joint review and worksharing opportunities to assist both in closing the technology gap that exists between Canada and the United States and to expand our current joint review program with the United States into global worksharing arrangements with other OECD countries for the assessment of pesticides.

## **REGISTERED PEST CONTROL PRODUCT EVALUATION**

We re-evaluate older pesticides currently on the market to determine if their continued use is acceptable in consideration of modern scientific approaches. Significant public consultation is undertaken on risk assessments and risk management proposals to engage stakeholders, including registrants, other government departments, growers and their associations, other non-governmental organizations, as well as the general public.

We will continue to implement risk mitigation measures where required to address concerns regarding risks that could emerge during the re-evaluation of a chemical. As required, under the *Pest Control Products Act*, we will continue to work with the Environmental Protection Agency in the United States on a proposed approach to re-evaluation and develop a plan to work cooperatively on future re-evaluations.

## NATIONAL PESTICIDE COMPLIANCE PROGRAM

Health Canada promotes, monitors and enforces compliance with the *Pest Control Products Act* and Regulations principally through the National Pesticide Compliance Program (NPCP). Where non-compliance is detected, we apply the appropriate enforcement (e.g., education, monetary penalties or prosecution). The NPCP includes programs that address both regional and national compliance and enforcement problems and issues. Much of this work is accomplished through a regional network of designated officials who inspect and investigate those who manufacture, distribute and use pesticides. An example of a compliance activity is marketplace inspections.

In addition, we will continue to work in partnership with provincial and other federal regulators and will explore further opportunities for coordination and collaboration with international organizations, e.g., US EPA. Specifically, in 2007-2008 Health Canada will finalize its work on performance indicators for the compliance area. As well, the partnership agreement with CFIA for NPCP program delivery will be renewed.

## PESTICIDE RISK REDUCTION IN AGRICULTURE AND OTHER SECTORS

The Pesticide Risk Reduction Program supports the objectives of the new *Pest Control Products Act* to facilitate access to reduced risk products and enhance sustainability in agriculture. It is a grower led, commodity-based program that is jointly facilitated by the Sustainable Pest Management Section of the Pest Management Regulatory Agency and the Pest Management Centre of Agriculture and Agri-Food Canada (AAFC). The goal of the program is to improve the sustainability of Canadian agricultural commodities through the development and implementation of commodity-based risk reduction strategies. Benefits resulting from this program will include the development and adoption of alternative pest management practices through applied research into reduced risk alternative tools and biopesticides.

Health Canada and AAFC will continue working with stakeholders to develop commodity-specific pesticide strategies for the initial twenty priority crops including apples, potatoes, dry beans, soybeans and greenhouse vegetables. In addition, stakeholder consultations will be held for two new commodities, namely blueberry (highbush and lowbush) and raspberry, and crop profiles will be developed for three new commodities (broccoli, cabbage and cauliflower). Active stakeholder participation in building and implementing strategies is critical to the success of the program.

## PERFORMANCE MEASUREMENT STRATEGY

EXPECTED RESULTS	PERFORMANCE INDICATORS
Access to safer pesticides	<p>Number of new reduced risk ingredients available for use in Canada</p> <p>Percentage of reduced risk chemicals &amp; percentage of biopesticide active ingredients registered/pending registration in the U.S. that are registered/pending registration in Canada</p>
Improved transparency and knowledge dissemination	Number and type of regulatory proposals /directives / policies published in 2007-2008

## **Web Links**

Pest Management Regulatory Agency (PMRA) home page: [www.pmra-arla.gc.ca](http://www.pmra-arla.gc.ca)

PMRA Strategic Plan 2003-2008  
[www.pmra-arla.gc.ca/english/pdf/plansandreports/pmra\\_strategicplan2003-2008-e.pdf](http://www.pmra-arla.gc.ca/english/pdf/plansandreports/pmra_strategicplan2003-2008-e.pdf)

## **STRATEGIC OUTCOME: BETTER HEALTH OUTCOMES AND REDUCTION OF HEALTH INEQUALITIES BETWEEN FIRST NATIONS AND INUIT AND OTHER CANADIANS.**

<b>PROGRAM ACTIVITY - FIRST NATIONS AND INUIT HEALTH</b>				
<b>PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FTEs)</b>				
<b>(\$ millions)</b>	Forecast Spending 2006-2007	<b>Planned Spending 2007-2008</b>	Planned Spending 2008-2009	Planned Spending 2009-2010
Gross Expenditures	2,125.6	<b>2,136.3</b>	2,153.9	2,194.2
Less: Expected spendable revenues	5.5	<b>5.4</b>	5.4	5.4
Net Expenditures	2,120.2	<b>2,130.9</b>	2,148.5	2,188.8
FTEs	2,881	<b>2,843</b>	2,822	2,822

**Notes:** The increase in forecast/planned expenditures from 2006-2007 to 2007-2008 is mainly due to the yearly growth of the Indian Envelope and an increase in the funding level for the Follow-Up to the Special Meeting of First Ministers and Aboriginal Leaders (September 12, 2004). This increase is partially offset by the Budget 2005 Expenditure Review Committee (ERC) reduction.

The increase in planned expenditures from 2007-2008 to 2008-2009 is mainly due to the yearly growth of the Indian Envelope. This increase is partially offset by the sunset of funding for the implementation of the First Nations Water Management Systems Initiative. The increase in planned expenditures from 2008-2009 to 2009-2010 is mainly due to the yearly growth of the Indian Envelope.

The change in Revenue is due to rounding the amounts to millions of dollars.

Figures include an amount for departmental and regional infrastructure costs supporting program delivery.

### **PROGRAM ACTIVITY DESCRIPTION**

The objectives of Health Canada's First Nations and Inuit health program activity are to improve health outcomes, ensure the availability of and access to quality health services, and support greater control of the health system by First Nations and Inuit.

In pursuing these goals, the Department must face many of the same challenges as other Canadian health providers such as an aging population, health human resource shortages, rising costs of drugs, and the demand for new health care technologies. This has increased the challenges to health care sustainability

in both the federal and provincial and territorial health systems. The First Nations and Inuit health system is also subject to additional pressures due to a faster growing population, higher than average rates of injuries, higher overall disease burden, rural and remote populations, and a unique set of programs and services.

Health Canada works closely with our health partners and other federal departments to respond to these challenges and meet these goals. We support the Public Health Agency of Canada in its delivery of Children and Youth programming through the Aboriginal Head Start in Urban and Northern Communities program as well as its work on a number of pan-Aboriginal

programs and pandemic planning activities.

In addition, we work closely with Indian and Northern Affairs Canada through: the First Nations Water Management Strategy, to ensure that all First Nations communities across Canada have access to a safe and reliable water supply; the Home and Community Care program, to address the gaps in continuing care services available to First Nations and Inuit communities; and the Labrador Innu Comprehensive Healing Strategy, to support long term healing in the Labrador Innu communities. We also work with Indian Residential Schools Resolution Canada to ensure that eligible former students of Indian residential schools have access to mental health and emotional supports.

Health Canada will focus on four key priority areas in 2007-2008:

- 1) continuing to provide health-related programs and services;
- 2) improving quality of and access to health-related programs and services;
- 3) promoting healthy living and disease prevention; and
- 4) improving accountability and performance measurement.

## **CONTINUING TO PROVIDE HEALTH-RELATED PROGRAMS AND SERVICES**

Health Canada provides a range of First Nations and Inuit health programs and services that will continue into 2007-2008. In partnership with First Nations and Inuit, we will continue to provide primary care services in approximately 200 remote communities, and home and community care in over 600 communities. Health Canada employs approximately 665 nurses to deliver health services to communities, and maintains nursing stations, community health centres and other health service facilities. In addition, health services are provided by nursing staff and other health care workers directly employed by communities through health service transfer agreements and contribution agreements with Health Canada.

Through strengthened working relationships between Health Canada, the Government of Nunavut and the Nunavut Tunngavik Incorporation, the Nunavut HII project resulted in an action plan outlining a model for Integrated Service Delivery in Nunavut which identifies a number of possible short, medium and long term activities. Projects are now being developed such as the development of a continuum of culturally relevant mental health and addictions services and a supporting Community Wellness approach.

Through our regional offices, the Department will continue to provide programs and services focussed on children and youth, mental health and addictions, chronic diseases, environmental health, and communicable and non-communicable disease prevention. These services supplement and support the services that provincial, territorial and regional health authorities provide. For example, the First Nations and Inuit Home and Community Care program will continue to support the delivery of quality home and community-based services to support those with chronic diseases, persons with disabilities and the elderly in over 640 communities. Through the Non-Insured Health Benefits Program, drugs, dental care, vision care, medical supplies and equipment, short-term crisis intervention, mental health services, and medical transportation will continue to be available to all 780,000 registered Indians and recognized Inuit in Canada, regardless of residency.

The Alberta Region will further use information for action in advancing positive health outcomes for First Nations persons and communities through the use of enhanced health surveillance systems. These new and innovative systems include a Datacube project which furnishes a suite of tools to support the interactive, multidimensional analysis of Health Surveillance data obtained from multiple sources/channels. In addition, a Geographic Information System (GIS) developed in the region allows for the mapping of a broad range of surveillance and environmental health data by GPS coordinates, enabling and facilitating user friendly access to information as presented by provincial geographic location. Such data provides health researchers and practitioners with credible data from which evidenced based health policy, program and service delivery decisions may be made.

## **IMPROVING QUALITY AND ACCESS TO HEALTH-RELATED PROGRAMS AND SERVICES**

The Department continues to experience challenges in recruiting nurses into First Nations and Inuit communities, especially for facilities located in remote and isolated areas. Health Canada is particularly concerned with the impact that nursing shortages have on the provision of services and the health and well-being of First Nations and Inuit. We will work closely with our National Aboriginal and Nursing partners to address issues affecting the recruitment and retention of nurses in First Nations and Inuit communities and to ensure that nurses have the clinical expertise and supports needed to provide primary health care in communities.

The development and implementation of *Projet ACCES* in the Quebec region is a priority for the First Nations and Inuit Health Branch (FNIHB). The main objective of this project is to facilitate access to our services and bring them closer to clients, in response to a request made by the First Nations and Inuit communities. It will allow us to put in place a co-ordination mechanism for FNIHB program and service delivery and will lead to improved client service, with a view to better health outcomes and better First Nations and Inuit control in their assumption of responsibility for their health services.

To increase the long-term supply of First Nations, Inuit and Métis health care providers, the Department will increase the amount of funding available through bursaries and scholarship initiatives to help support more First Nations, Inuit and Métis students who pursue health care studies. In addition, more bridging, access and student support programs for Aboriginal health care students will be supported at post-secondary institutions. In partnership with professional associations, we will facilitate the adaptation of medical, nursing and other health care curricula to increase the cultural awareness of doctors, nurses and others providing health services to First Nations, Inuit and Metis patients. We will also work with Indian and Northern Affairs Canada and our provincial partners to ensure that math and science courses are better oriented to First Nations and Inuit students, thereby enhancing the likelihood of success in health careers.

We will work with our partners to support the development and implementation of quality improvement activities, including accreditation of Aboriginal health organizations. This involves measuring the organization's health services delivery against a consistent set of national standards of excellence. The focus will continue to be on enhancing the cultural elements and system supports of Aboriginal accreditation, with the goal of increasing the number of Aboriginal healthcare organizations engaged in the accreditation process by 30% to over 70 organizations in total.

Through the establishment of Patient Wait Times Guarantees (PWTGs) pilot projects, Health Canada will improve access to its health services delivered to First Nations on reserve. The pilot projects are expected to last approximately two years, and will include an evaluation to determine the effectiveness of the PWTG and its potential to be applied to additional First Nations communities.

We will continue to work to improve access to health services for all Aboriginal peoples through the implementation of the Aboriginal Health Transition Fund, which supports better integration of federal, provincial and territorial health programs and services to First Nations and Inuit and the adaptation of provincial and territorial health services to respond to the needs of First Nations, Inuit and Métis. It is expected that this work will contribute to the development and implementation of longer-term bilateral and/or multipartite agreements to address Aboriginal health issues of mutual concern, such as the tripartite implementation plan currently being negotiated with British Columbia First Nations and the British Columbia provincial government.

We will continue to provide services under the Children's Oral Health Initiative in over 100 communities to improve the oral health of First Nations children on-reserve. In addition, a new oral health information system will be implemented to collect data on the effectiveness of the Children's Oral Health Initiative.

Health Canada supports the construction, operation, maintenance and environmental management of on-reserve health facilities and staff residences. In 2007-2008, eighteen health facilities will be constructed or expanded, and recapitalization initiatives (repairs, replacements, upgrades) will improve the working environment of clients and staff, and enhance the quality of health care services offered at the community level. We will also invest \$1.5 million in environmental audits, assessments and remediation to ensure operations of health facilities in First Nations communities meet environmental codes and requirements and are consistent with the Department's commitments to sustainable development.

## PROMOTING HEALTHY LIVING AND DISEASE PREVENTION

The Department will work with National Aboriginal Organizations to implement the Maternal Child Health Program for pregnant First Nations women and families with infants and young children living on-reserve. The program will provide home visits by both nurses and trained, experienced mothers in the community as well as case management for families living with more complex needs. In the North, including the territories, Nunavik and Nunatsiavut, program funding will enhance health promotion programs already in place such as the Canada Prenatal Nutrition Program and the Fetal Alcohol Spectrum Disorder Program and complement the health services provided by the province or territory.

In 2007-2008, First Nations and Inuit Health, Ontario Region (FNIH, OR) will work with the Chiefs of Ontario on an initiative to develop a comprehensive, seamless Public Health System for First Nations Communities. The initiative has two main elements. The first is to clarify relationships and roles among First Nations, FNIH, OR and provincial public health organizations. The second is to design, develop and implement a *First Nations Component of the Public Health Management and Surveillance System* that will be aligned with Ontario's public health surveillance system.

We will continue to expand the Aboriginal Head Start On Reserve Program by addressing the need for more training and facilities to deliver services. The Department will create more Program spaces and sites and engage in capacity building activities to further professional development for workers. In addition, outreach will be strengthened and expanded to serve small communities that do not have enough children to run a centre-based program, through increased investments in staff training for those workers who deliver the Program in a home setting and funding for new projects in small communities. These investments will allow the Department to reach more children and improve the current community-based projects that already exist.

Health Canada will also continue to implement the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS). Although there is variation among First Nations communities, overall suicide rates are 5 to



7 times more than the rate for Canadian youth. Suicide rates among Inuit youth are up to 11 times higher than the national average. Actual rates among Aboriginal youth living off reserve and in urban centres, including Métis and urban Inuit, are not well established. In 2007-2008, approximately 75-100 First Nations and Inuit communities will carry out their suicide prevention plans. These plans will focus on prevention, skills training, and the development of protocols to respond to suicide-related crises. Moreover, the Strategy will support awareness and knowledge raising activities to promote mental wellness and resiliency among youth. The Strategy will also continue to increase what we know about what works best to prevent Aboriginal youth suicide, and how suicide impacts Aboriginal youth living off reserve and in urban areas, through evaluation, data gathering and research.

Health Canada is working with key partners to develop a strategic action plan for First Nations and Inuit mental wellness. The objective of the plan is to improve the mental wellness of First Nations and Inuit through a coordinated continuum of mental health and addictions services that respect traditional, cultural and mainstream approaches to healing. Over the next 3-5 years, we will work with Aboriginal organizations and provinces and territories to implement key aspects of this plan that can proceed within existing resource levels, such as raising awareness of the strategic action plan and its objectives and aligning existing programs with the plan. The Department will also continue to offer a continuum of mental health and emotional support services to former students of residential schools and their families.

The prevalence of diabetes is 3-5 times higher in the Aboriginal population compared to the general population. Addressing the high rates of chronic disease, such as diabetes, within the Aboriginal community is a key focus for the Department and we will continue with the enhancement of the Aboriginal Diabetes Initiative. This will strengthen community-based diabetes prevention and promotion activities, increase the number and training of service providers and improve screening and care services. Participatory research will be undertaken to gather more data on pre-diabetes, diabetes and its complications, and to develop strategies to reduce the burden of the disease. Complementary activities to aid in diabetes prevention

will also be implemented. This includes the launch and implementation of a food guide for First Nations, Inuit, and Metis based on the revised Canada's Food Guide, and partnerships with retailers in northern isolated communities to support healthy eating by increasing availability, quality and promotion of healthy foods.

We will continue to support the development of communicable disease emergencies plans including pandemic influenza planning. Efforts will be focused on increasing emergency planning and response capacity at the regional and community levels, strengthening collaborative relationships with provinces and territories, and ensuring that emergency supplies are readily available to on-reserve health centres in First Nations and Inuit communities.

In BC Region, planning and preparation will continue to take place to minimize the impact of an influenza pandemic on First Nations communities. An inventory of First Nations emergency preparedness plans will be completed and an emergency preparedness coordinator will be in place to work with First Nations. Health Canada will work with First Nations to increase the number of communities that have completed pandemic plans and have conducted table-top exercises, with a target of 80% completion by 2009.

We will conduct research and provide funding for the National First Nations Environmental Contaminants Program and the Northern Contaminants Program. We will support five large National First Nations projects that focus on investigating the effects of environmental contaminants on First Nations reserves. We will also fund four projects through the Northern Contaminants Program to increase the knowledge of First Nations and Inuit about the extent of environmental contaminants exposure in their communities as well as to increase capacity of First Nations communities to manage environmental health research projects.

We will also conduct an Environmental Contaminants Traditional Food Safety Workshop that will bring together representatives of First Nations communities across Saskatchewan to discuss nutritional benefits of traditional foods and environmental health risks

associated with consuming traditional foods. This will increase knowledge of the benefits and risks of various food choices, for better decision making.

In partnership with Indian and Northern Affairs Canada, and with Canada Mortgage and Housing Corporation (CMHC) and the Assembly of First Nations, Health Canada is working towards developing greater capacity among First Nations and their organizations to prevent and remediate mould problems and improve housing conditions in their communities. Health Canada will also work with CMHC to ensure that education and training materials cover both the public health and construction aspects of quality housing.

Through the First Nations Water Management Strategy, the Department will develop products that will put a greater focus on preventative activities and develop clear and consistent procedures to address waterborne threats to human health in First Nations communities.

## IMPROVING ACCOUNTABILITY AND PERFORMANCE MEASUREMENT

We will undertake efforts to improve health surveillance and information analysis, including data development, data analysis, research evidence to support priority-setting and decision-making on health related investments. For example, through the Aboriginal Diabetes Initiative, we will develop a research agenda and identify research priorities that will inform future diabetes programming.

Health Canada also draws information from evaluation and review studies to support program improvement. In 2007-2008, we will initiate three integrated program cluster level evaluations for the Children and Youth, Environmental Health and Research and Communicable Disease Control program areas. The Department will also finalize the joint evaluation with Indian and Northern Affairs Canada on the First Nations Water Management Strategy.

## PERFORMANCE MEASUREMENT STRATEGY

The First Nations and Inuit Health program has established expected results and indicators to assess progress towards the achievement of the strategic outcome. Use of the information below will contribute to providing a snapshot of the health status of First Nations and Inuit.

EXPECTED RESULTS	PERFORMANCE INDICATORS
Better health outcomes and reduction of health inequalities between First Nations and Inuit and other Canadians	Life expectancy (at birth, on and off reserve) Birth weight NIHB client utilization rates

## KEY PROGRAMS AND SERVICES

The following describes seven key program areas that Health Canada will continue to be engaged in throughout 2007-2008: children and youth; mental

health and addictions; chronic disease and injury prevention; environmental health and research; communicable disease control; primary care; and non-insured health benefits.

## CHILDREN AND YOUTH PROGRAMS (ONGOING)

**Description:** These programs are designed to collectively improve the cultural, emotional, intellectual and physical growth and development of First Nations and Inuit infants, children and youth. Programs targeting maternal, infant and child health, increasing children's knowledge of language and culture, and increasing children's readiness for school are the main priorities of the Department's children and youth programming. These programs include: Aboriginal Head Start On Reserve; the Canada Prenatal Nutrition Program; the Fetal Alcohol Spectrum Disorder program; and the Maternal Child Health program.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Improved continuum of programs and supports in First Nations and Inuit communities		Percentage of communities with programs			
Increased participation of First Nations and Inuit individuals, families and communities in programs and services		Number of participants in programs by program type			
2007-2008		2008-2009		2009-2010	
\$(in millions)	Salary \$	\$(in millions)	Salary \$	\$(in millions)	Salary \$
109.7	7.1	114.7	7.3	114.9	7.4

## MENTAL HEALTH AND ADDICTIONS PROGRAMS (ONGOING)

**Description:** These programs provide culturally appropriate counselling services, addiction prevention and promotion services, and mental wellness services that are largely delivered by Aboriginal people. These programs include: Building Healthy Communities; Brighter Futures; the National Native Alcohol and Drug Abuse Program (NNADAP)-residential treatment and community-based prevention; the Youth Solvent Abuse Program; the National Aboriginal Youth Suicide Prevention Strategy; the Labrador Innu Comprehensive Healing Strategy; and the Indian Residential Schools Resolution Health Support Program. As part of the federal expenditure review, \$2.5 million in 2006-2007, \$8.3 million in 2007-2008, and \$10.8 million in ongoing funding for the First Nations and Inuit Tobacco Control Strategy was targeted for reduction. Funding for fiscal year 2007-2008 will be directed at completing existing initiatives and working with key partners to develop a new policy approach to tobacco control in First Nations and Inuit communities.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Improved continuum of programs and supports in First Nations and Inuit communities		Percentage of communities with programs			
Increased participation of First Nations and Inuit individuals, families and communities in programs and services		Number of participants in programs by program type			
		Number of treatment centres by type			
2007-2008		2008-2009		2009-2010	
\$(in millions)	Salary \$	\$(in millions)	Salary \$	\$(in millions)	Salary \$
125.0	3.1	121.4	3.1	110.0	3.1

## CHRONIC DISEASE AND INJURY PREVENTION PROGRAMS (ONGOING)

**Description:** These programs support the development and implementation of community-based activities that promote healthy lifestyle choices and support active living. Over the long term, these programs will contribute to the prevention of chronic disease and injuries in First Nations and Inuit communities across Canada. These programs include the Aboriginal Diabetes Initiative and Injury Prevention.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Improved continuum of programs and supports in First Nations and Inuit communities		Percentage of communities with programs			
Increased participation of First Nations and Inuit individuals, families and communities in programs and services		Number of projects			
		Number of participants in community activities.			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	Salary \$	\$ (in millions)	Salary \$	\$ (in millions)	Salary \$
46.1	3.2	51.6	3.2	61.4	3.2

## ENVIRONMENTAL HEALTH AND RESEARCH PROGRAMS (ONGOING)

**Description:** These programs are designed to reduce the risk of exposure to environmental health hazards by improving the capacity of communities to implement measures to manage, contain and control them. They also help to create and maintain healthy and safe community environments through: the investigation of potential environmental health-related outbreaks; and raising awareness of environmental health hazards such as water-borne, food-borne and vector-borne illnesses including health problems associated with poor indoor air quality, such as mould in housing. They provide for pest control and build community human resource capacity to adapt to environmental conditions in order to maintain safe environments and to deal safely with environmental hazards. They enable community-based scientific research to be conducted into concerns expressed by First Nations and Inuit communities regarding human health and environmental linkages. These programs include: First Nations Water Management Strategy; West Nile Virus; Contaminated Sites; Transportation of Dangerous Goods; Food Safety, Facilities Health Inspections; Housing and Research.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Improved environmental health risk management		Number of communities with environmental health officers/trained community-based water quality monitors			
Improvement in the level of knowledge and understanding of environmental contaminants for First Nations and Inuit communities		Number of communities equipped with water testing/sampling kits			
		Number of communities with capacity to prevent and address mould problems effectively			
		Number of participants in traditional food workshops and projects			
		Number of contaminated sites that are remediated			
2007-2008		2008-2009		2009-2010	
\$ (in millions)	Salary \$	\$ (in millions)	Salary \$	\$ (in millions)	Salary \$
44.4	10.2	44.2	10.2	18.3	10.2

## COMMUNICABLE DISEASE CONTROL PROGRAMS (ONGOING)

**Description:** These programs support public health needs and priorities in the design, implementation, management and delivery of programs to protect First Nations and Inuit communities from communicable diseases, and to implement measures to manage, contain and control risks of outbreak. These programs include: Tuberculosis; Immunization; HIV/AIDS; and Communicable Disease Emergencies.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Improved access to communicable disease prevention and control programs for First Nations and Inuit individuals, families, and communities		Percentage of communities with programs			
2007-2008		2008-2009		2009-2010	
\$(in millions)	Salary \$	\$(in millions)	Salary \$	\$(in millions)	Salary \$
25.2	6.8	26.2	6.8	26.2	6.8

## PRIMARY CARE PROGRAMS (ONGOING)

**Description:** Comprehensive health care services are provided to remote and/or isolated First Nations and Inuit communities to supplement and support primary care services provided by provincial, territorial and/or regional health authorities. These include emergency and acute care health services. Health Canada ensures links to appropriate care by other health care providers and/or institutions as required by the client condition. Health service accreditation supports linkages and a “continuum of care” approach. These programs include the First Nations and Inuit Home and Community Care Program, and Oral Health Care.

EXPECTED RESULTS		PERFORMANCE INDICATORS			
Improved access to primary health care programs and services for First Nations and Inuit individuals, families and communities		Percentage of communities with programs			
Improvement in quality of health services		Number of health facilities by type, in the communities			
		Number of accredited health services			
2007-2008		2008-2009		2009-2010	
\$(in millions)	Salary \$	\$(in millions)	Salary \$	\$(in millions)	Salary \$
235.5	64.7	233.7	66.6	237.8	68.6

## NON-INSURED HEALTH BENEFITS (ONGOING)

**Description:** This program provides registered First Nations and Inuit with a limited range of medically necessary health-related goods and services not provided through other private or provincial/territorial health insurance plans. The Program provides a range of health benefits not included in provincially/territorially administered insured health care programs. This program complements these provincially/territorially insured programs, such as physician and hospital care, as well as community-based programs and services. The benefits include: dental care, vision care, pharmacy benefits (prescription drugs and some over-the-counter medication), medical supplies and equipment, crisis intervention, mental health counseling, transportation benefits to access medically required health services and payment of health premiums on behalf of individuals in Alberta and British Columbia.

EXPECTED RESULTS			PERFORMANCE INDICATORS		
Access by eligible clients to Non-Insured Health Benefits			Non-Insured Health Benefits client utilization rates		
2007-2008		2008-2009		2009-2010	
\$(in millions)	Salary \$	\$(in millions)	Salary \$	\$(in millions)	Salary \$
888.7	20.8	908.4	4.4	928.8	22.0

## FIRST NATIONS AND INUIT PROGRAMS AND SERVICES AND WEB LINKS

Other programs and services that contribute to this program activity total \$656.3 million; for more information on those programs and services please see the following links:

### **Non-Insured Health Benefits 2004/05 Annual Report:**

[http://www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna/2005\\_rpt/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna/2005_rpt/index_e.html)

### **Non-Insured Health Benefits Program**

[http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index_e.html)

[http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index_f.html)

### **Aboriginal Head Start On Reserve**

[http://www.hc-sc.gc.ca/fnih-spni/famil/develop/ahsor-papa\\_intro\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/famil/develop/ahsor-papa_intro_e.html)

[http://www.hc-sc.gc.ca/fnih-spni/famil/develop/ahsor-papa\\_intro\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/famil/develop/ahsor-papa_intro_f.html)

### **Fetal Alcohol Spectrum Disorder**

[http://www.hc-sc.gc.ca/fnih-spni/famil/preg-gros/intro\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/famil/preg-gros/intro_e.html)

[http://www.hc-sc.gc.ca/fnih-spni/famil/preg-gros/intro\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/famil/preg-gros/intro_f.html)

### **Aboriginal Diabetes Initiative**

[http://www.hc-sc.gc.ca/fnih-spni/diseases-maladies/diabete/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/diseases-maladies/diabete/index_e.html)

[http://www.hc-sc.gc.ca/fnih-spni/diseases-maladies/diabete/index\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/diseases-maladies/diabete/index_f.html)

### **Injury Prevention**

[http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bless/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bless/index_e.html)

[http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bless/index\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/promotion/injury-bless/index_f.html)

### **Indian Residential Schools Resolution Health Support Program**

[http://www.hc-sc.gc.ca/fnih-spni/services/indiresident/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/services/indiresident/index_e.html)

[http://www.hc-sc.gc.ca/fnih-spni/services/indiresident/index\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/services/indiresident/index_f.html)

### **National Native Alcohol and Drug Abuse Program**

[http://www.hc-sc.gc.ca/fnih-spni/substan/ads/nnadap-pnlaada\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/substan/ads/nnadap-pnlaada_e.html)

[http://www.hc-sc.gc.ca/fnih-spni/substan/ads/nnadap-pnlaada\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/substan/ads/nnadap-pnlaada_f.html)

### **Communicable Disease Control**

[http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/phcphd-dsspsp/cdcd-dcmt/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/phcphd-dsspsp/cdcd-dcmt/index_e.html)

[http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/phcphd-dsspsp/cdcd-dcmt/index\\_f.html](http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/phcphd-dsspsp/cdcd-dcmt/index_f.html)

### **Environmental Health**

[http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/phcphd-dsspsp/ehd-dse/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/phcphd-dsspsp/ehd-dse/index_e.html)

[http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/phcphd-dsspsp/ehd-dse/index\\_f.html](http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/phcphd-dsspsp/ehd-dse/index_f.html)

### **Drinking Water Quality**

[http://www.hc-sc.gc.ca/fnih-spni/promotion/water-eau/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/promotion/water-eau/index_e.html)

[http://www.hc-sc.gc.ca/fnih-spni/promotion/water-eau/index\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/promotion/water-eau/index_f.html)

### **Immunization Schedule for Infants and Children**

<http://www.phac-aspc.gc.ca/im/is-cv/index.html>

[http://www.phac-aspc.gc.ca/im/is-cv/index\\_f.html](http://www.phac-aspc.gc.ca/im/is-cv/index_f.html)

### **Targeted Immunization (TIS) Program**

[http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni/immuni\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni/immuni_e.html)

[http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni/immuni\\_f.html](http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni/immuni_f.html)

### **e-Health**

[http://www.hc-sc.gc.ca/fnih-spni/services/ehealth-esante/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/services/ehealth-esante/index_e.html)

[http://www.hc-sc.gc.ca/fnih-spni/services/ehealth-esante/index\\_f.html](http://www.hc-sc.gc.ca/fnih-spni/services/ehealth-esante/index_f.html)

### **Aboriginal Health Human Resources Initiative**

[http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni/ahhri-irrhs\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni/ahhri-irrhs_e.html)

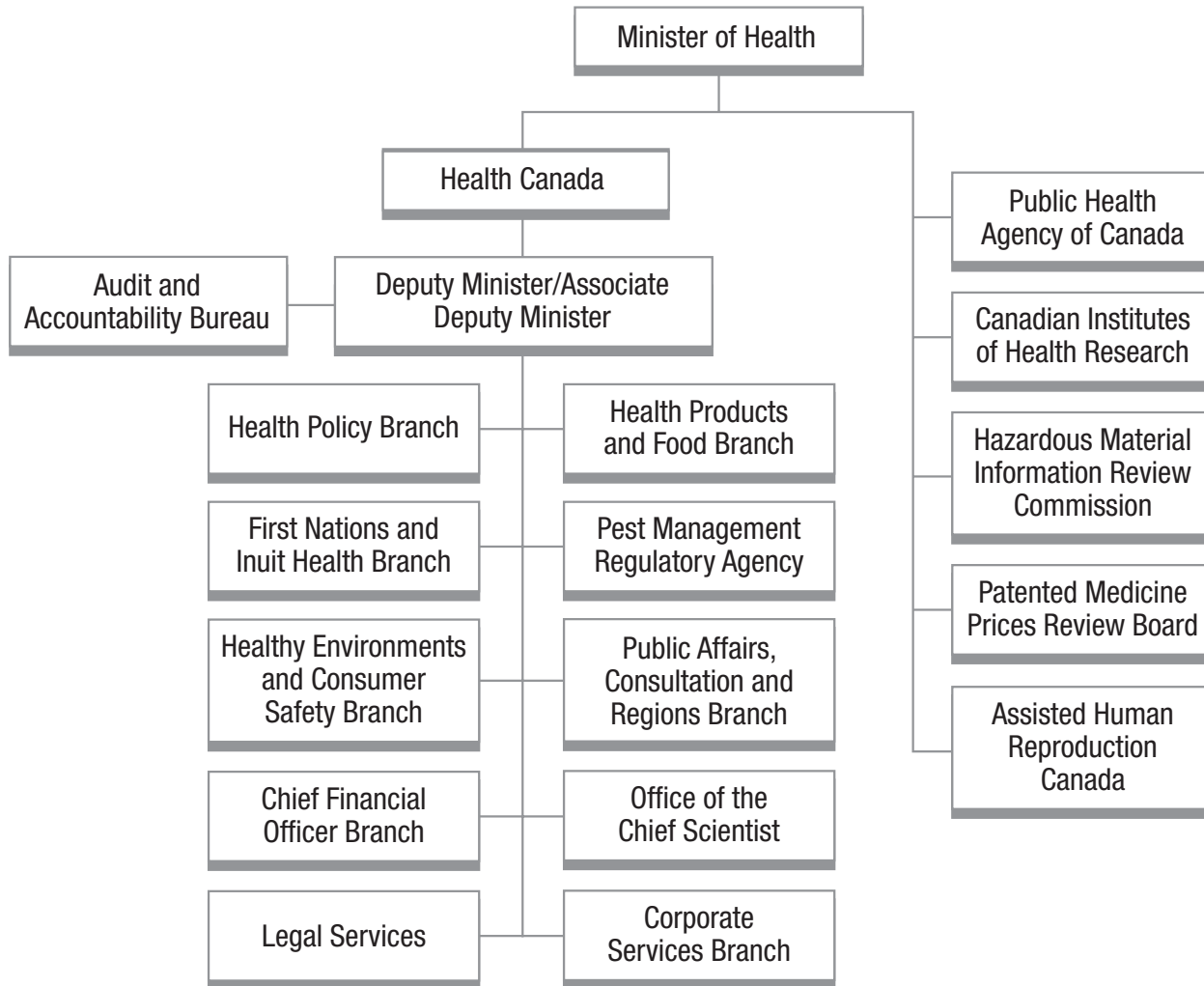
[http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni/ahhri-irrhs\\_f.html](http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/fnih-spni/ahhri-irrhs_f.html)





**Supplementary  
Information**

## THE HEALTH PORTFOLIO



*Health Canada also contributes grants and contributions to several health organizations such as Infoway, Canadian Institute for Health Information and Canadian Health Services Research Foundations.*

**DEPARTMENTAL LINKS TO THE GOVERNMENT OF CANADA OUTCOMES (IN MILLIONS OF DOLLARS)**

**2007-2008**

Program Activity	Operating	Capital	Grants	Contributions	Gross	Respendable Revenue	Total Main Estimates	Adjustments (planned spending not in Main Estimates)	Total Planned Spending
<b>STRATEGIC OUTCOME #1: Strengthened Knowledge Base to Address Health and Health Care Priorities</b>									
Program Activity: Health Policy, Planning and Information	86.5		111.8	65.4	263.7		263.7		263.7
<b>STRATEGIC OUTCOME #2: Access to Safe and Effective Health Products and Food and Information for Healthy Choices</b>									
Program Activity: Health Products and Food	287.1	1.4	5.9	4.0	298.4	-41.2	257.2	0.2	257.4
<b>STRATEGIC OUTCOME #3: Reduced Health and Environmental Risks from Products and Substances, and Safer Living and Working Environments</b>									
Program Activity: Healthy Environments and Consumer Safety	301.6	2.0	4.8	40.8	349.2	-15.7	333.5	0.3	333.8
Program Activity: Pest Control Product Regulation	57.8				57.8	-7.0	50.8	0.1	50.9
<b>STRATEGIC OUTCOME #4: Better health outcomes and reduction of health inequalities between First Nations and Inuit and other Canadians</b>									
Program Activity: First Nations and Inuit Health	1,133.9	1.5	30.0	963.1	2,128.5	-5.4	2,123.1	7.8	2,130.9
<b>Total</b>	<b>1,866.9</b>	<b>4.9</b>	<b>152.5</b>	<b>1,073.3</b>	<b>3,097.6</b>	<b>-69.3</b>	<b>3,028.3</b>	<b>8.4</b>	<b>3,036.7</b>

\* All of Health Canada's program activities contribute to the Government of Canada's "Healthy Canadians" outcome.

**TABLE 1**

<b>DEPARTMENTAL PLANNED SPENDING AND FULL-TIME EQUIVALENTS</b>				
<b>(\$ millions)</b>	Forecast Spending 2006-2007 (1)	<b>Planned Spending 2007-2008</b>	Planned Spending 2008-2009	Planned Spending 2009-2010
Health Policy, Planning and Information	288.6	263.7	259.8	254.7
Health Products and Food	303.2	298.4	283.5	283.5
Healthy Environments and Consumer Safety	306.1	349.2	305.0	305.8
Pest Control Product Regulation	58.7	57.8	53.5	53.2
First Nations and Inuit Health	2,087.9	2,128.5	2,140.4	2,175.9
<b>Budgetary Main Estimates (gross)</b>	<b>3,044.5</b>	<b>3,097.6</b>	<b>3,042.2</b>	<b>3,073.1</b>
Less: Respendable Revenues	69.1	69.3	69.6	69.6
<b>Total Main Estimates</b>	<b>2,975.4</b>	<b>3,028.3</b>	<b>2,972.6</b>	<b>3,003.5</b>
<b>Adjustments : (2)</b>				
Supplementary Estimates:				
Operating budget carry forward (horizontal item)	81.1			
Additional funding for the Non-Insured Health Benefits program for First Nations and Inuit to address cash pressures associated with the higher costs of drugs and dental care, as well as the increased costs of transportation to access medical services	30.0			
Funding to address workload and cost pressures in four of Health Canada's core business areas, namely, the Pesticides Regulatory Program (\$1,402), the Natural Health Products Program (\$7,367), the Public Service Health Program (\$5,560) and Litigation management (\$9,233)	23.6			
Funding to implement the Canadian Strategy for Cancer Control (horizontal item)	3.8			
Transfer from the Public Health Agency of Canada - To adjust for the allocation of resources following the transfer of the control and supervision of the Population and Public Health Branch	2.2			
Funding for the delivery of federal programs and services, including health, to the O-Pipon-Na-Piwin Cree Nation (horizontal item)	1.5			
Transfer from the Public Health Agency of Canada - For government advertising programs	1.5			
Funding to improve the capacity to detect and the readiness to respond to a potential avian or pandemic influenza outbreak including emergency preparedness, research, antiviral stockpiling and rapid vaccine development technology (horizontal item)	1.3			
Transfer from the Public Health Agency of Canada - To implement the Canadian Strategy for Cancer Control (horizontal item)	0.7			
Transfer from Industry Canada - To undertake projects related to the development and application of biotechnology (Canadian Biotechnology Strategy) (horizontal item)	0.3			

*Continued*

(\$ millions)	Forecast Spending 2006-2007 (1)	<b>Planned Spending 2007-2008</b>	Planned Spending 2008-2009	Planned Spending 2009-2010
Funding related to the assessment, management and remediation of federal contaminated sites (horizontal item)	0.2			
Transfer from the Public Health Agency of Canada - To conduct reviews of the ethics of all Public Health Agency of Canada research involving human subjects	0.2			
Transfer from Canadian Heritage - For the development of Official Language Minority Communities (Interdepartmental Partnership with the Official Language Communities) (horizontal item)	0.2			
Transfer to the Public Health Agency of Canada - To support the Canadian Health Services Research Foundation's Community Health Nursing Study	-0.1			
Transfer to Foreign Affairs and International Trade - For the payment of assessed contributions representing Canada's membership in the Rotterdam Convention on the Prior Informed Consent for Certain Hazardous Chemicals and Pesticides in International Trade and in the Stockholm Convention on Persistent Organic Pollutants	-0.1			
Transfer to the Canadian Institutes of Health Research - To fund health services and health population research relevant to the surveillance of diabetes	-0.2			
Transfer to Indian Affairs and Northern Development - To provide for a grant to the Sechelt Indian Band pursuant to the <i>Sechelt Indian Band Self-Government Act</i>	-0.3			
Transfer to the Public Health Agency of Canada - To continue the Government's plan to establish core genomics research and development capacity	-1.4			
Less: Spending authorities available	-27.4			
Other adjustments:				
Collective Agreements	19.2			
Internal Audit - Readiness Assessment (TB Vote 10)	0.1			
Internal Audit - Implementation of the Internal Audit Policy (TB Vote 10)	0.3	1.0		
2005 Expenditure Review Committee Savings - Procurement	-4.6			
2006 Expenditure Restraint	-23.0			
Funding for Indian Residential Schools Resolution Health Support Program		7.5	14.0	18.9
Funding for the Genomics Research and Development Initiative, under the auspices of the Canadian Biotechnology Strategy			4.0	4.0
Funding for the Winter Olympics			0.6	2.0
Adjustment of the accommodation costs for the Canadian Strategy for Cancer Control		-0.1	-0.1	-0.1

*Continued*

(\$ millions)	Forecast Spending 2006-2007 (1)	<b>Planned Spending 2007-2008</b>	Planned Spending 2008-2009	Planned Spending 2009-2010
Less: Spending authorities available	-7.3			
<b>Total Adjustments</b>	<b>101.9</b>	<b>8.4</b>	<b>18.4</b>	<b>24.8</b>
<b>Total Planned Spending (3)</b>	3,077.3	<b>3,036.7</b>	2,991.0	3,028.3
Less: Non-responsible Revenue	8.9	8.9	8.9	8.9
Plus: Cost of services received without charge (4)	81.7	81.6	81.8	80.6
<b>Total Departmental Spending</b>	3,150.1	<b>3,109.4</b>	3,063.9	3,100.0
<b>Full-Time Equivalent (5)</b>	8,714	8,825	8,681	8,689

(1) Reflects the best forecast of total net planned spending to the end of the fiscal year.

(2) Adjustments reflect Supplementary Estimates for 2006-2007 and future year approvals not reflected in the 2007-2008 Main Estimates.

(3) Refer to Section 2 for an explanation by program activity of year-over-year fluctuations.

(4) Includes the following services received without charge: accommodation charges (Public Works and Government Services Canada); Contributions covering employers' share of employees' insurance premiums and expenditures (Treasury Board Secretariat); Workers' Compensation (Human Resources and Skills Development Canada); and Legal Services (Department of Justice Canada).

(5) Full-time equivalents reflect the human resources that the Department uses to deliver its programs and services. This number is based on a calculation that considers full-time, term, casual employment, and other factors such as job sharing.

**TABLE 2**

<b>VOTED AND STATUTORY ITEMS LISTED IN MAIN ESTIMATES (IN MILLIONS OF DOLLARS)</b>			
<b>Vote or Statutory Item</b>	<b>Truncated Vote or Statutory Wording</b>	<b>2007-2008 Main Estimates</b>	<b>2006-2007 Main Estimates</b>
1	Operating expenditures	1,691.0	1,674.4
5	Grants and contributions	1,225.9	1,189.4
(S)	Minister of Health - Salary and motor car allowance	0.1	0.1
(S)	Contributions to employee benefit plans	111.3	111.5
<b>Total Department</b>		<b>3,028.3</b>	<b>2,975.4</b>

The difference between the 2007-2008 Main Estimates and the 2006-2007 Main Estimates is due to various increases and decreases to the reference levels, of which some of the major increases are related to: the Special Meeting of the First Ministers and Aboriginal Leaders, the Canadian Strategy for Cancer Control, Chemical Management Plan, the Implementation of the Clean Air Regulatory Agenda, and the yearly growth of the Indian Envelope.

The major increases are partially offset by the major decrease due to the sunset of the Primary Health Care Transition Fund.

**TABLE 3**

<b>SERVICES RECEIVED WITHOUT CHARGE</b>	
<b>(\$ millions)</b>	<b>2007-2008</b>
Accommodation provided by Public Works and Government Services Canada (PWGSC)	35.2
Contributions covering employers' share of employees' insurance premiums and expenditures paid by the Treasury Board of Canada Secretariat	42.3
Workers' Compensation coverage provided by Human Resources and Skills Development Canada	0.8
Salary and associated expenditures of legal services provided by the Department of Justice Canada	3.3
<b>2007-2008 Services received without charge</b>	<b>81.6</b>

**TABLE 4****SOURCES OF RESPONDABLE AND NON-RESPONDABLE REVENUES**

<b>Responsible Revenues (millions of dollars)</b>				
<b>Program Activity</b>	Forecast Revenue 2006-2007	<b>Planned Revenue 2007-2008</b>	Planned Revenue 2008-2009	Planned Revenue 2009-2010
Health Products and Food	38.8	41.2	41.2	41.2
Healthy Environments and Consumer Safety	12.0	15.7	16.0	16.0
Pest Control Product Regulation	7.0	7.0	7.0	7.0
First Nations and Inuit Health	3.7	5.4	5.4	5.4
<b>Total Responsible Revenues</b>	<b>61.5</b>	<b>69.3</b>	<b>69.6</b>	<b>69.6</b>
<b>Non-Responsible Revenues (millions of dollars)</b>				
<b>Program Activity</b>	Forecast Revenue 2006-2007	<b>Planned Revenue 2007-2008</b>	Planned Revenue 2008-2009	Planned Revenue 2009-2010
Health Products and Food	3.9	3.9	3.9	3.9
Healthy Environments and Consumer Safety	1.7	1.7	1.7	1.7
Pest Control Product Regulation	1.0	1.0	1.0	1.0
First Nations and Inuit Health	2.3	2.3	2.3	2.3
<b>Total Non-Responsible Revenues</b>	<b>8.9</b>	<b>8.9</b>	<b>8.9</b>	<b>8.9</b>
<b>Total Responsible and Non-Responsible Revenues</b>	<b>70.4</b>	<b>78.2</b>	<b>78.5</b>	<b>78.5</b>



**TABLE 5**

**RESOURCE REQUIREMENTS BY BRANCH AND BY PROGRAM ACTIVITY FOR 2007-2008  
( IN MILLIONS OF DOLLARS)**

<b>(\$ millions)</b>	<b>Health Policy, Planning and Information</b>	<b>Health Products and Food</b>	<b>Healthy Environments and Consumer Safety</b>	<b>Pest Control Product Regulation</b>	<b>First Nations and Inuit Health</b>	<b>Total Planned Spending</b>
Health Policy Branch	247.7					247.7
Health Products and Food Branch		203.0				203.0
Healthy Environments and Consumer Safety Branch			276.4			276.4
Pest Management Regulatory Agency				40.2		40.2
First Nations and Inuit Health Branch					2,016.7	2,016.7
Chief Financial Officer Branch	2.9	9.1	10.0	1.9	16.3	40.2
Corporate Services Branch	7.2	24.9	26.0	4.8	41.7	104.6
Executive Offices*	1.4	4.8	5.1	1.0	12.9	25.2
Public Affairs, Consultation and Regions Branch**	4.5	15.6	16.3	3.0	43.3	82.7
<b>Total</b>	<b>263.7</b>	<b>257.4</b>	<b>333.8</b>	<b>50.9</b>	<b>2,130.9</b>	<b>3,036.7</b>

**NOTE:**

\* Includes such areas as Legal Services, Office of the Chief Scientist and Executive Offices.

\*\* Includes such areas as Communications and Offices of Regional Directors General.

**TABLE 6**

<b>REGULATORY PLAN</b>	
<b>REGULATIONS</b>	<b>EXPECTED RESULTS</b>
<b>PROGRAM ACTIVITY: HEALTH POLICY, PLANNING AND INFORMATION</b>	
Regulations under the <i>Assisted Human Reproduction Act</i> (Section 8, Consent Regulations)	These regulations will bring into force the section 8 prohibition of the <i>Assisted Human Reproduction Act (AHR Act)</i> . They will ensure that all persons using human reproductive material to create an <i>in vitro</i> embryo or using an <i>in vitro</i> embryo for any purpose will obtain the written consent of the donor.
Regulations under the <i>Assisted Human Reproduction Act</i> (Subsection 14(2)b), Counselling Regulations)	The <i>AHR Act</i> requires that before donating human reproductive material or <i>in vitro</i> embryos, donors receive counselling. The regulations will provide the details respecting these counselling services, such as who can provide the counselling.
Regulations under the <i>Assisted Human Reproduction Act</i> (Licensing Regulations)	The <i>AHR Act</i> requires that all persons undertaking controlled activities (i.e., assisted human reproduction procedure such as <i>in vitro</i> fertilization) under the <i>Act</i> must obtain a license to undertake those activities. <i>The AHR</i> regulations will detail the requirements for obtaining that license such as the qualifications, premises and administrative requirements.
Regulations under the <i>Assisted Human Reproduction Act</i> (Section 10, Regulations for Clinical and Laboratory Activities)	Section 10 of the <i>AHR Act</i> specifies that controlled activities must be performed in accordance with a license and regulations. The regulations with respect to controlled activities will define the conduct of core activities involved in the practice of assisted human reproduction (e.g., <i>in vitro</i> fertilization, embryo transfer). This initiative will address ethical, social, health and safety issues related to the conduct of these activities.
Regulations under the <i>Assisted Human Reproduction Act</i> (Record Keeping and Health Reporting Information Regulations for Controlled Activities)	These regulations will specify what health reporting information Assisted Human Reproduction (AHR) clinics will need to collect for each AHR procedure that is performed. These regulations will also address retention, use, disclosure and destruction of health reporting information.
Regulations under the <i>Assisted Human Reproduction Act</i> (Section 12, Reimbursement of Expenditures)	Section 12 of the <i>AHR Act</i> allows for the reimbursement of expenditures to donors of human reproductive material (i.e., semen, oocytes) and surrogate mothers. These AHR regulations will specify the reasonable expenditures that can be reimbursed.
<b>PROGRAM ACTIVITY: HEALTH PRODUCTS AND FOOD</b>	
<i>Food and Drug Act</i> Safety of Human Cells, Tissues and Organs for Transplantation Regulations	The purpose of this initiative is to minimize the potential health risks to Canadian recipients of human cells, tissues and organs (CTO). The proposed CTO regulations will address safety in the processing and handling of these products, resulting in improved protection of the health and safety of Canadian transplant recipients.

*Continued*

REGULATIONS	EXPECTED RESULTS
<i>Food and Drug Regulations</i> (Amendments to Division 3 with respect to Positron Emitting Radiopharmaceuticals)	The purpose of this initiative is to amend Division 3, Part C of the <i>Food and Drug Regulations</i> with respect to the use of positron-emitting radiopharmaceuticals (PERs) in basic clinical research, in recognition of the fact that the application of the current regulations for clinical trials under Division 5, Part C of the FDR to PERs basic clinical research studies is placing an undue regulatory burden on the researchers in this field and may be impeding basic clinical research involving PERs in Canada.
<i>Food and Drug Regulations</i> (Safety of Blood and Blood Components Regulations)	The purpose of this initiative is to replace the current requirements governing human blood and blood components in the <i>Food and Drug Regulations</i> with new comprehensive safety and quality of blood and blood components regulations. The objectives of the new regulations include: outlining clear and intelligible requirements; allowing for timely updating of the requirements as new technologies/products/issues emerge; and achieving greater harmonization in Canada related to the collection, handling and post-approval surveillance of blood and blood components.
<i>Food and Drug Regulations</i> (Extraordinary Use of New Drug Regulations)	Under the <i>Food and Drug Regulations</i> a drug is approved only if substantial evidence of its efficacy is available. The purpose of this initiative is to amend the <i>Food and Drug Regulations</i> to allow for the approval of certain drugs the efficacy of which cannot be tested on humans in clinical trials for ethical reasons. These drugs may be required in emergency situations such as the treatment of pandemic influenza virus. The availability of these drugs is necessary to meet emergency preparedness measures which require the stockpiling of some of these drugs.
<i>Food and Drug Regulations</i> (Addition of Vitamins and Minerals to Foods)	Facilitation of greater consumer choice and industry innovation by revision of regulations on the addition of vitamins and mineral nutrients to foods taking into account the role of nutrient addition to foods, consumer needs and expectations, and industry requests.
<i>Food and Drug Regulations</i> (Enhanced Food Labelling)	Enhanced protection of allergic consumers through mandatory labelling of specific food allergens, gluten sources and sulphites when present at 10 parts per million or more, on the labels of prepackaged food products, whether they have been added directly or indirectly.
<i>Food and Drug Regulations</i> (Mandatory Labelling of Raw Ground Meat and Ground Poultry)	Reduction of food borne illness as a result of providing safe handling information on the labels of these products which, due to their raw state, can introduce disease-causing bacteria to the food preparation environment.
<i>Food and Drug Regulations</i> (Health Claims)	Addition of two diet-related health claims to the list of claims manufacturers can use to promote healthy foods regarding: fruits, vegetables and whole grains and reduced risk of heart disease; and folic acid and reduced risk of neural tube defects.
<i>Food and Drug Regulations</i> (Revisions to Division 12 - Prepackaged Water and Ice)	Revision and updating of the safety and labelling requirements for prepackaged water and ice products.

*Continued*

REGULATIONS	EXPECTED RESULTS
<p>Amendments to the <i>Natural Health Products Regulations</i>, the <i>Food and Drug Regulations</i> and the <i>Establishment Licensing Fees Regulations</i></p>	<p>The purpose of the proposed dual licensing regulatory amendment is to alleviate the exporting challenges arising from the coming into force of the <i>Natural Health Products Regulations (NHPR)</i>. It will allow, on a voluntary basis, natural health product (NHP) companies to hold an establishment license (EL) pursuant to the <i>Food and Drug Regulations (FDR)</i>, in addition to the required site license under the NHPR. It is necessary for certain NHP companies to hold an EL, the license issued for pharmaceutical drugs, and obtain the accompanying export certificates in order to export their NHPs to countries that classify the NHPs in question as drugs.</p> <p>The proposed amendment consists of a two part regulatory package intended to come into force at the same time: 1) amendments to the <i>NHPR/FDR</i>, authorized under section 30 of the <i>Food and Drugs Act</i>; and 2) amendments to the <i>Establishment Licensing Fees Regulations</i> authorized under section 19.1(a) of the <i>Financial Administration Act</i>.</p>
<p><i>Medical Devices Regulations</i> (Investigational Testing, Project 1467)</p>	<p>Amendment to the <i>Medical Devices Regulations</i> to further address risks to health associated with investigational testing by requiring conformance to Good Clinical Practices, reporting to Health Canada for reviewing/monitoring, and introducing an inspection program. Proposed publication in the <i>Canada Gazette</i>, Part I in 2007-2008.</p>
<p><i>Food and Drug Regulations</i> (Regulations amending the Special Access Program)</p>	<p>The regulations that provide for emergency access to drugs that do not have a Canadian market authorization on a patient-by-patient basis. Amendments to the regulations will allow for the block release of such drugs to a population and/or for drug stockpiling to address public health emergencies. Proposed publication in the <i>Canada Gazette</i>, Part I in 2007-2008.</p>
<p><i>Food and Drug Regulations</i> (Regulations amending Division 1 requirements for Non-Medicinal Ingredients (NMI) in Drug Product Formulation)</p>	<p>The proposed amendment would require the submission of complete qualitative and quantitative formulation data, including a list of all NMIs in a drug product, as well as the source of any human or animal derived NMIs or medicinal ingredients products currently regulated under Division 1 of the <i>Regulations</i>. Proposed publication in the <i>Canada Gazette</i>, Part I in 2007-2008.</p>
<p><i>Food and Drug Regulations</i> (NMI Labelling, Project 743)</p>	<p>The proposed amendment would require that all NMIs be listed on the outer labels of non-prescription drugs for human use. This would not apply to prescription drugs, low-level disinfectant drugs, or drugs for veterinary use. Proposed publication in the <i>Canada Gazette</i>, Part II in 2007-2008.</p>

*Continued*

REGULATIONS	EXPECTED RESULTS
<p><i>Food and Drug Regulations</i> (Regulations amending Divisions 1 and 8, Progressive Licensing Project)</p>	<p>A new regulatory framework that is based on sound science and risk management is being developed, including revised requirements for initial licensing of new products, provisions allowing for conditions of licensing (e.g., post-market commitments), regulations for the content and revisions of product monographs, provisions for continual evaluation and re-evaluation of licenses, new enforcement and compliance tools, regulations for the issuance of risk communication tools, and provisions for public involvement in the regulatory process. Proposed publication in the <i>Canada Gazette</i>, Part I in 2007-2008.</p>
<p><i>Food and Drug Regulations</i> (Prohibition of Importation for Personal Use)</p>	<p>Further restrict the importation of drugs to include the personal importation of drugs intended to be used in food-producing animals to avoid potentially harmful residues in food products from animals treated with these drugs. These regulatory amendments will better address the health risks to human and animal health and the safety of Canada's food supply associated with the use of unauthorized veterinary drugs. The proposed regulatory amendments will be published in <i>Canada Gazette</i>, Part I in 2007-2008</p>
<p><b>PROGRAM ACTIVITY: HEALTHY ENVIRONMENTS AND CONSUMER SAFETY</b></p>	
<p><i>Marihuana Medical Access Regulations</i> (Amendments to Part 2 and Part 3 of the Regulations)</p>	<p>The purpose of these amendments is to ensure that the <i>Marihuana Medical Access Regulations</i> (MMAR) reflect the strategic direction of the medical marihuana access program. In particular, these amendments will focus on Part 2 (License To Produce) and Part 3 (General Obligations, including criteria for revocation) of the <i>MMAR</i> and will address issues raised by both internal and external stakeholders subsequent to previous amendments made in June 2005.</p> <p>Amongst others, some of these issues are related to the maximum dosage (daily amount) and/or number of plants allowed to be grown by a person who is authorized to do so under the <i>MMAR</i>, strengthening the tools for compliance and enforcement, and reviewing the powers of inspectors.</p>
<p><i>Controlled Drugs and Substances Act</i> (Amendment to Schedule Tramadol under this Act)</p>	<p>The purpose of this amendment is to mitigate the risk of diversion associated with this substance, which has been shown to have abuse liability and dependence potential. This amendment will add the substance tramadol to Schedule I to the <i>Controlled Drugs and Substances Act</i> (CDSA), and regulate it under the Schedule to the <i>Narcotic Control Regulations</i> (NCR). Scheduling tramadol under the CDSA will impose greater controls and therefore minimize the risk of diversion and better mitigate public health risks.</p>

*Continued*

REGULATIONS	EXPECTED RESULTS
<i>Controlled Drugs and Substances Act (CDSA)</i> (Regulations to Expand the Authority for Regulated Health Professionals to Prescribe Controlled Substances where Appropriate)	The purpose of these regulations is to establish the conditions under which additional classes of health professionals (other than dentists, doctors of medicine and veterinary medicine) can be considered “practitioners” under the <i>CDSA</i> , and can therefore be granted authorities to conduct activities with certain controlled substances. The regulations are intended to contribute to improvements in the quality and efficiency of health care delivery to Canadians, and to keep pace with changes in the health care system in Canada (e.g., provincial/territorial ministries of Health are starting to allow a wider array of health professionals to prescribe drugs.) Achievement will be measured by improved alignment of federal and provincial/territorial regulatory frameworks governing the appropriate use of controlled substances for medical purposes.
<i>Tobacco Advertising Regulations</i>	Increased awareness of tobacco-related health hazards through mandating of new health warnings in advertising. Awareness will be measured through surveys.
<i>Tobacco Regulations</i> (Amendments regarding “Light” and “Mild” Descriptors)	Reduced confusion among smokers regarding the “Light” and “Mild” descriptors. Greater awareness that no class of cigarettes is a “safer” alternative. Achievements will be measured through surveys.
<i>Corded Window Coverings Regulations</i>	Reduced risks to children’s health (strangulation) posed by cords on window covering products such as mini-blinds and curtains.
<i>Amending Cribs and Cradles Regulations</i>	Reduced risks of injury to children posed by cribs, cradles and bassinets.
Regulations on Consumer Products Containing Lead (Group 1) (Products Intended to Be or Likely to Be Placed in the Mouth)	Reduced health risks to children related to lead exposure. Examples include toys intended for children under 3 years of age, and mouthpieces used in sports equipment and musical instruments. Performance will be based on the removal of such hazardous products from the Canadian marketplace and the level of public awareness.
Regulations on Consumer Products Containing Lead (Group 2) (Products Intended for Use by Child or by an Adult Caring for a Child)	Reduced health risks to children related to lead exposure. Examples include play equipment, strollers and children’s clothing and accessories. Performance will be based on the removal of such hazardous products from the Canadian marketplace and the level of public awareness.
<b>PROGRAM ACTIVITY: PEST CONTROL PRODUCTS REGULATION</b>	
<i>Pest Control Products Act</i> (New Regulations on Review Panels)	The new <i>Pest Control Products Act</i> provides a process for the reconsideration of pesticide registration decisions whereby any person may file a notice of objection within sixty days of these decisions. Regulations will be made in 2007 to elaborate administrative matters concerning the process so as to make the timely resolution of reconsideration questions predictable and transparent.

**TABLE 7****DETAILS ON TRANSFER PAYMENTS PROGRAMS**

OVER THE NEXT THREE YEARS, HEALTH CANADA WILL MANAGE THE FOLLOWING TRANSFER PAYMENT PROGRAMS IN EXCESS OF \$5 MILLION:

**2007-2008**

Contributions for Alcohol and Drug Treatment Rehabilitation  
 Contributions for Bigstone Non-Insured Health Benefits Pilot Project  
 Contributions of First Nations and Inuit Community Programs  
 Contributions for First Nations and Inuit Health Benefits  
 Contributions for First Nations and Inuit and Health Facilities and Capital Programs  
 Contributions for First Nations and Inuit Health Governance Support  
 Contributions for First Nations and Inuit Health Protection  
 Contributions for First Nations and Inuit Primary Health Care  
 Contributions for the Drug Strategy Community Initiatives  
 Contributions for the Health Care Strategies and Policy Contribution Program  
 Contributions in Support of the Federal Tobacco Control Strategy  
 Contributions Program to Improve Access to Health Services for Official Language Minority Communities  
 Contributions to the Organization for the Advancement of Aboriginal People's Health  
 Grant for Territorial Medical Travel Fund  
 Grant to the Territorial Governments and the Territorial Health Access Fund and Operational Secretariat  
 Grant to the Canadian Agency for Drugs and Technology in Health  
 Grant to the Canadian Blood Services (TB#826394)  
 Grant to the Canadian Patient Safety Institute  
 Named Grant to the Canadian Partnership Against Cancer Corporation  
 Named Grant to the Health Council of Canada  
 Payments to Indian Bands, Associations or Groups for the Control and Provision of Health Services

**2008-2009**

Contributions for Alcohol and Drug Treatment Rehabilitation  
 Contributions for Bigstone Non-Insured Health Benefits Pilot Project  
 Contributions of First Nations and Inuit Community Programs  
 Contributions for First Nations and Inuit Health Benefits  
 Contributions for First Nations and Inuit and Health Facilities and Capital Programs  
 Contributions for First Nations and Inuit Health Governance Support  
 Contributions for First Nations and Inuit Health Protection  
 Contributions for First Nations and Inuit Primary Health Care  
 Contributions for the Drug Strategy Community Initiatives  
 Contributions for the Health Care Strategies and Policy Contribution Program  
 Contributions in Support of the Federal Tobacco Control Strategy  
 Contributions Program to Improve Access to Health Services for Official Language Minority Communities  
 Contributions to the Organization for the Advancement of Aboriginal People's Health  
 Grant for Territorial Medical Travel Fund  
 Grant to the Territorial Governments and the Territorial Health Access Fund and Operational Secretariat

*Continued*

## 2008-2009

Grant to the Canadian Agency for Drugs and Technology in Health  
Grant to the Canadian Blood Services (TB#826394)  
Grant to the Canadian Patient Safety Institute  
Named Grant to the Canadian Partnership Against Cancer Corporation  
Named Grant to the Health Council of Canada  
Payments to Indian Bands, Associations or Groups for the Control and Provision of Health Services

## 2009-2010

Contributions for Alcohol and Drug Treatment Rehabilitation  
Contributions for Bigstone Non-Insured Health Benefits Pilot Project  
Contributions of First Nations and Inuit Community Programs  
Contributions for First Nations and Inuit Health Benefits  
Contributions for First Nations and Inuit Health Facilities and Capital Programs  
Contributions for First Nations and Inuit Health Governance Support  
Contributions for First Nations and Inuit Health Protection  
Contributions for First Nations and Inuit Primary Health Care  
Contributions for the Drug Strategy Community Initiatives  
Contributions for the Health Care Strategies and Policy Contribution Program  
Contributions in Support of the Federal Tobacco Control Strategy  
Contributions Program to Improve Access to Health Services for Official Language Minority Communities  
Contributions to the Organization for the Advancement of Aboriginal People's Health  
Grant for Territorial Medical Travel Fund  
Grant to the Territorial Governments and the Territorial Health Access Fund and Operational Secretariat  
Grant to the Canadian Agency for Drugs and Technology in Health  
Grant to the Canadian Blood Services (TB#826394)  
Grant to the Canadian Patient Safety Institute  
Named Grant to the Canadian Partnership Against Cancer Corporation  
Named Grant to the Health Council of Canada  
Payments to Indian Bands, Associations or Groups for the Control and Provision of Health Services

For further information on the above-mentioned transfer payment programs see  
[www.tbs-sct.gc.ca/est-pre/estime.asp](http://www.tbs-sct.gc.ca/est-pre/estime.asp)

## TABLE 8

### CONDITIONAL GRANTS (FOUNDATIONS)

**Over the next three years, Health Canada will manage the following foundations using conditional grants:**

Canada Health Infoway Inc. (*Infoway*)  
Canadian Institute for Health Information (CIHI)  
Canadian Health Services Research Foundation

For further information on the above-mentioned foundations see  
[www.tbs-sct.gc.ca/est-pre/estime.asp](http://www.tbs-sct.gc.ca/est-pre/estime.asp)



**TABLE 9**

**HORIZONTAL INITIATIVES**

**Over the next three years, Health Canada will lead the following horizontal initiatives:**

Canada's Drug Strategy

Chemicals Management Plan

Federal Tobacco Control Strategy

Building Public Confidence in Pesticide Regulation and Improving Access to Pest Management Products

Federal Early Childhood Development (ECD) Strategy for First Nations and Other Aboriginal Children

For further information on the above-mentioned horizontal initiatives see

[www.tbs-sct.gc.ca/est-pre/estime.asp](http://www.tbs-sct.gc.ca/est-pre/estime.asp)

**TABLE 10**

**SUSTAINABLE DEVELOPMENT STRATEGY**

Health Canada's current Sustainable Development Strategy (SDs) entitled "A Path to Sustainability" is a three year strategic plan that highlights commitments to further the integration of sustainable development (SD) in our policies, programs, and operations - recognizing the complex interrelationships between health, the environment, the economy and a range of social elements.

To build on the success of the previous strategy, the Department's fourth strategy continues with the key themes identified in the previous one. These themes are:

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

Health Canada's Strategy contains 51 measurable targets committed to achieving sustainable development and health under each of these three long-term themes. These targets cover a range of health-related issues that directly affect Canadians including: clean air, clean water, sustainable communities, protection of the environment and human health, food safety, fleet, building energy, procurement, training and awareness, business travel, environmental stewardship, and integrating sustainable development into departmental decision-making and management processes.

Our Strategy highlights Health Canada's commitment to the coordinated federal approach for the fourth round of departmental SDSs, a government-wide initiative, led by Environment Canada, to strengthen coherence and accountability across departmental sustainable development strategies. This collaborative effort resulted in a set of common federal sustainable development goals and an associated reporting format that will enable government-wide reporting on key federal sustainable development issues for the first time since the establishment of the sustainable development strategy process. Activities in Health Canada's Strategy that support progress towards federal goals are indicated in the following table.

*Continued*

## Six Federal Long-Term Sustainability Goals

1. Clean and secure water for people, marine and freshwater ecosystems.
2. Ensure clean air for people to breathe and ecosystems to function well.
3. Reduce greenhouse gas emissions.
4. Communities enjoy a prosperous economy, a vibrant and equitable society, and a healthy environment for current and future generations.
5. Sustainable development and use of natural resources.
6. Strengthen federal governance and decision-making to support sustainable development.

The targets in Health Canada's Sustainable Development Strategy 2007-2010: *A Path to Sustainability*, are documented in the table below. The table follows the following template, providing the target, related Federal Sustainable Development Goal, performance measure, and expected progress for fiscal year April 1, 2007 - March 31, 2008.

*Legend for the following table.*

1. <b>SDS Departmental Goal:</b>		
2. <b>Federal SD Goal including Government Greening Operations (GGO) goals (if applicable)</b>	3. <b>Performance Measure from current SDS</b>	4. <b>Department's Expected Results for 2007-2008</b>

*Continued*

## SUSTAINABLE DEVELOPMENT STRATEGY COMMITMENTS

### 1.1 – Clean Air

#### 1.1.1:

**Regulations banning the use of lead in candle wicks by September 2008.**

Federal SD Goal II	Summary reports with compliance levels, effectiveness and efficiency	Expected results by 2010: Publications in <i>Canada Gazette Part I</i> Comments addressed. Final publication in <i>Canada Gazette Part II</i>
--------------------	--	---

#### 1.1.2:

**During the period 2007-2010, Health Canada will work to reduce the risk of health impacts from indoor and outdoor pollution, including development of risk/benefit assessments of fuel options, priority lists for assessing indoor air contaminants, and development of air quality guidelines/objectives.**

Federal SD Goal II	Number of fuel evaluations completed  Development and maintenance of prioritized list  Number of risk assessments developed and updated  Number of guidelines and objectives developed  Number of regulations reviewed	Expected results by 2010: Assess the risks and benefits of fuel options in Canada  Develop and maintain prioritized list of indoor air contaminants for assessments  Assess the health risks of Canadians to indoor and outdoor air, and provide updates to existing assessments  Develop new guidelines and objectives for indoor and outdoor air  Report on the exposure of Canadians to air pollutants  Review the effectiveness of past regulations designed to improve air pollution
--------------------	--	---

#### 1.1.3:

**Between 2007-2010, Health Canada will work to improve management and communication of the health risks of indoor and outdoor air pollution, including fact sheets, finalization of the Air Quality Health Index and further development of the Air Health Indicator.**

Federal SD Goal II	Number of outreach products/scientific papers developed or updated  Completion of the pilots, dissemination of results, provision of guidance document to provinces on the Air Quality Health Index  Indicator developed and testing of the Air Health Indicator	Expected results by 2010: Update/develop minimum 1 new outreach fact sheet/publication for Canadians about the health risks of air pollution  Finalize the science and outreach components of the Air Quality Health Index, conducting pilot projects and promoting implementation by provinces  Further develop and test the Air Health Indicator, and regularly report on it in the Canadian Environmental Sustainability Indicators Report
--------------------	--	---

*Continued*

**1.1.4:**

**During the course of SDS IV, Health Canada will develop tools and information materials, including a summary of the Climate Change and Health Vulnerability Assessment, to better prepare Canadians and health professionals to deal with potential health impacts associated with a changing climate.**

Federal SD Goal II	<p>Development and implementation of risk management tools (e.g., heat alert systems) with partners and stakeholders (dependent upon availability of resources.)</p> <p>Publication of completed Assessment on Health Canada website</p> <p>Completion and distribution/availability of an adaptation guidance tool</p>	<p>Expected results by 2010: Provide information developed by Health Canada to Canadians and public health professionals about the health risks of climate change and needed adaptation measures to reduce the expected impacts, such as heat alert systems and enhanced infectious disease surveillance</p> <p>Develop and distribute a Summary of Canadian Climate Change and Health Vulnerability Assessment to public health professionals and related associations in Canada</p> <p>Promote adoption through development of an adaptation guidance tool to the health impacts of climate change by public health professionals</p>
--------------------	---	---

**1.2 – Clean water****1.2.1:**

**By March 2010, Health Canada commits to having trained 525 community-based water monitors in 700 First Nations community sites with water distribution systems (piped with five or more connections, public access facilities and trucked systems) across Canada.**

Federal SD Goal I	Training developed and delivered	Develop regional training strategies based on national training framework, and increase the number of communities with trained water monitors to assist First Nations communities in ensuring that their communities have safe, potable water as comparable with other Canadian communities of similar size and location
-------------------	----------------------------------	--

**1.2.2:**

**Starting April 2007, development and application of water management plans by Health Canada to reduce the risks to health on passenger conveyances.**

Federal SD Goal I	Water management plans approved, implemented and audited by Health Canada for all applicable conveyance industries	Water management plans approved and implemented by 10 Canadian airlines; all water management plans for airlines audited by Health Canada
-------------------	--	---

*Continued*

**1.2.3:**

**By March 2010, Health Canada commits to maintaining or replacing where needed International Organization for Standardization (ISO) specified Amalgam Particle Separators in existing dental clinics located in First Nations communities in order to ensure maximum capture of mercury alloy and prevention of mercury alloy from entering the environment through waste water.**

Federal SD Goal I	Identification of clinics requiring Amalgam Particle Separators, and installation where required	Identify clinics, and install Amalgam Particle Separators where required to ensure a maximum capture of mercury alloy thereby reducing the potential for future environmental problems
-------------------	--	--

**1.2.4:**

**Health Canada, in collaboration with Environment Canada, will support the development of environmental and drinking water quality guidelines for priority pesticides by 2010.**

Federal SD Goal I	Input to set priorities for guideline development provided	Final report will be distributed within Health Canada and to Environment Canada to help set priorities for monitoring and guideline development. Health Canada will work with Environment Canada and the provinces to improve data sharing to meet guideline needs
-------------------	--	--

**1.2.5:**

**During the period 2007-2010, Health Canada will establish and/or implement strategies, including a national waterborne contamination and illness response protocol, to help address and prevent incidences of drinking water contamination across jurisdictions, including for small systems and in small, rural and remote communities.**

Federal SD Goal I	Module for Boil Water Advisories developed/implemented	Expected results by 2010: Develop/ implement a module for Boil Water Advisories on the Canadian Network for Public Health Intelligence (CNPHI) to help prevent incidences of drinking water contamination across jurisdictions
-------------------	--	--

**1.2.6:**

**During the course of SDS IV, Health Canada will develop and update a minimum of 5 water quality guidelines for specific contaminants annually, including drinking and recreational water.**

Federal SD Goal I	Number of drinking water guidelines developed or updated  Guidelines for Canadian Recreational Water Quality posted on Health Canada web site	Expected results by 2010: Develop or update at least five drinking water quality guidelines, and update Guidelines for Canadian Recreational Water Quality and post these on Health Canada's Water Quality website
-------------------	---	--

*Continued*

**1.2.7:  
Starting April 2007, Health Canada will coordinate tools to assist and support federal drinking water purveyor departments.**

Federal SD Goal I	Creation of federal community of practice (number of departments represented, number of attendees, increased numbers in federal network, audience evaluation feedback forms)  Training (number of tools created, number of departments participating, number of federal operators/managers trained)	Disseminate a follow-up workshop report to the 3 <sup>rd</sup> annual national workshop for federal drinking water providers  Establish a process for the development and delivery of federal drinking water training  Assessment of optimal drinking water information management tools to be completed
-------------------	---	--

**1.3 – Sustainable Communities**

**1.3.1:  
By March 2008, Health Canada commits to promoting sustainable development and environmental management via the distribution of an awareness package to all nursing stations across the country.**

Federal SD Goal IV	Finalized awareness package made available to all nursing stations	Finalized awareness package made available to all nursing stations to help promote sustainable development and environmental management
--------------------	--	---

**1.3.2:  
By March 2010, Health Canada commits to having completed the assessment of 16 sites requiring investigation of suspected petroleum hydrocarbon contamination, as well as the remediation of the 18 known petroleum hydrocarbon contaminated sites (as of March 2006) that it is responsible for at health facilities on reserves.**

Federal SD Goal IV	Sites suspected, or known to have petroleum hydrocarbon contamination assessed and remediated if required  Assessment and remediation reports developed	Conduct investigations of suspected petroleum hydrocarbon contaminated sites, identify options for remediation where necessary, and implement remediation projects
--------------------	---	--

**1.3.3:  
By March 2010, Health Canada commits to conducting phase one environmental site assessments and environmental compliance audits at all health centres to identify and assess environmental issues as part of a broader campaign to reduce environmental and health risks at health facilities.**

Federal SD Goal IV	Phase one environmental site assessments and environmental compliance audits conducted and final reports developed	Phase one environmental site assessments and environmental compliance audits conducted at health centres to identify and assess environmental issues
--------------------	--	--

*Continued*

**1.3.4:**

**By March 2010, 50% of the 289 diesel fuel storage tanks located at 90 health facilities on reserves, will be upgraded or replaced as per the technical guidelines for federal aboveground and underground storage tanks of petroleum hydrocarbons and allied petroleum hydrocarbons under the *Canadian Environmental Protection Act, 1999*.**

Federal SD Goal IV	Assessments of diesel fuel storage tanks  Upgraded or replaced diesel fuel storage tanks	Assess diesel fuel storage tanks against the <i>Canadian Environmental Protection Act, 1999</i> , to identify whether upgrade or replacement is necessary, and upgrade or replace tanks when necessary
--------------------	--	--

**1.3.5:**

**Contribute to the National Agri-Environmental Standards Initiative (NAESI) by providing guidance on the development of non-regulatory agri-environmental performance standards for pesticides by 2008. (This is in collaboration with Agriculture and Agrifood Canada and Environment Canada).**

Federal SD Goal IV	Review completed	PMRA will review and comment on Final NAESI Ideal Performance Standards
--------------------	------------------	---

**1.3.6:**

**PMRA will have a publicly available pesticide sales database on a regional level in Canada by 2009 and report on the same annually.**

Federal SD Goal IV	First reporting completed	First reporting to Health Canada by companies on pesticide sales in Canada
--------------------	---------------------------	--

**1.3.7:**

**PMRA will develop the Canadian Pesticide Risk Indicator (CaPRI) to assess trends in risks posed by pesticides, with both human health and environmental components by 2010.**

Federal SD Goal IV	Database development and improvements of indicators	Continued database development and improvements of indicator
--------------------	---	--

**1.3.8:**

**PMRA will encourage the Canadian public to report pesticide incidents by implementing a process for voluntary incident reporting by 2007.**

Federal SD Goal IV	Implementation of mandatory and voluntary reporting systems	Implementation of mandatory voluntary incident reporting systems. Also under the <i>New Pest Control Products Act</i> Transparency Operationalizing, incident reports have been identified as a key initiative for FY 2007-2008
--------------------	---	---

*Continued*

**1.3.9:  
The PMRA will collaborate with the Federal/Provincial/Territorial (FPT) Committee on Pest Management and Pesticides to harmonize classification of Domestic Products in Canada by 2008.**

Federal SD Goal IV	Federal implementation.	National consultation and federal implementation in 2007.
--------------------	-------------------------	---

**1.3.10:  
During the course of SDS IV, Health Canada will continue to work with partners to increase the number of smoke free spaces in Canada.**

Federal SD Goal IV	<p>Number of municipalities in Canada measured against the:</p> <p>Number of smoke-free municipalities across Canada</p> <p>Number of non-smoke-free municipalities across Canada</p>	<p>Actively promote and disseminate (via Health Canada website, conferences, etc.), the Health Canada <i>Smoke-Free Public Places</i> resource kit, which was developed to assist municipalities and communities in designing and implementing smoke-free policies and by-laws</p> <p>Monitor the uptake and usefulness of the resource kit to communities and municipalities across Canada</p> <p>Work with partners to monitor and report on the increase in number of smoke-free municipalities across Canada e.g., workplaces, schools, public buildings, etc.</p> <p>Work with partners to evaluate the impact of smoke-free spaces on community businesses and the health of employees and citizens</p>
--------------------	---	---

**1.3.11:  
Health Canada commits to the development of risk communications material, to be made publicly available on the Health Canada website, on approximately 15 substances annually as identified by the Department's *Canadian Environmental Protection Act (CEPA)* categorization results by March 31, 2010.**

Federal SD Goal IV	Information material on departmental website	<p>Expected results by 2010: Build on existing public opinion research to determine the information that the public needs to take action on potential risks to health</p> <p>Develop communications plan based on public opinion results and knowledge of priority substances</p> <p>Draft and pilot a communications package on one priority substance including, for example, a fact sheet on the substance, information on what the public can do to minimize risk, information on what Health Canada is doing to protect Canadians from health outcomes associated with exposure to the substance, and a contact list</p>
--------------------	--	---



**1.3.12:**

**Based on the results of *CEPA* categorization process, Health Canada will undertake 5 risk management strategies from December 2006 – July 2007, with the aim to complete approximately 15 risk management strategies annually thereafter to 2010.**

Federal SD Goal IV	Number of risk management strategies completed	Complete 5 risk management strategies based on the results of <i>CEPA</i> categorization process
--------------------	--	--

**1.3.13:**

**During the course of the SDS IV Health Canada will conduct assessments and risk management of new substances in order to reduce the level of exposure to hazardous chemicals and biotechnology products that are suspected to pose a significant risk to the health of Canadians or the Canadian environment.**

Federal SD Goal IV	Number of health/environmental risk assessments completed and risk management actions recommended  Number of notifications received.	Develop control options and recommend conditions of use, including those aimed at addressing significant new activities (SNAc), for approximately 20 new chemical substances, 6 new living organisms, and 2 substances in <i>Food and Drugs Act</i> products
--------------------	--	--

**1.3.14:**

**During the course of SDS IV, Health Canada will develop National Guidelines for Environmental Assessment related to health impacts of noise.**

Federal SD Goal IV	Draft completed and sent for comments  Comments incorporated into a second draft sent to stakeholders	Expected results by 2010: A working group meeting will be held to prepare a draft of National Guidelines for Environmental Assessment related to the health impacts of noise, and will be distributed for stakeholders for comment. Comments will be incorporated into this draft, which will then be sent to stakeholders for a second round of comments
--------------------	---	---

**1.3.15:**

**Health Canada will complete screening level assessments of approximately 30 high health priority substances identified from DSL categorization by 2010.**

Federal SD Goal IV	Number of screening level assessments completed	Expected results by 2010: Completion of screening level assessments of approximately 30 high health priority substances
--------------------	---	---

*Continued*

**1.3.16:**

**Health Canada will provide expert support services to federal custodial departments under the Federal Contaminated Sites Action Plan (FCSAP) to assist federal departments in the assessment and reduction of human health risks related to federal contaminated sites until program ends in 2010.**

Federal SD Goal IV	Publication of risk assessment documents	Expected results by 2010: Publication of risk assessment guidance documents (Preliminary Quantitative Risk Assessment, Site Specific Risk Assessment for chemicals)
	Number of risk assessment peer reviews undertaken	
	Number of training courses delivered	Undertake approximately 100 risk assessment peer reviews, deliver 5 training courses in risk assessment and public outreach, and consult with 4 communities and community groups on reducing health risks related to federal contaminated sites
	Number of community consultations	

**1.3.17:**

**During the course of SDS IV, at least one of Health Canada's regional offices will explore the opportunity to collaborate with provincial and municipal organizations in the development of sustainable development practices or initiatives.**

Federal SD Goal IV	First set of measures implemented	<i>Démarche Allégo</i> is an initiative by several federal ministries in the Quebec region to encourage new commuting habits. The first set of new measures resulting from the 2006-2007 commuting survey on the commuting habits of federal public service employees working in downtown Montreal will be implemented in 2007-2008 to encourage and promote better commuting habits
--------------------	-----------------------------------	--

## 1.4 – Protection of the Environment and Human Health

**1.4.1:**

**By March 2010, screen all Natural Health Product submissions to ensure that ingredients in these products do not include ingredients derived from endangered species.**

	Confirmation that the electronic bulletin was issued to stakeholders	Prepare and issue an electronic communiqué/bulletin message to Natural Health Product (NHP) stakeholders about the use of endangered species in natural health products, and review all of NHP submissions to contribute to safer health products for Canadians
	Reviews conducted for all of Natural Health Product submissions	

*Continued*

**1.4.2:**

During the 2007-10 period, develop a regulatory framework based on policy and technical analysis of issues related to the development of Environmental Assessment Regulations for new substances contained in products regulated under the *Food and Drugs Act* (e.g., ibuprofen, naproxen, carbamazepine, gemfibrozil, etc.).

	Number of international analysis conducted  Development of the regulatory framework for the Environmental Assessment Regulations	Completing an analysis of the European and United States frameworks, will aid in the development of the regulatory framework for the Environmental Assessment Regulations for new substances contained in products regulated under the <i>Food and Drugs Act</i> . The international analysis may also contribute to increased international regulatory harmonization
--	--	---

**1.4.3:**

By March 2007, establish and convene a government-stakeholder Environmental Assessment Working Group to provide strategic advice on the development of the Environmental Assessment Regulations.

	Establishment of the Environmental Assessment Working Group  Number of workshops held	Creation of the Government-Stakeholder Environmental Assessment Working Group to provide strategic advice on the development of Environmental Assessment Regulations. Develop and deliver two workshops for Environmental Assessment Working Group
--	---	--

**1.4.4:**

Throughout the 2007-10 period, provide open and transparent communication to stakeholders regarding the development of the *Environmental Assessment Regulations* through the Health Canada website, focus group discussions, written reports, etc.

	Number of postings on the Health Canada website  Number of inquiries on the EII hotline	Continuously update the Health Canada website for the Environmental Assessment Regulations, and communicate with stakeholders as required
--	---	---

## 1.5 – Food Safety

**1.5.1:**

By March 2010, develop a framework to improve the transparency and regulatory process for novel foods through:

- revision of guidelines for the Safety Assessment of Novel Foods, and
- development and delivery of training sessions for industry and crop developers on how to prepare novel food applications.

	Training session held  Improvement of regulatory process for novel food submissions	Development and delivery of a training session for industry on how to prepare a novel food submission
--	---	---

*Continued*

**1.5.2:**

**By March 2010, continue to establish policies and standards related to the nutritional quality of foods (Trans Fat, Food Fortification, Product-Specific Health Claims).**

	Business Impact Test completed Treasury Board submission completed Publications in Canada Gazette completed Confirmation that comments are posted on website Regulations prepared	Completion of Business Impact Test for Health Claims Completion of Treasury Board submission Publication in Canada Gazette I and II Government response and action plan for approvals Publication of proposed amendments in <i>Canada Gazette I</i> Summary of comments posted on website Preparation of regulations for <i>Canada Gazette II</i>
--	---	---

**1.5.3:**

**By March 2010, amend the regulations on the declaration of priority allergens.**

	Regulations published in <i>Canada Gazette I and II</i> Consultations completed	Review of <i>Canada Gazette I</i> comments initiated and preliminary next steps established for amending the regulations on the declaration of priority allergens. Consultations on allergen cross-contamination and the use of precautionary labelling held
--	--	--

**1.5.4:**

**By March 2010, continue to:**

- **develop appropriate intervention strategies to reduce the public's exposure to priority pathogens in specific commodities;**
- **increase consumer awareness of risk avoidance practices for targeting specific commodities and vulnerable groups; and,**
- **update risk management strategies to limit exposure of Canadians to selected chemicals in food**

	Percentage decrease in foodborne illness Percentage decrease of selected chemicals in food Number of educational documents published (i.e., Codes of Practice, policies, Internet postings)	Establish maximum limits for lead and cadmium in food to reduce the public's exposure to priority pathogens Release new/updated maximum levels for mercury in fish sold in Canada and renew consumption advisories to vulnerable consumers to help ensure the safety of food on the Canadian market Increase consumer awareness of risk avoidance practices for raw milk cheese, sprouts, meats and unpasteurized juices through publication of educational documents
--	---	---

*Continued*

**1.5.5:**  
**In collaboration with Agriculture and Agrifood Canada, the PMRA will expedite grower access to lower risk pest control products such as biologicals, pheromones and reduced risk products by 2008.**

Federal SD Goal IV	Guidelines finalized	Guidelines will be finalized in 2007-2008 in response to stakeholder comments on proposal. Will develop business processes in PMRA to implement
--------------------	----------------------	---

## 2.1 – Fleet

**2.1.1:**  
**By March 2010, reduce greenhouse gas (GHG) emission per vehicle kilometre.**

Federal SD Goal III	Annual average GHG emissions per vehicle kilometer reduced	Establishment of baseline and tracking mechanisms to measure progress over time  Establish procedures and mechanisms to phase-out low fuel-efficient vehicles, increasing the use of ethanol-blended vehicles and hybrids
---------------------	--	---

**2.1.2:**  
**Purchase ethanol blended gasoline for Department road vehicles where available or applicable.**

Federal SD Goal III	Percentage of ethanol blended gasoline purchased for vehicle fleet	Establishment of tracking mechanisms to measure the amount of ethanol blended fuel purchased for departmental vehicles  Communicate to all employees operating Department road vehicles to purchase ethanol blended gasoline where available/applicable
---------------------	--	---

## 2.2 – Building Energy

**2.2.1:**  
**By March 2008, Health Canada commits to conducting energy audits at two health facilities to model energy fluxes in order to identify energy saving options.**

Federal SD Goal III GGO Goal: Building Energy	Completed energy audits	Conduct energy audits at two health facilities to model energy fluxes in order to identify energy saving options
--	-------------------------	--

**2.2.2:**  
**By March 2009, an action plan to reduce GHG emissions in Health Canada's custodial laboratories will be developed and implemented.**

Federal SD Goal III GGO Target: Other custodian departments and agencies will establish and report on meaningful departmental targets in support of the overall FHIO target for buildings by 2010.	GHG emissions	Sustainable Development Strategy implementation plans (SDSIP) will be completed by March 31, 2007. Completion of Year 1 of the SDSIP is expected for 2007-2008
---	---------------	--

*Continued*

## 2.3 – Procurement

### 2.3.1:

**Starting April 1<sup>st</sup> 2007, Health Canada will increase the ratio of Energy Star computers and monitors.**

Federal SD Goal III GGO Target: Green Stewardship	Ratio	Sustainable Development Strategy implementation plans (SDSIP) will be completed by March 31, 2007. Completion of Year 1 of the SDSIP is expected for 2007-2008
--	-------	--

### 2.3.2:

**By March 2010, all materiel managers and procurement personnel will attend a recognized training course on green procurement offered by Public Works and Government Services Canada, Canada School of Public Service, or any other federal government department.**

Federal SD Goal III	Number of materiel managers and procurement personnel trained	<p>Advertise Green Procurement training courses offered by PWGSC/Canada School of Public Service to all materiel managers and procurement personnel</p> <p>Review and update internal procurement training material to enhance Green Procurement portion</p> <p>Establish baseline of knowledge of Green Procurement and tracking mechanisms to measure progress over time</p>
---------------------	---	--

### 2.3.3:

**By March 2010, incorporate tracking tools into the existing systems (e.g., SAP, etc.) to monitor green purchases.**

Federal SD Goal III	Number of green goods and services tracked	Implement tracking tools into existing procurement systems, and train user on the modified tracking system
---------------------	--	--

## 2.4 – Training

### 2.4.1:

**Health Canada will join with other government departments and the Canada School of Public Service to design and deliver new Government of Canada Sustainable Development training material. Delivery to begin by December 2007.**

Federal SD Goal VI	<p>Instructional material developed</p> <p>Pilot training completed</p> <p>Training course taken by federal employees</p>	<p>Development of a Sustainable Development leadership course in partnership with 11 departments and the Canada School of Public Service</p> <p>Piloting of the course</p> <p>Formal inclusion of the course in regular CSPA offerings to begin by December 2007</p>
--------------------	---	--

*Continued*

**2.4.2:**

**Starting April 1<sup>st</sup> 2007, increase the ratio of the existing training courses offered by the Health Canada Learning Program that will include a module on the environmental responsibilities that rest with employees.**

Federal SD Goal VI GGO Target: Green Stewardship.	Ratio	Sustainable Development Strategy implementation plans (SDSIP) will be completed by March 31, 2007. Completion of Year 1 of the SDSIP is expected for 2007-2008
--	-------	--

**2.4.3:**

**By March 2010, Health Canada will implement a bi-ennial fuel storage tank operator training program delivered by certified fuel storage tank installers/inspectors to the staff at 90 health facilities with fuel storage tanks on reserves in British Columbia, Manitoba, Saskatchewan, Ontario, Quebec, and Newfoundland in order to ensure reduced potential for accidental release of petroleum hydrocarbons from storage tanks.**

	Training developed and delivered	Develop training for fuel storage tank operators and deliver to staff at health facilities with fuel storage tanks on reserves to ensure acceptable petroleum hydrocarbon handling and storage practices and improve environmental conditions on reserves
--	----------------------------------	---

## 2.5 – Business Travel

**2.5:**

**Health Canada commits to completing a local business transportation pilot to rationalize local business travel requirements and improve the range of sustainable transportation services offered by the Department by March 2010.**

Federal SD Goal III	Percentage Reduction in Greenhouse Gas Emissions (GHG) per employee.	Gather baseline data to determine current employee needs and practices, and available transportation services available to employees. Develop a tool or service to rationalize local business travel requirements, and communicate to employees the range of sustainable transportation options offered by the Department
---------------------	--	---

## 2.6 – Environmental Stewardship

**2.6:**

**By April 2008, Health Canada will develop a policy on responsible use of paper and a supporting action plan for implementation at the Departmental level.**

Federal SD Goal V GGO Target: Green Procurement and Green Stewardship.	Policy and action plan developed	Sustainable Development Strategy implementation plans (SDSIP) will be completed by March 31, 2007. Completion of Year 1 of the SDSIP is expected for 2007-2008
---	----------------------------------	--

*Continued*

## 3.1 – Integration

### 3.1.1:

**By the end of 2008, as a pilot project, Health Canada will apply a sustainable development lens to select policies and programs.**

Federal SD Goal VI	<p>Completion of a detailed draft Sustainable Development Lens</p> <p>Completion of a pilot of the lens with analysts from the Health Policy Branch</p>	<p>To train several analysts in the use of the SD Lens; pilot the lens on real policy and program proposals and assess its effectiveness and ease of use</p> <p>Seek executive support within the department for wider use of the lens</p> <p>Higher quality policy and program initiatives developed within the department</p>
--------------------	---	---

### 3.1.2:

**By end of 2008, Health Canada will convene a workshop on the social aspect of sustainable development to help frame SDS V.**

	Workshop convened	Workshops held with various experts on the social dimensions of sustainable development
--	-------------------	---

Since its first sustainable development strategy, Health Canada has worked to create a culture that recognizes the importance of sustainable development in its operations. Approval of a Sustainable Development Policy in December 2000 enabled the integration of five key principles (shared responsibility, integrated approaches, equity, accountability, and continuous improvement) into the Department's third Sustainable Development Strategy and acted as guiding principles for the development of the fourth strategy covering 2007 to 2010. The Department will continue to report annually on progress made on SD Strategy commitments.

The importance of sound environmental management of our operations and activities, and of meeting SDS targets were further emphasized with the approval of the 2000 Health Canada Environmental Management Policy and the creation of the Environmental Management Systems Division (EMSD). The use of an environmental management system (EMS) as an effective tool for managing compliance, minimizing negative impacts and risks to the environment and for continual improvement, supports the principles of sustainable development. The priorities of the EMS Division include:

- maintaining and improving the departmental EMS including its supporting policies and database
- implementing actions in support of its own SDS targets
- fostering environmental stewardship

While environmental management of operations and activities is done through the EMS process, Strategic Environmental Assessment (SEA) offers a systematic and comprehensive process for evaluating the environmental effects of a policy, plan or program and its alternatives, at the earliest stage in planning. Health Canada has a requirement to complete SEAs in conformance with the 2004 Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals. The Department has developed a policy and guidelines for strategic environmental assessment to support departmental efforts to ensure proposals with important positive or negative environmental effects are identified and enhancement or mitigation measures are identified. SEA training is currently offered to Health Canada analysts in both the National Capital Region and regions. Future planning calls for the training of more analysts, concurrent with the development of more rigorous SEA management and tracking systems.

*Continued*



To ensure compliance, the Office of Sustainable Development (OSD) will be working closely with Cabinet Affairs and the Chief Financial Officer Branch to make SEA completion a standard practice. In addition, the OSD will begin revising the 2004 Health Canada Policy and Guidelines on Strategic Environmental Assessment to formalize any new protocols or practices that are adopted.

Building on previous experiences and incorporating best practices in our work will help to achieve sustainable development in the long term.

**TABLE 11**

<b>TABLE 11: INTERNAL AUDITS AND EVALUATIONS<sup>1</sup></b>			
<b>NAME OF INTERNAL AUDIT/EVALUATION</b>	<b>AUDIT/EVALUATION TYPE</b>	<b>STATUS</b>	<b>EXPECTED COMPLETION DATE</b>
<b>Fiscal Year 2007-2008</b>			
Health Care Strategies and Policy Grant and Contribution (G&C) Program	Final Evaluation G&C	Ongoing	March 2008
Health Human Resource Strategy	Summative Evaluation	Ongoing	March 2008
Internationally Educated Health Care Professionals Initiative	Summative Evaluation G&C	Planned	March 2008
Primary Health Care Transition Fund	Final Evaluation	Ongoing	September 2007
National Wait Times Initiative	Summative Evaluation G&C	Planned	August 2008
International Health Grant Program	Summative Evaluation G&C	Ongoing	December 2007
Women's Health Contribution Program	Summative Evaluation G&C	Ongoing	July 2007
Gender Based Analysis Implementation Strategy	Summative Evaluation	Planned	March 2008
Contribution Program to Improve Access to Health Services for Official Languages Minority Communities	Summative Evaluation G&C	Planned	March 2008
Therapeutics Access Strategy	Formative Evaluation	Ongoing	Fall 2007
Human Drugs	Strategic Evaluation	Planned	September 2009
Food Safety	Strategic Evaluation	Planned	September 2008
Access to Medicines Program	Implementation Evaluation	Ongoing	September 2007

<sup>1</sup> This information is derived from the "Health Canada Program Evaluation "Work Plan" for 2006-2007 to 2008-2009". Planning for the 2007-2008 to 2009-2010 cycle has not yet started. A new Treasury Board Evaluation Policy, expected to come into force on April 1, 2007, will contain specific requirements for evaluation planning that are expected to be different from Health Canada's current approach. At that time, a new plan that conforms to the new Policy will be developed.

*Continued*

NAME OF INTERNAL AUDIT/EVALUATION	AUDIT/EVALUATION TYPE	STATUS	EXPECTED COMPLETION DATE
Augmenting Health Canada's Response to Bovine Spongiform Encephalopathy (BSE I and II)	Summative Evaluation	Planned	March 2008
Border Air Quality Strategy	Summative Evaluation	Ongoing	September 2007
Health Risk Assessment and Protection Initiatives under the <i>Canadian Environmental Protection Act 1999</i>	Formative Evaluation	Ongoing	March 2008
Federal Contaminated Sites Action Plan	Overall Evaluation	Planned	March 2008
Canada's Drug Strategy Renewed - Year 5	Summative Evaluation	Planned	March 2009
Employee Assistance Services	Evaluation	Planned	January 2008
Federal Drinking Water Compliance Program	Summative Evaluation	Ongoing	July 2007
Children and Youth Cluster (First Nations and Inuit Health (FNIH))	Results/impacts/cost effectiveness Evaluation (including Contribution Agreement)	Planned	March 2008
Communicable Disease Control Cluster (FNIH)	Results/impacts/cost effectiveness Evaluation (including Contribution Agreement)	Planned	March 2008
First Nations Water Management Strategy	Summative Evaluation	Ongoing	August 2007
Environmental Health and Research Cluster (FNIH)	Relevance/need/client satisfaction Evaluation (including Contribution Agreement)	Planned	March 2008
First Nations and Inuit Home and Community Care	Final Evaluation	Ongoing	Spring 2007
Integration and Adaptation of Health Services	Integration Pilot Projects Evaluation	Ongoing	Spring 2007
Contracting for Professional and Special Services in Health Canada	Evaluation	Ongoing	Spring 2007
Post Doctoral fellowship Program	Summative Evaluation	Ongoing	March 2008
Review of Evaluation and Performance Measurement at Health Canada	Evaluation	Ongoing	Summer 2007
<b>Fiscal Year 2008-2009</b>			
Nutrition Policy and Promotion	Strategic Evaluation	Planned	September 2010
Medical Devices	Summative Evaluation	Planned	March 2010
Access to Medicines Program	Final Evaluation	Planned	September 2009
Public Service Health Program	Service Delivery Model Evaluation	Planned	March 2009
Building Public Confidence in Pesticide Regulation and Improving Access to Pest Management Products	Summative Evaluation	Planned	December 2009

*Continued*

<b>NAME OF INTERNAL AUDIT/EVALUATION</b>	<b>AUDIT/EVALUATION TYPE</b>	<b>STATUS</b>	<b>EXPECTED COMPLETION DATE</b>
Mental Health and Addictions Cluster (FNIH)	Process/management Evaluation (including Contribution Agreements)	Planned	March 2009
Primary Care Cluster (FNIH)	Relevance/need/client satisfaction Evaluation (including Contribution Agreements)	Planned	March 2009
Health Facilities and Capital Program Cluster (FNIH)	Results/impacts/cost effectiveness Evaluation (including Contribution Agreements)	Planned	March 2009

For information on past audits and evaluations, please visit:  
[http://www.tbs-sct.gc.ca/rma/database/newdeptview\\_e.asp?id=41](http://www.tbs-sct.gc.ca/rma/database/newdeptview_e.asp?id=41)



**Other Items  
of Interest**



# Health Canada's Regional Operations

## An Overview

---

Over one third of Health Canada's employees work in communities outside of the National Capital Region. Programs and services are delivered to Canada's diverse population by Health Canada's regional offices in the British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Atlantic and Northern Regions.

In 2006, Health Canada created the Public Affairs, Consultation and Regions Branch to improve the integration of national and regional perspectives into its work, including policy and consultation activities. Over the next three years, Health Canada's regions will continue to advance the work that is underway to realize the benefits of this new operating environment:

- The regions will strengthen and expand their collaboration with Health Canada's Program Branches. Regions and programs will work in tandem to deliver the Department's programs and services in a manner that is responsive to local issues and priorities, while respecting national program integrity and accountability.
- In addition, the regions will continue to capitalize on their proximity to clients and stakeholders to develop further their relationships and their capacity for intelligence gathering and analysis. At the same time they will foster stronger relationships with policy and program branches in the Department. This will enhance the regions' ability to inform and influence policy design and development, supporting the relevance and effectiveness of Health Canada's work across the country.
- The close ties between regional offices and their counterparts in other federal departments provide frequent opportunities for collaboration. The regional offices will strengthen their relationships with federal counterparts in the regions by participating on Federal Councils and by forming partnerships to deliver region-specific projects. This interdepartmental work will enable Health Canada to support the federal government agenda broadly,

and to reflect regional views in the development of government-wide policies and directions.

- Finally, Health Canada's regions will continue to build and maintain effective relationships with provincial, territorial and municipal governments as well as key stakeholders. These relationships support collaboration and joint initiatives. They also improve the Department's understanding of challenges and opportunities which cross program boundaries as provincial and territorial approaches to managing the health care agenda evolve. For example, ensuring coordinated preparedness by Health Canada and its partners and clients to respond to an emergency or pandemic will be a focus in the regions over the coming years.

The following are examples of specific ways the regions will continue to help Health Canada deliver on its Strategic Outcomes.

### **Strengthened knowledge base to address health and health care priorities:**

- Manage intergovernmental affairs;
- Conduct disease surveillance and provide intelligence on local health policy and health systems issues to support departmental policy and program development; and
- Foster communication, consultation and stakeholder engagement within the regions.

### **Access to safe and effective health products and food and information for healthy choices:**

- Conduct surveillance, enforcement and compliance activities for health-related products;
- Provide regional contributions to national policies, programs, and regulations related to health products and food; and
- Engage in consultations to build stakeholder relations and provide information for making healthy choices.

### **Reduced health and environmental risks from products and substances, and safer living and working environments:**

- Conduct inspection and surveillance activities as well as health promotion activities related to consumer products, tobacco, controlled drugs and substances, and the environment;
- Establish marketplace and user inspection programs, and compliance and promotional activities for pesticides; and
- Conduct risk assessments and evaluations and provide health advice to federal employees, provinces and municipalities related to chemical contaminants and exposure levels, drinking water standards, and work environments.

### **Better health outcomes and reduction of health inequalities between First Nations and Inuit and other Canadians:**

- Provide Non-Insured Health Benefits to First Nations and Inuit clients;
- Deliver community-based health promotion and disease prevention programs for First Nations and Inuit populations;

- Deliver Home and Community Care Program and addictions treatment services for First Nations and Inuit populations;
- Provide management capacity support and capital investments in First Nations and Inuit communities; and
- Collaborate in emergency preparedness and response as well as pandemic planning.

### **Corporate Management - Leadership and Infrastructure to support the Department's Regional Operations:**

- Ensure sound stewardship of both the human and financial resources of the Department through effective and accountable management and administration of assets, human resources, and information technology, by providing risk management and business continuity services, and by applying rigorous planning, reporting and performance measurement processes.



# Advancing the Science Agenda

---

Bringing leadership, coherence and expertise to the overall strategic direction of Health Canada's scientific responsibilities and activities and providing strategic advice to the Deputy Minister and Minister on health science issues are key roles for Health Canada's Office of the Chief Scientist (OCS). The management and governance of science and research, both internal to Health Canada and externally, requires a comprehensive and systematic approach. Productive collaborative efforts are critical to improving knowledge-based approaches to domestic and global health issues. Fostering science partnerships and linkages within the Department and with external partners/stakeholders promotes awareness and understanding of our science and its contribution to the health and safety of Canadians.

OCS champions science within Health Canada by ensuring the effective use of science in policy making, enhancing science capacity and promoting excellence, and building linkages across the Department and with partners across the science policy and research communities. These activities help to enhance the health and safety of Canadians by ensuring that sound science is applied to decision-making, that accurate information is available to support informed choices by the public, and that Health Canada is positioned to work in partnership with other departments and other health research stakeholders to address national health research priorities.

A critical component of the effective use of sound science in policy making and regulatory decision-making is the external advice provided to the Department by the Science Advisory Board, an independent group of experts that provides the Minister with advice on departmental science priorities and directions. Equally important is the work of the Research Ethics Board, also an independent body of experts that ensures that departmental research involving humans meets the highest ethical standards. OCS provides secretariats to these bodies.

Key to the Department's role in meeting broader governmental and federal science and technology (S&T) objectives/commitments is OCS' coordination and participation in interdepartmental S&T activities and horizontal science management issues.

Ongoing roles for the OCS include providing advice on and support to the management of intellectual property generated through departmental science activities, promoting and communicating Health Canada's science and research, and organizing the Health Canada Science Forum, which raises awareness of departmental science activities internally and with stakeholders. To further build Health Canada's research capacity, OCS also administers a Postdoctoral Fellowship Program and a Visiting Fellowship Program, bringing new people and new ideas into the Department and raising awareness and understanding of the important role played by science in regulation.

