ESTIMATES

Health Canada

Performance Report

For the period ending
March 31, 2001

Canada

Improved Reporting to Parliament
Pilot Document

Each year, the government prepares Estimates in support of its request to Parliament for authority to spend public monies. This request is formalized through the tabling of appropriation bills in Parliament.

The Estimates of the Government of Canada are structured in several parts. Beginning with an overview of total government spending in Part I, the documents become increasingly more specific. Part II outlines spending according to departments, agencies and programs and contains the proposed wording of the conditions governing spending which Parliament will be asked to approve.

The *Report on Plans and Priorities* provides additional detail on each department and its programs primarily in terms of more strategically oriented planning and results information with a focus on outcomes.

The *Departmental Performance Report* provides a focus on results-based accountability by reporting on accomplishments achieved against the performance expectations and results commitments as set out in the spring *Report on Plans and Priorities*.

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

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Foreword

In the spring of 2000 the President of the Treasury Board tabled in Parliament the document "Results for Canadians: A Management Framework for the Government of Canada". This document sets a clear agenda for improving and modernising management practices in federal departments and agencies.

Four key management commitments form the basis for this vision of how the Government will deliver their services and benefits to Canadians in the new millennium. In this vision, departments and agencies recognise that they exist to serve Canadians and that a "citizen focus" shapes all activities, programs and services. This vision commits the government of Canada to manage its business by the highest public service values. Responsible spending means spending wisely on the things that matter to Canadians. And finally, this vision sets a clear focus on results – the impact and effects of programs.

Departmental performance reports play a key role in the cycle of planning, monitoring, evaluating, and reporting of results through ministers to Parliament and citizens. Earlier this year, departments and agencies were encouraged to prepare their reports following certain principles. Based on these principles, an effective report provides a coherent and balanced picture of performance that is brief and to the point. It focuses on results – benefits to Canadians – not on activities. It sets the department's performance in context and associates performance with earlier commitments, explaining any changes. Supporting the need for responsible spending, it clearly links resources to results. Finally the report is credible because it substantiates the performance information with appropriate methodologies and relevant data.

In performance reports, departments strive to respond to the ongoing and evolving information needs of parliamentarians and Canadians. The input of parliamentarians and other readers can do much to improve these reports over time. The reader is encouraged to assess the performance of the organization according to the principles outlined above, and provide comments to the department or agency that will help it in the next cycle of planning and reporting.

This report is accessible electronically from the Treasury Board of Canada Secretariat Internet site:
http://www.tbs-sct.gc.ca/rma/dpr/dpre.asp
Comments or questions can be directed to this Internet site or to:
Results Management and Reporting Directorate
Treasury Board Secretariat
L'Esplanade Laurier
Ottawa, Ontario, Canada
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HEALTH CANADA

Departmental Performance Report

For the period ending
March 31, 2001

Allan Rock
Minister of Health

This Report

Health Canada is proud to present to Parliament and to Canadians this Report on its performance for the fiscal year ending March 31, 2001.

This document is an overview of the major initiatives through which Health Canada used the resources entrusted to it by Parliament and Canadians in each of its five Business Lines as follows:

- Health Care Policy
- Health Promotion and Protection
- First Nations and Inuit Health
- Information and Knowledge Management
- Departmental Management and Administration

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

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Ottawa, Ontario K1A 0K9
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Web site: < http://info@www.hc-sc.gc.ca/english/feedback.htm#general >

READER FEEDBACK

HEALTH CANADA'S 2000-2001 DEPARTMENTAL PERFORMANCE REPORT

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

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

If no, what information were you looking for?

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

b) the least useful?

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

If no, why not?

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

Send your completed questionnaire or comments:

By mail:

Planning, Analysis and Reporting Division
Corporate Services Branch
0905D, Brooke Claxton Building
Tunney's Pasture
Ottawa ON K1A 0K9

By fax:

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By e-mail:

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Thank you for your cooperation

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Annex A: *Measuring Health in Canada - more results relating to Health Status of Canadians* is available at < http://www.hc-sc.gc.ca/english/estimates/ >. For a printed copy of this Annex, please call (613) 954-5995.

SECTION I: MESSAGES

Minister's Message

While this Report focuses on the Department's achievements during the 2000-2001 fiscal year, we are all painfully aware that the tragic events of September 11, 2001 have had a profound effect in terms of refocusing people's lives and the agendas of governments. As part of the Government of Canada's counter-terrorism plan, Health Canada's ability to respond effectively to any public health security crisis is being further strengthened. Two key elements of the Department's ongoing responsibility for coordinating such public health efforts are the Centre for Emergency Preparedness and Response, which was established in the past fiscal year, as well as the Canadian Science Centre for Human and Animal Health in Winnipeg. Health Canada also takes seriously its responsibility to protect the health and safety of federal public servants who are often on the front-lines of counter-terrorism activity.

Health Canada's Departmental Performance Report for 2000-2001 demonstrates clear progress in our common effort with many partners to improve the health of Canadians and to address priorities across Canada's health system.

A major achievement was the September 2000 First Ministers' Agreement on Health. In it, the Government of Canada and the governments of the provinces and territories identified a vision, principles, and key priorities for sustaining and modernizing Canada's publicly-funded health care system. For our part, the Government of Canada committed $21.2 billion in additional funding of which $18.9 billion will go to the Canada Health and Social Transfer (CHST) over five years in support of health renewal and $2.3 billion will be for three separate funds to support investment in health information technology, medical equipment and primary health care reform.

The Agreement on Health was about far more than funding; it demonstrated a common vision and shared values. It was built around strengthening our health system through investments in innovation and ingenuity. That was particularly clear in the First Ministers' emphasis on priorities such as primary health care, that first point of contact that Canadians have with the health care system.

Our forward-looking approach also includes progress on preventative health — the steps that keep Canadians as healthy as possible. Through initiatives such as our new Tobacco Control Strategy, the Diabetes Strategy and innovative health research we can do even more to make our health care system sustainable. By taking a fundamental approach to the health issues facing First Nations and Inuit communities we have been doing more to address their health status needs. With respect to another initiative, we have asked for input from Members of Parliament and from Canadians on draft legislation concerning assisted human reproduction; the proposals would protect the health and safety of Canadians who seek assistance to build their families and would govern the scientific research practices related to this issue.

Our work continues on these and other priorities. For example, our government's decision to create the Commission on the Future of Health Care in Canada demonstrates our commitment to ensure the sustainability of the health system over the longer term. It will help us make choices that should make Canadians, already one of the healthiest people in the world, even healthier in the years ahead.

The Honourable Allan Rock, P.C., M.P.

Minister of Health

Executive Summary

Health Canada's roles in all aspects of its work are anchored in a pair of key realities. First, a wide range of social, behavioural, physical and economic determinants interact to affect the health of Canadians. Second, progress on Canada's health priorities requires collaboration and coordination among many partners. In addition to its ongoing liaison with provincial and territorial governments and other federal departments, the Department works with First Nations and Inuit, the voluntary and community sector, health professionals, the private sector, and individual Canadians. Some highlights of the work carried out in the 2000-2001 fiscal year are:

- At the First Ministers' Meeting September 10-11, 2000, in Ottawa, the Government of Canada and all provinces and territories agreed to a plan that ensures our health care system stays healthy – today and in the future. Canadians will have publicly-funded health services that provide quality health care and that promote their health and well-being in a cost-effective and fair manner.

  < http://www.hc-sc.gc.ca/english/new_prescription.htm >

- New graphic health warning labels began to appear on cigarette packages in Canada. They display health information messages on diseases caused by tobacco use or tips on quitting smoking which are printed on the inside slider. The tobacco manufacturers produced the new packages in December 2000. The regulations that allowed for these images became law in June 2000, making Canada the first country in the world to implement such strong labelling and reporting measures.

  < http://www.infotobacco.com >

- The Office of the Chief Scientist was created on the advice of the Science Advisory Board – an arm's length advisory panel for Health Canada. The role of the Chief Scientist is to bring greater leadership, coherence and expertise to the overall strategic direction of the Department's scientific responsibilities, activities and needs. The position reports directly to the Deputy Minister. Health Canada's first Chief Scientist is Dr. Kevin Keough, an internationally renowned biochemist.

  < http://www.hc-sc.gc.ca/english/archives/releases/2001/2001_01e.htm >

- The First Nations and Inuit Health Accountability Framework was implemented under a newly established office. It will enable First Nations and Inuit and the Department to better demonstrate results on investments in programs and services, identify gaps in service, improve the capacity to deliver services, measure performance and improve overall management practices. As a result of this framework, new standard agreements to improve accountability practices, a management control framework to strengthen management of contribution practices, improved planning, reporting and a health planning model were adopted and an initial assessment of capacity requirements was completed.

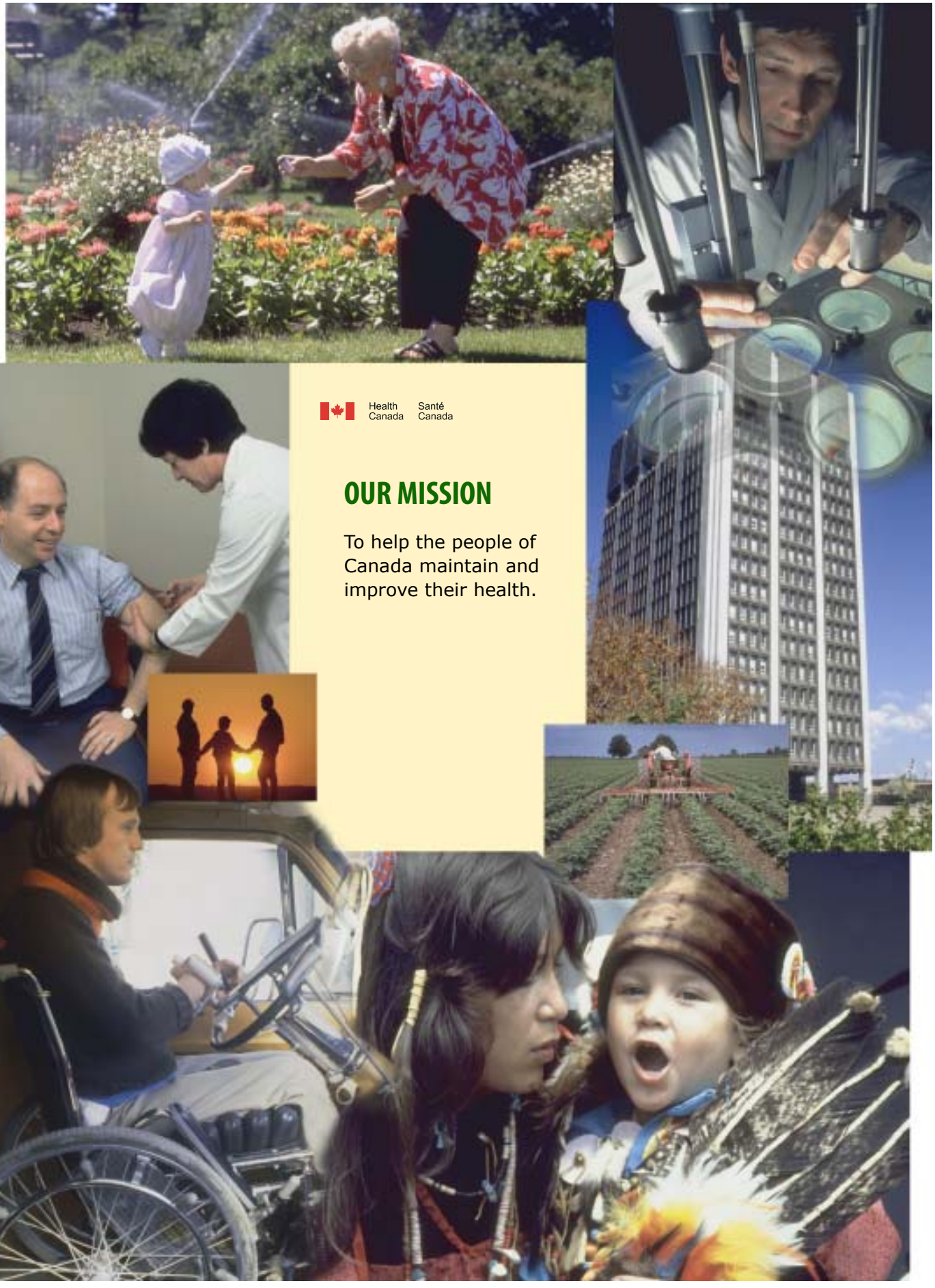
- The $11 million Rural and Remote Health Innovations Initiative was launched to support projects for rural and remote areas that will promote integration and accessibility of a full range of health services, explore ways to address work force issues and improve health service delivery through reforms to the system.

  < http://www.hc-sc.gc.ca/ruralhealth/ >

- A national public health laboratory forum was established, in collaboration with provincial health laboratories, to coordinate surveillance and emergency response capacity and allow for quicker detection of, and response to, infectious disease epidemics and bio-terrorist threats.
- The review/approval times for new drug submissions were reduced, thus allowing new drugs on the market sooner and providing Canadians with more choices.
- Consistent with the need to build stronger partnerships between governments on health issues, our regional offices were increasingly active with their counterparts in other levels of government on issues ranging from monitoring of the *Canada Health Act* to support for projects testing local, provincial or territorial health innovations.
- Health Canada built capacity in the area of modern comptrollership through collaborative approaches on major initiatives such as government on-line, accountability, performance measurement, and values and ethics.
- Health Canada's realigned organization came into effect on July 1, 2000. This move better positioned the Department to focus on continually improving its service to Canadians. The realignment was designed to make it easier to work effectively with the Department's partners, put resources where they will have the most impact, and be more innovative and responsive. One of the major results of the Health Canada realignment was the strengthening of the health protection and health promotion programs by integrating the Department's health protection activities with the related health promotion responsibilities. The result was the realignment of the former Health Protection and Health Promotion and Programs branches into three new branches:

  - Population and Public Health Branch
  - Health Products and Food Branch
  - Healthy Environments and Consumer Safety Branch

  < http://www.hc-sc.gc.ca/english/archives/releases/2000/2000_68e.htm >



Health Canada Santé Canada

OUR MISSION

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

SECTION II: DEPARTMENTAL OVERVIEW

Our Vision

Health Canada strives to improve the health of all of Canada's people while respecting individual choices and circumstances, and therefore, seeks to put Canada among the countries with the healthiest people in the world (as measured by the extent to which Canadians live long, healthy lives with effective use of the health care system only as required).

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

World Health Organization (WHO) definition of health.

< http://www.who.int/aboutwho/en/definition.html >

Health Canada's Mission Statement

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

Health Canada Objectives

Health Canada, by working with others in a manner that fosters the trust of Canadians, strives;

- to minimize health inequalities among groups.
- to ensure (with others) that health services are of high quality, efficient, and readily accessible to all Canadians.
- to balance and integrate health care system renewal efforts with longer term prevention, protection and health promotion initiatives.

Just as the health of individual Canadians varies, their circumstances and behaviours vary. Success in achieving our health objectives hinges on our ability to improve community capacity to deal with health issues and to help Canadians make informed choices about their health. Through research and surveillance, Health Canada also ensures that the policies of other sectors of Canadian society support health.

Health Canada seeks to ensure optimal health outcomes, which is an increasingly difficult task given the expanding and complex array of needs, demands and available interventions. With others we create effective and sustainable systems for health, including the health care system, that maximize the number of Canadians who enjoy good health throughout their lives. We strive to reduce inequalities in health status, particularly those experienced by children, youth, the elderly and Aboriginal peoples.

Health Canada and its partners are taking a comprehensive view of health. We make strategic, evidence-based decisions on priorities, choose the most effective mix of interventions and strengthen accountability for health outcomes. This coherent approach better equips Health Canada to effectively address future needs and challenges to the health of Canadians.

Health Canada Roles

In order to achieve our objectives, Health Canada works in a number of ways:

Leader/Partner - The Department provides federal leadership on health matters. We are responsible for administering the *Canada Health Act*, which embodies the key values and principles of Medicare. We develop policies to help the health care system adapt to evolving realities. We identify and address the determinants of health. We seek to contribute to broad governmental agendas targeted at innovation.

Funder - The federal government contributes significantly to health care financing in Canada via the Canada Health and Social Transfer (CHST) and by fostering improvements and modernization through other programs. Health Canada provides funding to First Nations and Inuit organizations to support them in providing community health services. The Department also offers grants and contributions programs to various organizations to contribute towards mutual health objectives.

Guardian/Regulator - The Department's stewardship role involves both protecting Canadians and facilitating the provision of products vital to the health and well being of our citizens. We regulate and approve the use of thousands of products, including pesticides, toxic substances, pharmaceuticals, biologics, medical devices, natural health products, consumer goods and foods. The Department delivers a range of programs and services in environmental health and protection and we have responsibilities in the areas of substance abuse, tobacco policy, workplace health and on the safe use of consumer products. As well, the Department monitors and tracks diseases and takes action where required.

Service Provider - Health Canada provides supplementary health insurance to First Nations people and Inuit to pay for pharmaceuticals, dental services, vision services and transportation.

The Department also provides health services including prevention, promotion, primary care and addiction services to First Nations and Inuit communities. In addition, the Department provides occupational health and safety services to all federal employees and in all federal facilities.

Information Provider - Through research and surveillance, the Department creates, collects and disseminates knowledge, information and data that promote the development of effective health practices and provides Canadians information they can use to maintain and improve their health. This wide array of health promotion and prevention information emphasizes both positive health activities and illness prevention measures.

Health Canada conducts and supports health research throughout Canada to help expand the scientific and technical knowledge needed to underpin health policies and programs and to make that knowledge widely available.

In Concert With Others

The Department collaborates with a wide array of partners to achieve mutual health objectives. Health Canada works with the provinces and territories, First Nations and Inuit communities, professional associations, consumer groups, universities and research institutes and other federal departments and agencies.

Flexibility for a Changing Environment

The forces shaping public health are constantly evolving. Canada is witnessing:

- increased public sensitivity to health matters, with accompanying demands for quick access to services and information.
- shifting demographic patterns that are exerting pressure on health care services.
- rapid scientific advances that create both health benefits and pressures.
- expanding international migration, travel and commerce patterns that are generating additional health concerns.

Due to this constant evolution, Health Canada's response is to remain flexible in its operations and its allocation of limited resources.

Key Management Responsibilities

In all its work, Health Canada remains committed to the principles stated in the Treasury Board publication *Results for Canadians*. These principles are:

- **focusing on citizens** - by improving access to services and improving client satisfaction;

- **embracing a clear set of public service values** - through the work of the Audit and Accountability Bureau;
- **managing for results** - through the implementation of modern comptrollership;
- **ensuring responsible spending** - by continuously improving the quality of departmental financial information.

Business Line Descriptions

Health Care Policy

This business line supports policy development, analysis and communications related to leadership on all areas of Canada's health system, with clear emphasis on ensuring the viability and accessibility of Medicare and collaborative efforts, with provinces/territories and other stakeholders, to strengthen, modernize and sustain Canada's health system.

Health Promotion and Protection

This business line is responsible for developing a cohesive, coherent, consistent and horizontal approach to its activities in managing the risks and benefits to health for Canadians. It achieves these results through the development of policies and programs that support disease, illness and injury prevention and health promotion. The business line supports action to promote health by addressing determinants that fall both within and outside of the health sector throughout the human life cycle. The delivery of the population health approach, and its prevention and promotion activities recognizes and emphasizes the importance of health throughout the human life cycle which takes place through a framework based on three stages of life: childhood and youth, early to mid-adulthood, and later life with a specific recognition of investment in early childhood as a means to better health throughout life.

This business line also promotes healthy and safe living, working and recreational environments by anticipating, preventing and responding to health risks posed by food, water, occupational and environmental hazards, diseases, chemical and consumer products, alcohol and controlled substances, tobacco, pest control products, and peacetime disasters. It ensures that the drugs, medical devices, and other therapeutic products available to Canadians are safe, effective and of high quality.

It is to be noted that, for this business line, reporting in the *Report on Plans and Priorities* and the *Departmental Performance Report* will be by service line, thus demonstrating clear accountability for results.

Service Lines

- **Population and Public Health** – Population and Public Health includes responsibility for policies, programs and research relating to disease surveillance, prevention and control, health promotion, and community action.
- **Health Products and Food** – Health Products and Food is primarily responsible for the policies, standards and programs relating to the health determinants, benefits, and risks associated with products that are ingested or put into the human body.
- **Healthy Environments and Consumer Safety** – This service line:
  - promotes healthy and safe living, working and recreational environments;
  - assesses and reduces health risks posed by environmental factors;
  - regulates the safety of commercial and consumer chemicals and products, and promotes their safe use;
  - regulates tobacco and controlled substances and promotes initiatives that reduce or prevent the harm associated with these substances and alcohol;
  - provides expert advice and drug analysis services to law enforcement agencies across the country;
  - establishes workplace health and safety policies and provides services to protect the health of the public sector, the travelling public and dignitaries visiting Canada;
  - is responsible for public health measures designed to prevent the entry and spread of quarantinable diseases to Canada;
  - is responsible for coordinating the implementation and monitoring of Health Canada's Sustainable Development Strategy.
- **Pest Management Regulation** – This service line is delivered through the Pest Management Regulatory Agency which has the following main activities:
  - new product evaluation including regulatory decisions within specified performance standards on applications for the registration of new pest control products;
  - registered product evaluation where registered products are reevaluated against current standards;
  - compliance enforcement under the *Pest Control Products Act* through investigations, inspections and consultations;
  - development and implementation of sustainable pest management policies and programs to integrate sustainable pest management in registration decisions.

First Nations and Inuit Health

This business line carries out its mandate through:

- the provision of community-based health promotion and prevention programs on-reserve and in Inuit communities;
- the provision of non-insured health benefits to First Nations and Inuit people regardless of residence in Canada;
- the provision of primary care and emergency services on-reserve in remote and isolated areas where no provincial services are readily available.

Health Canada also supports the transition to increased control and management of these health services based on a renewed relationship with First Nations and the Inuit and a refocused federal role. Health Canada participates in government policy development on Aboriginal issues.

Information and Knowledge Management

Responsible for improving the evidence base (both information and analysis) for decision-making and public accountability; updating the long-range strategic framework and policies that establish, direct and redirect the involvement of the federal government in health research policy; developing the creative use of modern information and communications technologies (including the Information Highway) in the health sector; and, in cooperation with the provinces and territories, the private sector and international partners, providing advice, expertise and assistance with respect to information management and information technology, planning and operations.

Departmental Management and Administration

Responsible for providing administrative services to the Department.

It includes the following four areas, as well as the Department's Executive Offices:

- The **Corporate Services Branch** is responsible for providing administrative services to the Department. This branch is also responsible for overseeing of both the implementation of modern comptrollership across the Department and the implementation of the Department's Environmental Management System.
- The **Regional Directors General** are the Department's senior representatives in the regions and are responsible for developing and implementing departmental programs in their region. They are also the Department's links to the provinces on policy issues, federal/provincial relations, and service delivery.
- The **Office of the Chief Scientist** was created under the Department's recent realignment to bring greater leadership, coherence and expertise to the strategic direction of Health Canada's scientific responsibilities and activities.
- The **Audit and Accountability Bureau** conducts independent reviews of Health Canada's operations and systems, and oversees the Department's responsibilities with respect to values and ethics.

Health Canada's Regions

The six regional offices play a crucial role in the delivery of Health Canada's programs. About 40 percent of the Department's employees work in regional operations. As strategic focal points, they are essential in linking the Department across the country in a way that tailors departmental programs to local conditions, provide regional information on trends and issues, and promote working together with a wide range of partners[1].

The regional offices are located in:

- Halifax - Atlantic region
- Montreal - Quebec region
- Toronto - Ontario/Nunavut region
- Winnipeg - Manitoba/Saskatchewan region
- Edmonton - Alberta/Northwest Territories region
- Vancouver - British Columbia/Yukon region

1) Programs specific to the First Nations and Inuit Health Branch (FNIHB) are developed and implemented through the FNIHB regional offices.

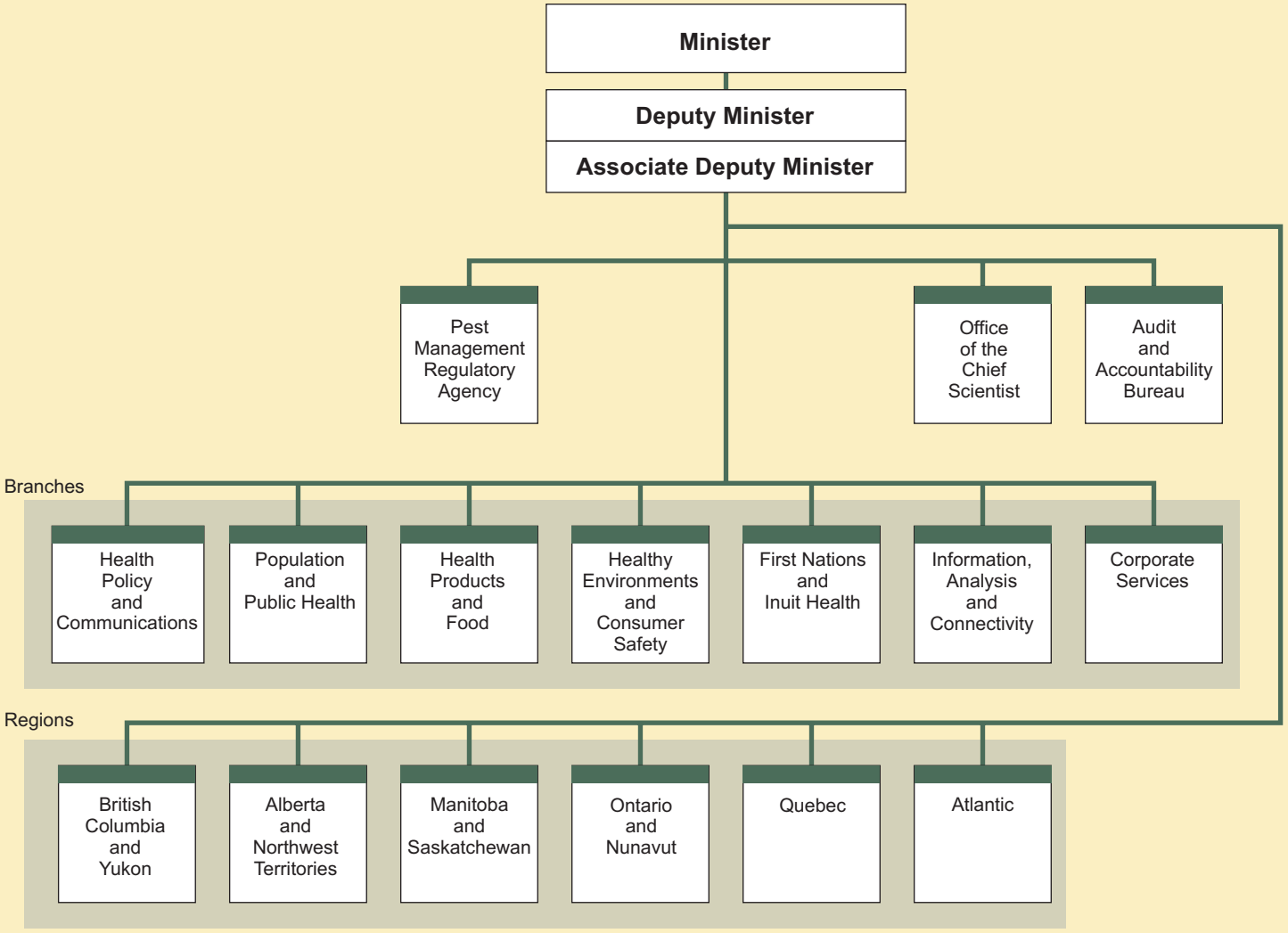
Crosswalk -
Former Business Line Structure to New Business Line Structure

Old Business Lines	New Business Lines: Health Care Policy	Health Promotion and Protection	First Nations and Inuit Health	Information and Knowledge Management	Departmental Management and Administration
Health Policy, Planning and Information	✔	✔		✔	✔
Health System Support and Renewal	✔	✔			
Management of Risks to Health		✔			
Promotion of Population Health	✔	✔			
Aboriginal Health		✔	✔		
Corporate Services				✔	✔

Business Lines at Health Canada: Accountability and Actual Spending, 2000-2001

Business Line / Service Line	Accountability (Under the Deputy Minister and Associate Deputy Minister)	2000-2001 Actual Spending (millions of dollars)	% of Total
1. **Health Care Policy**	Assistant Deputy Minister (ADM), Health Policy and Communications Branch	$112.6	4.8%
2. **Health Promotion and Protection**		$634.4	27.3%
a. Population and Public Health	ADM, Population and Public Health Branch	$348.5	15.0%
b. Health Products and Food	ADM, Health Products and Food Branch	$122.9	5.3%
c. Healthy Environments and Consumer Safety	ADM, Healthy Environments and Consumer Safety Branch	$140.5	6.0%
d. Pest Management Regulation	Executive Director, Pest Management Regulatory Agency	$22.5	1.0%
3. **First Nations and Inuit Health**	ADM, First Nations and Inuit Health Branch	$1,266.5	54.6%
4. **Information and Knowledge Management**	ADM, Information, Analysis and Connectivity Branch	$126.7	5.5%
5. **Departmental Management and Administration**	Senior ADM, Corporate Services Branch Regional Directors General Chief Scientist Executive Director, Audit and Accountability Bureau Executive Offices	$180.3	7.8%
Total		**$2,320.5**	**100.0%**

Health Canada Organization



SECTION III: DEPARTMENTAL PERFORMANCE

A: Chart of Strategic Outcomes

In previous reports these were called commitments. In most cases, these outcomes will require the combined resources and sustained effort of many partners over a long period of time. Most importantly, however, progress toward these outcomes will require, and Canadians will expect, the leadership of a federal department or agency.

Business Line / Service Line	Strategic Outcomes (SO)
Health Care Policy	1.1 Publicly-funded hospital and physician services consistent with the principles of the *Canada Health Act (CHA*). 1.2 Initiatives and approaches that strengthen the Canadian health care system. 1.3 Partnerships among federal, provincial and territorial governments, key stakeholders, Canadians and international organizations. 1.4 International initiatives which support departmental priorities.

Business Line / Service Line	Strategic Outcomes (SO)
Health Promotion and Protection **Service Line A:** **Population and Public Health**	2.1 Public knowledge about the determinants of health and actions to take to maintain and improve health; access to tools to improve health; and enhanced community capacity to deal with individual and collective health issues. 2.2 Foster collaborations that help Canadians maintain and improve their health. 2.3 Preventative initiatives and practices that have enabled the reduction of illness, disability, injury and/or death. 2.4 Improved surveillance capacity, emergency preparedness and response strategies.
Service Line B: **Health Products and Food**	2.5 Protection of Canadians against risk factors related to health products and food. 2.6 Integrated management of health determinants and risks to health associated with health products and food. 2.7 Canadians better informed to make decisions about their health through promotion of healthy behaviours and provision of information and tools.

Business Line / Service Line	Strategic Outcomes (SO)
Service Line C: Healthy Environments and Consumer Safety	2.8 Reduced risks to health and safety, and improved protection against harm associated with workplace and environmental hazards, consumer products, new chemical substances and products of biotechnology. 2.9 Reduced health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol, and other substances.
Service Line D: Pest Management Regulation	2.10 Safe and effective pest control products. 2.11 Compliance with the *Pest Control Products Act* and Regulations. 2.12 Sustainable pest management practices that reduce reliance on the use of pesticides.
First Nations and Inuit Health	3.1 Improvements in First Nations and Inuit peoples' health and a reduction in health inequalities between them and other Canadians. 3.2 A First Nations and Inuit population that is informed and aware of the factors that affect health and what actions can be taken to improve health. 3.3 Effective health care services available and accessible to First Nations and Inuit people that are integrated with provinces' and territories' health services.

Business Line / Service Line	Strategic Outcomes (SO)
First Nations and Inuit Health (continued)	3.4 Improved management and accountability in partnership with First Nations and Inuit for health care services and the Non-Insured Health Benefits Program.
Information and Knowledge Management	4.1 A well-functioning national health information infrastructure which respects privacy but shares information in support of decision-making and public accountability. 4.2 Integrated health research and continual improvements in bringing that research into decision-making. 4.3 Evidence-based (both data and analysis) health policy decision-making including a better understanding of the fundamental issues relating to health care. 4.4 Accountability for, and effectiveness of, Health Canada's programs, policies and functions.
Departmental Management and Administration	5.1 Continuous improvement in the provision of timely and quality corporate administrative services and in the promotion of sound management practices, including modern comptrollership.

B: Performance Accomplishments

Business Line 1: Health Care Policy

A: Financial Information

(millions of dollars)

	2000-2001 Planned Spending	2000-2001 Total Authorities	2000-2001 Actual Spending*
Net expenditures	$129.3	$112.6	$112.6

* This represents 4.8 percent of the Department's actual spending.

Decreases between planned spending versus authorities and actual spending are mainly due to the reprofiling of the Health Transition Fund.

Web site < http://www.hc-sc.gc.ca/english/about.htm#hpc >

This graphic highlights accomplishments that support Sustainable Development.

B: Objective

A leadership role in collaboration with provinces and territories, health professionals, administrators and other key stakeholders, focused on developing a shared vision for Canada's health system and identifying key priorities and implementation approaches to achieve needed changes that will improve the timeliness of access, and the quality and integration of health services (including primary, acute, home, community and long-term care) to better meet the health needs of Canadians no matter where they may live or their financial circumstances.

C: Strategic Outcomes (SO) and Accomplishments

Publicly-funded hospital and physician services consistent with the principles of the *Canada Health Act (CHA)*. (SO 1.1)

- created:
  - an additional 25 positions (13 filled, 12 being staffed) in both regional offices and headquarters to assist in monitoring the *Canada Health Act (CHA)*;
  - a *CHA* information system and database to improve the Department's ability to monitor provincial and territorial activities to ensure compliance with the *CHA*.

- launched a number of investigations relating to allegations of user charges to patients for medically necessary insured services. A monthly deduction to the Canada Health and Social Transfer was applied to one province for allowing patient charges in the form of facility fees at a private clinic.
- improved accountability to Parliament and to the public by issuing the *Canada Health Act* Annual Report which contains more specific information on the Act itself and its administration. Through the 1-800-O-Canada phone line and the Web site < http://www.hc-sc.gc.ca/medicare >, the Department provides better and clearer information on the *CHA*.

Initiatives and approaches that strengthen the Canadian health care system. (SO 1.2)

- signed a Memorandum of Understanding with the Patented Medicine Prices Review Board to conduct a series of analytical studies concluding in March 2002 using information provided by federal, provincial and territorial drug plans. This work will provide information to jurisdictions to assist in policy and decision-making.
- worked with the federal/provincial/territorial Pharmaceutical Issues Committee on pharmaceutical management issues to facilitate improvements in prescribing behaviour and/or drug utilization management in the health care system.
- developed a national framework on home and community care that provides a vision, principles, core program components and a range of home and community services that will become increasingly consistent across Canada.
- worked with the provinces/territories on options to improve the supply of health human resources through actions such as:
  - the collection of data on physicians in postgraduate training programs to provide information for decision-making on physician resource planning;
  - the production, in collaboration with the Canadian Nursing Students Association, of a video encouraging high school students to choose registered nursing as a career and thereby help to ensure an adequate supply of nurses in the future.
- collaborated in the development of a national survey to assess the ability of provinces and territories to report on the 14 categories of indicators identified in the First Ministers' Agreement and initiated departmental development of a strategy to report on the 14 key indicators.
  < http://www.scics.gc.ca/cinfo00/800038004_e.html >
- worked to further understanding of key issues in health care. Examples include:
  - the private home care sector study which provided for the first time a comprehensive picture of the private sector in home care;

- the analytical work on the effects of an aging population on health care in Canada, which were released in the first edition of the Department's *Health Policy Research Bulletin*.
  < http://www.hc-sc.gc.ca./iacb-dgiac/nhrdp/indexe.html >

- worked with Human Resources Development Canada, provincial and territorial governments and other stakeholders on occupational/sector labour market studies in areas such as nursing, medicine, home care sector, etc. These studies are expected to help develop supply-demand projections for these professions.
- developed a summary of existing processes and outcomes related to the accreditation of international medical graduates (IMG), to be used by governments as they examine more closely the potential resource of unlicenced IMGs in Canada.
- initiated a collaborative federal/provincial/territorial process to review and report on the supply, demand and delivery of magnetic resonance imaging and computed tomography services in Canada. The aim of this work is to develop recommendations on how to ensure appropriate and timely access, on uniform terms and conditions, to these diagnostic health services through the publicly-funded health care system.

- provided funding through the Health Transition Fund to 141 pilot and evaluation projects that adopted new delivery approaches in home care, pharmacare, primary care, and integrated service delivery. Federal, provincial and territorial governments, regional authorities, and health agencies will build on this knowledge for health care reform.
  < http://www.hc-sc.gc.ca/htf-fass/ >

- through the Centres of Excellence for Women's Health program, supported studies on the health needs of women from diverse geographical backgrounds, including rural and northern women, and promoted access to this information at local, regional and national levels.
  < http://www.hc-sc.gc.ca/women/english/cewh.htm >
- took the lead, in collaboration with the Centres of Excellence for Women's Health and the Canadian Women's Health Network, in championing the need for a focus on gender in the Canadian Institutes of Health Research. This resulted in the creation of the Institute on Gender and Health.
- sponsored, in collaboration with a number of partners, the First International Conference on Women, Heart Disease and Stroke in Victoria, British Columbia in May 2000 to increase awareness of the problem of heart disease and stroke in women.
  < http://www.medscape.com/Medscape/CNO/2000/FICWHDS/public/index-FICWHDS.html >

Partnerships among federal, provincial and territorial governments, key stakeholders, Canadians and international organizations. (SO 1.3)

- developed a *Nursing Strategy for Canada* < http://www.hc-sc.gc.ca/english/nursing/ > which was approved by the federal/provincial/territorial Ministers of Health in October 2000. The strategy guides federal, provincial and territorial government action to ensure an adequate supply of nursing personnel across Canada with the appropriate education to meet the needs of Canadians. The Canadian Nursing Advisory Committee, the first element of the strategy, was announced in March 2001.
  < http://www.hc-sc.gc.ca/english/nursing/cnac.htm >
- implemented the *Policy Toolkit for Public Involvement in Decision-Making*, the aim of which is to encourage more effective collaboration in policy and program development with partners, stakeholders, experts and citizens.

International initiatives which support departmental priorities. (SO 1.4)

- played a leading role in World Health Organization discussions on health human resources issues and ensured that issues related to nursing have received increased prominence in international discussions.
- ensured that issues related to health equity were considered at the Summit of the Americas in Quebec City and at the Directing Council of the Pan American Health Organization and the World Health Assembly.
- took an active role on international trade policy issues and developments to ensure that health and health policy considerations were taken into account. Canada announced in March 2001 that its health system and services are not negotiable in trade negotiations under the General Agreement on Trade in Services (GATS).
  < http://strategis.ic.gc.ca/SSG/sk00095e.html >

Business Line 2: Health Promotion and Protection

Service Line A: Population and Public Health
Service Line B: Health Products and Food
Service Line C: Healthy Environments and Consumer Safety
Service Line D: Pest Management Regulation

A: Financial Information

(millions of dollars)

	2000-2001 Planned Spending	2000-2001 Total Authorities	2000-2001 Actual Spending*
Gross expenditures	$732.4	$697.9	$682.8
Revenues	($39.7)	($56.9)	($48.4)
Net expenditures	$692.7	$641.0	$634.4

* This represents 27.3 percent of the Department's actual spending. Refer to service lines for explanations of variances.

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

B: Objective

Provide an integrated approach to the management of risks and benefits to health by promoting healthy environments and behaviours, protecting Canadians against risk factors over which they have little control, and by providing information and tools so that they can make informed decisions about their health.

C: Description

Through four service lines, this business line is responsible for developing a cohesive, coherent, consistent and horizontal approach to its activities in managing the risks and benefits to health for Canadians. It achieves these results through the development of policies and programs that support disease, illness and injury prevention and health promotion. The business line supports action to promote health by addressing determinants that fall both within and outside of the health sector

Federal/Provincial/Territorial Collaboration

The three branches and the agency in the Health Promotion and Protection business line actively work with provincial and territorial partners to share information concerning research, surveillance and health promotion. This collaboration results in a national capacity to address health issues through action on the broad determinants of health.

throughout the human life cycle. The delivery of the population health approach and its prevention and promotion activities recognize and emphasize the importance of health throughout the human life cycle, which takes place through a framework based on three stages of life: childhood and youth, early to mid-adulthood, and later life, with a specific recognition of investment in early childhood as a means to better health throughout life.

This business line also promotes healthy and safe living, working and recreational environments by anticipating, preventing and responding to health risks posed by food, water, occupational and environmental hazards, diseases, chemical and consumer products, alcohol and controlled substances, tobacco, pest control products, and peacetime disasters. It ensures that the drugs, medical devices, and other therapeutic products available to Canadians are safe, effective and of high quality.

Promoting and protecting health is recognized as an important proactive approach to maintaining and improving the health of Canadians, as was recently endorsed in the First Ministers' Agreement on Health. It complements health care and treatment by addressing the range of factors that determine health: social status, economic status, the physical environment, social environment, and behaviours. Moreover, it spans the spectrum of health risks from therapeutic products to food and product safety, environmental safety, and disease risks.

In July 2000, Health Canada realigned the way it delivers programs and services. This structure is a reflection of the complex and broad responsibilities involved in managing health risks, providing associated health interventions, and promoting healthy behaviours. Four organizational units work together to advance the population and public health approach, ensure safe living and working environments, promote healthy food and product safety, minimize health and environmental risks associated with pesticides, and control tobacco use. Many of the activities in this business line directly support the eight themes for sustainable development adopted by the Government of Canada in 2000. Specific targets for delivery on sustainable development are provided in *Sustaining Our Health (1997)* and more recently, in *Sustainable Development Strategy 2000: Sustaining Our Health*.
< http://www.hc-sc.gc.ca/susdevdur/sustain_e.htm#top >

Service Line A: Population and Public Health

A: Financial Information

(millions of dollars)

	2000-2001 Planned Spending	2000-2001 Total Authorities	2000-2001 Actual Spending*
Gross expenditures	$416.0	$349.5	$348.5
Revenues	($0.1)	($0.1)	($0.0)
Net expenditures	$415.9	$349.4	$348.5

* This represents 54.9 percent of the Business Line's actual spending.

Variances between planned spending versus total authorities and actual spending are mainly due to reprofiling of resources to future years of Hepatitis C Health Care Services and Lookback/Traceback initiatives.

Web site < http://www.hc-sc.gc.ca/pphb-dgspsp/new_e.html >

This graphic highlights accomplishments that support Sustainable Development.

B: Objective

Promote health, and prevent and control injury and disease.

C: Strategic Outcomes (SO) and Accomplishments

Public knowledge about the determinants of health and actions to take to maintain and improve health; access to tools to improve health; and enhanced community capacity to deal with individual and collective health issues. (SO 2.1)

- completed the first in a series of Internet-based distance learning training modules for front-line public health professionals across Canada to increase their skills in epidemiology, surveillance and information management.

- provided analytical services to public health and surveillance professionals through the Geographic Information System (GIS) as well as advice, guidance, and training on using the system. The system links information from surveillance and public health information systems with geographic locations such as regional health areas, enumeration areas or postal codes. Health

workers use GIS to visualize and analyze diseases, outbreaks, risks, research issues, and desired effects of program interventions.
< http://www.hc-sc.gc.ca/pphb-dgspsp/csc-ccs/gis_e.html >

- influenced health program and policy development in Canada to reflect health promotion and population health principles through:
  - the federal/provincial/territorial Advisory Committee on Population Health (including a survey on public health capacity);
  - a newsletter and Web site < http://www.population-health.com > to increase awareness and understanding of the population health approach;
  - influencing and transferring knowledge from the policy research activities of the Canadian Population Health Initiative; < http://www.cihi.ca/Roadmap/CPHI/start.shtml >
  - suport and work with 200 national voluntary health organizations to partner on health policy and program development and strengthen their capacity to educate the public and health professionals and deliver targeted health programs and services. < http://www.hc-sc.gc.ca/hppb/voluntarysector/ >

- launched the $11 million Rural and Remote Health Innovations Initiative through the Office of Rural Health < http://www.hc-sc.gc.ca/ruralhealth/ >. This initiative supports national and regional level projects that will:
  - promote the integration and accessibility of a full range of health services in rural and remote areas, including primary and specialty care;
  - explore ways to address work force issues, including but not limited to gaps in the supply of health professionals;
  - explore system reforms to improve the delivery of health services in rural and remote areas.

The Community Action Program for Children (CAPC) funded 464 projects serving 2,340 geographical communities to deliver services that address the developmental needs of at risk children 0 - 6 years and create community capacity. Every month over 7,300 volunteers donate more than 61,700 hours of work. For a six month period, community donations to CAPC projects were nearly $7.7M in cash and over $2.7M in in-kind donations.
< http://www.hc-sc.gc.ca/hppb/childhood-youth/cbp/capc/index.html >

Foster collaborations that help Canadians maintain and improve their health. (SO 2.2)

- produced a strategy to reduce the burden of cancer through collaborative and coordinated action across the cancer continuum with the Canadian Cancer Society, the National Cancer Institute of Canada, and the Canadian Association of Provincial Cancer Agencies and in consultation with over 500 cancer experts and stakeholders. < http://www.hc-sc.gc.ca/hppb/cscc/ >

Through a community development approach, the Population and Public Health Branch stream of the Canada Prenatal Nutrition Program (CPNP), reached over 31,000 women through 301 projects in over 2,000 geographical communities. The budget was $27.3M of which $23.7M went directly to communities in the form of grants and contributions. Community sources strengthened CPNP projects through non-budgeted financial contributions totalling over $1.0M and over 1,300 in in-kind contributions of space, materials, and food. In-kind staff contributed approximately 35% of total staff hours.

- hosted a national diabetes symposium of 250 Canadian diabetes stakeholders which achieved consensus on a national framework for action against diabetes. A social marketing campaign for diabetes prevention and awareness was also conducted < http://www.diabetes.gc.ca >. These are important steps toward the prevention of diabetes and the improvement of health outcomes for those with diabetes.

- joined the Chronic Disease Prevention Alliance. This is an initiative started by national non-governmental organizations concerned with chronic disease prevention such as the Heart and Stroke Foundation, the Canadian Diabetes Association, and the Canadian Cancer Society. This group is developing a national, common, coordinated approach to the prevention of diseases that share risk factors by integrating current efforts around specific risk factors (such as nutrition and physical activity) and conditions (such as diabetes and cancer).
- launched, in partnership with the Canadian Council for Active Living at Work, the business case for active living at work.
  The Web site < http://www.activelivingatwork.com >:
  - gives details of the benefits of being active in the workplace;
  - summarizes the research that has been done;
  - provides some information about effective practices and how to get started;
  - provides a template for practitioners to use in developing a business case for active living in their own organizations.

- launched the first on-line network for people working in mental health promotion < http://www.mhpconnect.com >. The International Network for Mental Health Promotion is designed for everyone involved in any aspect of mental health promotion. Individuals can describe their work, connect with others, and learn what people around the world are doing to promote mental health.

- established at the Department's Laboratory for Foodborne Zoonoses in Guelph, Ontario an antimicrobial resistance surveillance unit of veterinary epidemiologists to assess the human health impact associated with antimicrobial use in the agri-food and aquaculture sectors and to design intervention strategies, in partnership with federal and provincial agencies, and private industry.(Zoonotic diseases are those that can be transferred from animals to humans.)

- established a national public health laboratory forum, in collaboration with provincial health laboratories, to coordinate national laboratory surveillance and establish national emergency response laboratory capacity. This will allow more rapid detection of epidemics of infectious diseases and will establish a laboratory network for responding to infectious disease emergencies and bio-terrorist threats.

- negotiated with the provinces and territories and had approved by the Deputy Ministers of Health and Social Services an implementation plan on early childhood development. This is a first step in the early childhood development agreement that was supported at the First Ministers' Meeting in September 2000.
< http://unionsociale.gc.ca/news/110900_e.html >

Preventative initiatives and practices that have enabled the reduction of illness, disability, injury and/or death. (SO 2.3)

- provided leadership in HIV/AIDS research, surveillance, prevention, care, treatment and support through the Canadian Strategy on HIV/AIDS < http://www.hc-sc.gc.ca/hppb/hiv_aids/index.html >.
Examples include:

  - provided $8 million for community-based responses to HIV/AIDS through the AIDS Community Action Program (ACAP). ACAP funding enabled the Prisoners AIDS Support Action Network to identify gaps in services for women living with HIV/AIDS and to identify the HIV/AIDS prevention needs of women in prison;

  - collaborated with the Aboriginal Nurses Association of Canada < http:// www.anac.on.ca > to develop a framework on Aboriginal home care which responds to the home care needs of Aboriginal people with HIV/AIDS;

- identified through the efforts of 125 HIV/AIDS experts, 10 broad strategic directions to guide future work at the Strategy's first-ever direction-setting meeting, held in October 2000.

- funded, with $10 million, hepatitis C educational initiatives of non-governmental organizations, prevention programs, hepatitis C research, and the development of clinical guidelines to improve awareness, prevent the spread and impact of hepatitis C, delay progression of the disease, and improve awareness of and access to care, treatment and support. < http://www.healthcanada.ca/hepc > Examples of this work include:
  - development of clinical guidelines by the Society of Obstetricians and Gynaecologists of Canada for the reproductive care of women living with hepatitis C < http://www.hc-sc.gc.ca/hppb/hepatitis_c/careguide.html >;
  - community level work to prevent the spread of hepatitis C, especially among injection drug users;
  - literature review of alternative treatments, a needs assessment for nutritional guidelines, a medical information update for physicians and an information handout for patients.

- established, in cooperation with other federal departments, provinces and territories, and the Canadian Cooperative Wildlife Health Centre, a surveillance system for West Nile virus which identifies West Nile virus in dead birds, mosquitoes, and domestic and wild animals as early as possible so that steps can be taken to reduce the risk of disease in people. < http://www.hc-sc.gc.ca/hpb/lcdc/bid/wnv/index.html >

Improved surveillance capacity, emergency preparedness and response strategies. (SO 2.4)

- undertook the Canadian incidence study of reported child abuse and neglect in collaboration with all provincial and territorial governments. This is the first comprehensive, population-based study of child abuse and neglect investigated by child welfare authorities in Canada. It provides estimates of national rates of child maltreatment as well as detailed information on the characteristics of the maltreatment, the children, their families, and the perpetrators. This information is important for effective policy and program development for child abuse and neglect prevention, and service delivery to the children and their families. < http://www.hc-sc.gc.ca/hpb/lcdc/brch/maltreat/public_e.html >

- created the National Diabetes Surveillance System (NDSS) to determine the true picture of diabetes in Canada. The overall outcome of the NDSS will be an extensive data source that will provide effective planning and evaluation opportunities toward diabetes prevention/control programs, as well as more precise prevalence and incidence data and projections. < http://www.hc-sc.gc.ca/hppb/ahi/diabetes/english/whatiscds/components/index.html#ndss >

- developed, through the health surveillance working group, a health surveillance tactical plan to allow public health services across Canada to work together to improve health protection services. For the first time, through the National Health Surveillance Infostructure, there is national commitment on the specific direction to be taken in order to create a comprehensive and cohesive national health surveillance infostructure.
- provided epidemiologic assistance to the provinces and territories, through the Field Epidemiology training program, including substantial participation in the investigation and control of the *E. coli* 0157:H7 outbreak related to contaminated municipal water in Walkerton, Ontario as well as an outbreak of Ebola Hemorrhagic Fever in Uganda for the World Health Organization.
- developed a subscription Web site through the Global Public Health Intelligence Network (GPHIN) which gives "real time" information on disease outbreaks throughout the world. It provides the World Health Organization (WHO) with over 60 percent of the first notifications of disease outbreaks. < http://www.hc-sc.gc.ca/hpb/transitn/surveile.html >
- established at the Canadian Science Centre for Human and Animal Health in Winnipeg Manitoba, in collaboration with the Canadian Food Inspection Agency, the first facility in the world to accommodate both human and animal health facilities at the highest level of biocontainment (Biosafety Level 4).
< http://www.hc-sc.gc.ca/english/archives/releases/2000/2000_59e.htm >
The Biosafety Level 4 laboratories permit Canada's research and diagnostic programs to be expanded into crucial new areas such as research into the Ebola virus, Marburg virus and Lassa Fever.

Provided policy direction, technical expertise, incident management, and diagnostic expertise for the viral hemorraghic fever incident in Hamilton, Ontario. The Department's Centre for Emergency Preparedness and Response acted on the existing Canadian contingency plan for viral hemorrhagic fevers and other related diseases in order to contain and investigate the outbreak.
< http://www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/97vol23/continge/ >

- established a National Enterics Surveillance Program, developed an electronic outbreak-reporting initiative with provinces and territories, established population-based studies on the incidence and causes of enteric illness and possible risk factors, and undertook outbreak investigations at the request of provinces and territories. Enteric infections are bacterial and viral infections of the gastrointestinal tract. Many of these pathogens are transmitted through contaminated food and water, e.g. *E. coli* and *salmonella*.

- established a unique national laboratory capacity for research and surveillance on transmissible spongiform encephalopathies such as Mad Cow Disease and variant Creutzfeldt-Jakob Disease. Research and surveillance are used to better understand and manage the risks associated with the diseases, determine better methods of diagnosis, seek a treatment or cure, and determine policies for prevention.
  < http://www.hc-sc.gc.ca/hpb/lcdc/bid/bbp/cjd_e.html >

- developed, in collaboration with the provinces, a database for post-transfusion injury surveillance for the rapid detection of emerging threats to the blood supply.

- established a national capacity for laboratory diagnosis and research on hepatitis C and other blood-borne infections and, in collaboration with patient associations and health care providers, further developed a surveillance system to detect emerging blood borne-pathogens. Such a laboratory capacity and surveillance system form the basis of quality surveillance, not only for hepatitis C, but also for any potential, new or re-emerging blood-borne infections in Canada.

- established, at the national microbiology laboratory in Winnipeg, Manitoba, a capacity for "real time" molecular surveillance of infectious diseases, which resulted in the early detection of food-borne outbreaks of *E. coli* and more rapid detection of antimicrobial resistant bacteria.

Challenges to our Performance in 2000

- by creating a new Population and Public Health branch and integrating a broad spectrum of activities to establish a comprehensive and multidisciplinary approach to public health;
- preparing for and dealing with new and re-emerging diseases such as variant Creutzfeldt-Jakob Disease, West Nile Virus, and tuberculosis and ensuring an adequate emergency response capability;
- addressing the National Children's Agenda implementation with provinces/ territories and other collaborators, including the Centres of Excellence for Children's Well-Being.

How will these challenges impact performance, lessons learned, corrective measures taken to improve performance?

- by developing a performance measurement and management model to determine program effectiveness and efficiency, to respond to reporting and accountability requirements, and manage for results.

Service Line B: Health Products and Food

A: Financial Information

(millions of dollars)

	2000-2001 Planned Spending	2000-2001 Total Authorities	2000-2001 Actual Spending*
Gross expenditures	$154.7	$165.7	$157.4
Revenues	($36.0)	($40.7)	($34.5)
Net expenditures	$118.7	$125.0	$122.9

* This represents 19.4 percent of the Business Line's actual spending.

Variances between planned spending and total authorities are due to the approval of Medical Devices' vote netting authority.

The actual spending is $2.1 million lower than total authorities as some activities related to the Sustaining the Federal Health Protection Capacity initiative through Budget 2000 were not fully carried out. Resources will be carried foward to fiscal year 2001-2002 when remaining expenses will be incurred.

Web site < http://www.hc-sc.gc.ca/hpfb-dgpsa/index_e.html >

This graphic highlights accomplishments that support Sustainable Development.

B: Objective

The safety of food, and the safety and efficacy of drugs, natural health products, medical devices, biologics and related biotechnology products in the Canadian marketplace and health system, through the development and implementation of policies, legislation and regulatory frameworks; and the promotion of good nutrition and the informed use of drugs, medical devices, food and natural health products.

C: Context

This service line is responsible for the policies, standards and programs relating to:

- the safety of food, the safety and efficacy of drugs, medical devices, natural health products, biologics and related biotechnology products in the Canadian marketplace and health system;
- the promotion of good nutrition and the informed use of drugs, medical devices, biologics, food and natural health products.

D: Strategic Outcomes (SO) and Accomplishments

Protection of Canadians against risk factors related to health products and food. (SO 2.5)
Integrated management of health determinants and risks to health associated with health products and food. (SO 2.6)
Canadians better informed to make decisions about their health through promotion of healthy behaviours and provision of information and tools. (SO 2.7)

- announced the results of the consultations concerning regulatory amendments for nutrition labelling, nutrient content claims and diet-related health claims. The amendments will lead to improved dietary patterns among Canadians, more credible nutrient content claims, more nutrition information, and foods being reformulated to be more nutritious. As a result, the incidence of diet-related chronic diseases will be reduced and thus the health of Canadians improved. < http://www.hc-sc.gc.ca/food-aliment/english/subjects/food_labelling_and_claims/nutrition_labelling_and_nutrie.html >

- reviewed food additives in bio-engineered foods to ensure their safety and to develop a national standard for labeling foods derived from biotechnology. Through this, it is expected that Canadians will be better informed about foods derived from biotechnology when making choices in their food consumption.

- increased both consumer and industry awareness of microbial hazards associated with raw foods and recommended effective means of handling them through ongoing programs such as the "Fight Bac" campaign. This will help Canadians reduce the levels of risk of illness due to these food-borne pathogens. < http://www.hc-sc.gc.ca/food-aliment/english/organization/microbial_hazards/fightbac.html >

- revised the policy and related procedures for conducting food safety assessments of the Canadian Food Inspection Agency. This will lead to food safety assessment reports being produced in a more efficient, timely manner to inform Canadians.

- improved pharmaceutical drug review performance through use of the recent recommendations on the drug review and approval process from the Auditor General, the Science Advisory Board and the Consultative Workshop on the Drug Review Process to identify priority areas for action. For example, new drug submission (priority and non-priority) review/approval times have decreased 4-8 percent while generic submission review times have decreased by 19 percent with a significant drop in the backlog. This means new drugs will come to the market sooner, providing Canadians with more choices in making decisions that affect their health.

- worked closely with the provinces and territories to establish the Canadian Council for Donation and Transplantation. The Department helped in developing the Council's mandate, governance structure, terms of reference, and the

process for indemnifying, nominating and selecting Council members. The goal of the Council is to improve organ and tissue donation and transplantation in Canada by directing a coordinated and comprehensive national strategy.

- established the Canadian Medical Device Conformity Assessment System to support the quality system provisions of the Medical Devices Regulations. This provides for recognition by Health Canada of the third party registrars responsible for auditing medical device manufacturers' quality systems and the issuance of the attestation required as objective evidence of their compliance to the requirements. This new efficient and cost-effective audit system is expected to improve the quality and safety of medical devices manufactured for the Canadian market.

Did you know that ...?

Health Canada developed risk management strategies for a number of important food hazards related to the food supply, e.g.

- *Cyclospora* in fresh Guatemalan raspberries.
- Pathogens in raw foods of animal origin.
- *Salmonella* and *E. coli* O157:H7 in sprouted seeds and beans.
- *E. coli* O157:H7 in unpasteurized juice and cider.

Such activities will increasingly enhance Canadians' confidence in our food safety system.

- published regulatory amendments and developed and implemented a guideline that details the safety and effectiveness of data requirements to change a drug from prescription to non-prescription status. This will ensure that Canadians have more choice in their self-medication products.
- collaborated with Canadian experts and provincial partners to strengthen the surveillance of the effectiveness of drugs available on the Canadian market. The outcomes of these efforts will contribute to improving benefits and reducing risks of therapeutic drug use in targeted populations.
- using expert working groups on blood standards and on safety of tissues and organs, developed standards for the safety of blood, tissues and organs. The Canadian Standards Association will transform these into national standards. Regulatory frameworks are being developed around the standards, and once in place, they will serve to enhance the safety of the blood supply and tissues and organs used for transplantation.
  < http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/advcomm_eacblood.html >
- promoted the use of the national nutrition guidelines **-** *Nutrition for a Healthy Pregnancy, National Guidelines for the Childbearing Years* and *Nutrition for Healthy Term Infants* through advertisements in journals used by health professionals. Using these guidelines will improve the health of women in their childbearing years, as well as increase healthy birth outcomes and healthy child development in Canada.

< http://www.hc-sc.gc.ca/hppb/nutrition/pube/pregnancy/e_index.html > and < http://www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/homepage/nutrition/index.html >

- developed draft legislation on natural health products, consulted and obtained input from stakeholders and the Canadian public for further development. When completed, the regulations will allow the Department to evaluate natural health products with a set of criteria that will distinguish them from food or drugs. This will provide Canadian consumers with enhanced access and the choice of a full range of natural health products, along with an assurance of safety and quality.
  < http://www.hc-sc.gc.ca/hpb/onhp/phase2_e.html >
- developed in partnership with the Canadian Institutes of Health Research, training programs for natural health products researchers who will provide evidence for the use of the products.

- established an Expert Advisory Committee to provide advice to the Department on the safety and health claims associated with natural health products. This will ensure that Canadians can make informed choices when using these products.
  < http://www.hc-sc.gc.ca/hpb/onhp/eac_e.html >

Challenges to our Performance in 2000

Our performance was affected by a number of factors including:

- rapidly increasing complexity of science and technology (e.g. new biotechnology products, pharmaceutical advances);
- public demand for greater risk-assessment of transmissible spongiform encephalopathy (TSE) and bovine spongiform encephalopathy (BSE) to ensure that animal source products are safe and that the transmission of diseases does not occur;
- public pressure for faster approvals of new drugs and new medical devices while ensuring their safety and efficacy.

Service Line C: Healthy Environments and Consumer Safety

A: Financial Information

(millions of dollars)

	2000-2001 Planned Spending	2000-2001 Total Authorities	2000-2001 Actual Spending*
Gross expenditures	$140.7	$152.5	$147.4
Revenues	($3.4)	($9.1)	($6.9)
Net expenditures	$137.3	$143.4	$140.5

* This represents 22.2 percent of the Business Line's actual spending.

Variances between planned spending and total authorities are due to the approval of Occupational Health and Safety vote netting authority.

The actual spending is $2.9 M lower than authorities mainly resulting from:

- setting aside of funds to cover the costs of employee benefit plan and accommodation charges related to the Environmental Health Initiative;
- delays in some activities related to the Controlled Drugs Initiative.

Web site < http://www.hc-sc.gc.ca/hecs-sesc/hecs/index.html >

This graphic highlights accomplishments that support Sustainable Development.

B: Objective

Promote healthy living, working and recreational environments, and to ensure the safety and efficacy of producer and consumer products in the Canadian marketplace.

C: Context

This service line promotes healthy living, working, and recreational environments, and reduces the harm caused by tobacco, alcohol, controlled substances, environmental contaminants, and unsafe consumer and industrial products.

D: Strategic Outcomes (SO) and Accomplishments

Reduced risks to health and safety, and improved protection against harm associated with workplace and environmental hazards, consumer products, new chemical substances and products of biotechnology. (SO 2.8)

- prevented adverse health effects from exposure to new chemicals by imposing controls on four new chemicals and invoking the Significant New Activity provisions of the new *Canadian Environmental Protection Act (CEPA)* on two chemicals.

- reviewed the results of a cyclical match survey which revealed that 50 per cent of the tested matches were not in compliance with the *Hazardous Products Act (*Matches) Regulations, and developed an action plan to provide more comprehensive protection against fire and injury to Canadians.

Assessed over 500 new and 130 transitional chemicals and biotechnology substances to determine the risk posed to the general public as part of a pollution prevention strategy in the management of environmental hazards and risks to health.

- developed a number of highly advanced analytical laboratory methods which permit detection of hazardous substances at very low concentrations in jewellery, toys, small figurines, and modelling clay.

- increased consumer protection by:
  - reducing the number of unsafe devices that emit radiation and other hazardous household products by inspecting Canadian and imported goods, safety testing of products, examining manufacturing facilities, and by educating the public about the use of household products; < http://www.hc-sc.gc.ca/ehp/ehd/psb/index.htm >
  - enforcing the requirements of the *Hazardous Products Act* related to mattresses, kettles, carriages, infant strollers and cribs safety.

- signed a Memorandum of Understanding (MOU) with the Government of China to begin the process for ensuring the safety of lighters imported to Canada. The MOU is intended to resolve problems on a global scale with one of Canada's major trading partners where non-compliance with Canadian regulations has been evident.

A crib Testing Apparatus

- developed a climate change and health strategic framework and communications strategy in partnership with provincial and territorial governments to assess the potential risks to health and well-being from the impacts of climate change.
  < http://www.hc-sc.gc.ca/hecs-sesc/hecs/climate/index.htm >

- researched and assessed the impact of particulate matter, ozone and other air pollutants on human health, discovering for example, that inhaling such small particles could affect individuals with heart conditions. This, and other research, increased our understanding of air pollution risks to the health of Canadians.
  < http://www.hc-sc.gc.ca/hecs-sesc/air_quality/index.htm >

- assessed and analyzed the toxicity of priority substances/ chemicals that may harm or affect human health and the environment as mandated under the *Canadian Environmental Protection Act*. This is an important step for the development of eventual control measures to protect human health and enhance the environment.

Provided radiation exposure measurements for more than 90,000 Canadian workers to assist them to work safely with nuclear technologies.
< http://www.hc-sc.gc.ca/ehp/ehd/rpb/index.htm >

- assessed studies on the health impacts of ground-level ozone, concluding that current levels of this pollutant were responsible for the premature mortality of Canadians. This research contributed to the signing of the Canada-US Air Quality Agreement which will lead to reductions in exposure to ground-level ozone, thereby improving air quality for Canadians.

- updated and revised chemical and microbiological Drinking Water Guidelines and material standards in collaboration with provincial and territorial governments, water industries and associations, and standards organizations.
  < http://www.hc-sc.gc.ca/ehp/ehd/bch/water_quality.htm >

- demonstrated global leadership by participating in the preparation of the first World Health Organization (WHO) *Guidelines for Safe Recreational Water Environments* publication.
  < http://www.who.int/water_sanitation_health/Water_quality/recreat2.htm >

- adopted the Occupational Health and Safety Management System as a best practice in conducting operations, leading to more accurate assessments of the risks to Canadians for workplace injury.

- completed the development of a voluntary compliance program with the national flight kitchens to ensure the safety of the 27 million meals served on airlines in Canada.

- increased awareness of the benefits of comprehensive workplace health for all Canadians through consultations, national conferences and presentations.
  < http://www.hc-sc.gc.ca/ohsa/nehsi.htm >

Reduced health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol, and other substances (SO 2.9)

- consulted the public on the regulation of precursor chemicals with a Notice of Intent, published on March 24, 2001, in the *Canada Gazette*, Part I. This is a key initial step towards reducing the production of illicit drugs worldwide.
- signed an agreement with the Community Research Initiative of Toronto to assist in analyzing the efficacy and safety of marijuana in patients living with HIV/AIDS.
- completed a study and developed recommendations on how to rationalize the national drug analysis service to increase efficiency and provide greater value-added service to drug enforcement initiatives.
- improved permit processing and tracking procedures to handle an increased volume of applications under the *Controlled Drugs and Substances Act*. This will ensure the timely issuance of import and export permits for the legal supply of controlled drugs, while reducing their potential diversion for illicit use.

- provided leadership and coordination of Canada's Drug Strategy < http://www.hc-sc.gc.ca/hecs-sesc/hecs/dscs.htm > to reduce the harm associated with alcohol and other drugs to individuals, families, and communities by:
  - undertaking activities such as establishing a National Advisory Committee on Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE);
  - developing a multi-stakeholder consensus working paper on injection drug use;
  - completing Canada's response to the first implementation round of the Multilateral Evaluation Mechanism;
  - publishing *Straight Facts About Drugs and Drug Abuse*. < http://www.hc-sc.gc.ca/hppb/cds-sca/cds/publications/index.html >

- identified best practices in substance abuse treatment and rehabilitation and facilitated the uptake of knowledge based on these to improve the effectiveness of substance abuse treatment and rehabilitation across Canada through partnerships with provinces and territories.

- provided leadership and coordination in the development of a renewed Federal Tobacco Control Strategy involving five departments to ensure continued commitment to an integrated and comprehensive approach to tobacco control so as to reduce health risks to Canadians. Strong measurable objectives were established through consultation with non-governmental organizations (NGOs), provinces, territories, and other federal departments. < http://www.hc-sc.gc.ca/english/archives/releases/2001/tobaccotax_2001ebk.htm >

- contributed to achieving the lowest level in Canadian smoking prevalence since 1965 for the population 15 years and over, an overall outcome that can be attributed to a wide variety of activities such as regulation, enforcement, prevention and education pursued over the last few years under the federal tobacco control initiative and various provincial, municipal, and NGO initiatives.
- enacted the Tobacco Products Information Regulations and the Tobacco Reporting Regulations to give Canadians a better understanding of the risks associated with the use of tobacco products and to ensure that manufacturers report on the chemicals found in tobacco and smoke.
- conducted monitoring activities under the *Tobacco Act* resulting in 69 percent retailer compliance, thereby helping to reduce the prevalence of youth smoking.
- amended the Health Canada Web site to include an integrated self-help tobacco cessation program, along with information pertaining to the health impacts of smoking and exposure to environmental tobacco smoke.
  < http://www.hc-sc.gc.ca/hppb/cessation/index.html >

Challenges to our Performance in 2000

Our performance was affected by a number of factors including:

- the need to develop the organization as a result of the Department's realignment. This involved the assessment, rejuvenation and strengthening of our organizational and management structure and processes in order to improve services to Canadians; to collaborate more effectively with our internal and external partners; and to strengthen our ability to work in a cohesive and innovative manner.
- rapidly increasing demand for research and advisory services to promote healthy living, working and recreational environments, and reduce the harm caused by tobacco, alcohol, controlled substances, environmental contaminants, and unsafe consumer and industrial products.

Following Health Canada's reorganization, the newly created Healthy Environments and Consumer Safety (HECS) branch needed to re-allocate resources to build its organizational structure and to strengthen the national scope of its programmes in such a way so as to maintain its client service focus and current levels of service. To begin implementing a full, national programme structure, across all of Health Canada's regions, HECS branch and the Regional Directors General are developing a HECS/Regional Framework Agreement to define roles and responsibilities, accountabilities, organizational structures and management, planning, resource allocation and service delivery processes and requirements to effectively deliver national programs locally. This important agreement is expected to be completed by the end of November 2001.

To develop essential organizational capacity, HECS launched a strategic directions initiative in February 2001, aimed at building capacity across the branch in support of its five programmes. The following strategic priorities were identified and are being addressed:

- enhancing the branch's science capacity;
- strengthening its capacity to translate science into action;
- building management capacity;
- pursuing partnerships and public engagement;
- creating a healthy, supportive workplace.

These are long-term initiatives with short and medium-term goals introduced on an annual basis to address the most pressing capacity and infrastructure needs of the new branch.

Service Line D: Pest Management Regulation

A: Financial Information

(millions of dollars)

	2000-2001 Planned Spending	2000-2001 Total Authorities	2000-2001 Actual Spending*
Gross expenditures	$21.0	$30.2	$29.5
Revenues	($0.2)	($7.0)	($7.0)
Net expenditures	$20.8	$23.2	$22.5

* This represents 3.5 percent of the Business Line's actual spending.

Variances between planned spending and total authorities are due to the approval of Pest Management Regulation vote netting authority.

The actual spending is $700K lower than total authorities mainly resulting from setting aside of funds to cover the costs of employee benefit plan and accommodation charges related to the Environmental Health Initiative.

Web site < http://www.hc-sc.gc.ca./pmra-arla/english/index-e.html >

This graphic highlights accomplishments that support Sustainable Development.

B: Objective

Protect human health and the environment by minimizing the risks associated with pest control products.

C: Strategic Outcomes (SO) and Accomplishments

Safe and effective pest control products. (SO 2.10)
Compliance with the *Pest Control Products Act* and Regulations. (SO 2.11)
Sustainable pest management practices that reduce reliance on the use of pesticides. (SO 2.12)

- increased efficiency by 2 percent in review of submissions for new products since last year, showing a 25 percent increased efficiency since 1997, and streamlined data submission processes by using the world's first electronic pesticide submission in a PDF/Web-browser format providing greater access to

new technologies for Canadians. Achieving the rest of the target, a 40 percent efficiency gain, is contingent on industry using the new electronic submission format and full implementation of the joint review process.

- approved two reduced-risk pesticide products and continued work on four proposed reduced-risk pesticides. Reduced-risk pesticides pose low potential risk to human health and the environment, compared to conventional pesticides. The PMRA gives priority to jointly reviewed reduced-risk products to give producers access to the latest technology while promoting sustainable pest management and reducing potential risks to human health and the environment.
  < http://www.hc-sc.gc.ca/pmra-arla/english/pubs/reg-e.html >
- provided access to alternatives to lindane, which is being phased out due to environmental concerns. Lindane is a persistent organic pesticide which has the potential for long range transport and widespread occurrence in the environment. Providing alternatives will lower environmental impacts and reduce transboundary air pollution.
  < http://www.hc-sc.gc.ca/pmra-arla/english/pdf/sra/sra9901-e.pdf >

- finalized the guidelines to the re-evaluation program and published a Regulatory Directive, 2001-03 PMRA Re-evaluation Program, incorporating comments on the regulatory proposal. The goal is to re-evaluate all technical active ingredients and active ingredients in end-use products registered prior to December 31, 1994, harmonizing and coordinating the time line for completion with the US Environmental Protection Agency.
  < http://www.hc-sc.gc.ca/pmra-arla/english/pdf/dir/dir2001-03-e.pdf >
- removed pesticides that pose a risk to health and the environment through the re-evaluation program. To date, re-evaluation of organophosphorus pesticides has resulted in discontinuation of fonofos and phase-out of indoor residential and commercial uses of diazinon. Numerous other actions are pending.
  < http://www.hc-sc.gc.ca/pmra-arla/english/pubs/rev-e.html >

- provided Canadians with the information to make environmentally sound decisions on lawn care by developing a Healthy Lawns strategy and a Healthy Lawns Web site in partnership with provincial and territorial governments.
  < http://www.healthylawns.net >
- developed an Action Plan for Urban Use Pesticides, including plans for the registration of new reduced-risk products and a priority re-evaluation of lawn and turf uses of the most commonly available insecticides and herbicides. This three pronged approach will help Canadians reduce urban pesticide reliance.

- refined proposals for new pesticide legislation in light of recommendations from the House of Commons Standing Committee on the Environment and Sustainable Development and continued to develop regulations in anticipation of a new *Pest Control Products Act.* The new Act should provide Canadians with a more open and transparent regulatory system, including disclosure of information, and make health and environmental protection a priority.

- established guidelines for a formulants policy to ensure all ingredients, not just the active ingredient, are assessed to protect human health and the environment and to harmonize with the US Environmental Protection Agency policy on formulants. Public comments have been addressed during the preparation of the final directive on the formulants policy which will be released in the near future. < http://www.hc-sc.gc.ca/pmra-arla/english/pdf/pro/pro2000-04-e.pdf >

Conducted over 1,700 investigations, consultations and inspections, supported by approximately 1,100 laboratory analyses. Six prosecutions were successfully completed. Extensive investigations by the PMRA help ensure the proper use of pesticides, thus protecting the safety of the food supply and the environment.

- finalized the guidance document on dossiers and monographs for chemical pesticides with the Organization for Economic Co-operation and Development (OECD) Working Group on Pesticides - Canada has already received six submissions in this format. This facilitates pesticide registration by minimizing duplication of effort by governments and industry.
  < http://www.oecd.org/ehs/PestGD01.htm >
- harmonized and documented regulatory processes through the North American Free Trade Agreement (NAFTA) Technical Working Group on Pesticides, *Status of Harmonization of Data Requirements and Test Protocols for Pesticide registration - Environmental Fate,* mapping out the substantial areas of agreement between Canada and the US in the area of environmental fate data requirements and test protocols.
- finished a joint re-evaluation of chlorpyrifos with the US Environmental Protection Agency with resulting use limitation. Limiting certain uses of chlorpyrifos is to ensure the maximum protection for children against possible risk. < http://www.hc-sc.gc.ca/pmra-arla/english/pubs/rev-e.html >
- implemented the use of additional safety factors for sensitive sub-populations as part of movement to more stringent health-based safety factors, in line with the US *Food Quality Protection Act*. For example, an additional ten-fold safety factor was used in the risk assessment of chlorpyrifos noted above, in order to protect children.
  < http://www.hc-sc.gc.ca/pmra-arla/english/pubs/rev-e.html >
- explained risk assessment and risk management procedures used by the PMRA in regulatory decision-making. This Decision Framework guides how the Agency determines the magnitude of risks posed by pesticides to human health and the environment and develops appropriate and effective risk management strategies.
  < http://www.hc-sc.gc.ca/pmra-arla/english/pubs/spn-e.html >

- implemented working approaches for increased scrutiny of the pesticide product database for evidence of endocrine disruption and applied additional safety factors as warranted. Since large quantities of endocrine disrupting chemicals are present in the environment and cumulative exposure can effect hormones and development, controlling their presence is a priority.

- used voluntarily-submitted sales data to test analysis and reporting systems and improve technical aspects of data collection. Development of a proposed regulation to require all registrants to submit annual sales data continues. The collection of pesticide sales data will facilitate better estimates of pesticide exposure to humans and the environment.

- contributed to the Marine Environmental Protection Committee of the International Maritime Organization in discussions to phase out the use of tin antifouling paints used on ship hulls. There is international agreement that tin is harmful to the marine environment and therefore the discussions are aimed at developing an international convention which will create obligations for signatories to stop using tin paints by 2003 and ensure such paint is removed from Canadian flag ships no later than 2008.

Business Line 3: First Nations and Inuit Health

A: Financial Information

(millions of dollars)

	2000-2001 Planned Spending	2000-2001 Total Authorities	2000-2001 Actual Spending*
Gross expenditures	$1,298.9	$1,275.6	$1,273.7
Revenues	($9.1)	($9.1)	($7.2)
Net expenditures	$1,289.8	$1,266.5	$1,266.5

* This represents 54.6 percent of the Department's actual spending.

Variances between planned spending versus total authorities and actual spending are mainly due to the funds for First Nations' construction and restoration of on-reserve facilities being shown in the Departmental Management and Administration business line.

Web site < http://www.hc-sc.gc.ca/fnihb/ >

This graphic highlights accomplishments that support Sustainable Development.

B: Objective

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

C. Strategic Outcomes (SO) and Accomplishments

Improvements in First Nations and Inuit peoples' health and a reduction in health inequalities between them and other Canadians. (SO 3.1)

Improving First Nations and Inuit peoples' health and reducing the health inequalities between them and other Canadians is a key commitment of this government. Health Canada has maintained and introduced a number of initiatives and programs aimed at addressing significant health issues and health service gaps among First Nations and the Inuit. Major gains have been achieved over the last 20 years: infant mortality has dropped by half and life expectancy has

increased by 10 years since 1979. However, the gap in health and well-being between First Nations and Inuit and the average Canadian remains wide. Among the various initiatives put in place to narrow the gap, Health Canada has:

During 2000-2001, Aboriginal Head Start On-Reserve funded 168 projects serving more than 7,700 children.

- supported First Nations and Inuit communities to better deal with problems of alcohol and drug abuse among their people by providing treatment capacity through the National Native Alcohol and Drug Abuse Program (NNADAP) and the Youth Solvent Abuse Treatment Program. The NNADAP treatment centres provided services to 4,616 clients and the Youth Solvent Abuse Treatment Program provided treatment to approximately 208 youth during the 2000-2001 fiscal year. The NNADAP and Solvent Abuse Program made excellent progress towards improving quality of care and the addictions information system:
  - completed an accreditation process for treatment standards in the NNADAP and Youth Solvent Abuse Treatment Program. Five centres became the first treatment programs to be accredited in Canada and 23 more centres have registered to be accredited;
  - completed the design for the Substance Abuse Information System with development scheduled for fall 2001.

- improved living conditions and incentives for nurses in isolated settings; introduced a baccalaureate nursing student support program and a nursing internship program to alleviate the nursing shortage and to provide highly trained nursing professionals who are needed to deliver community health programs. Also developed nursing pharmacy standards, clinical guidelines for nursing practice, self-assessment tools and self-study guides to ensure nurses maintain high professional skill levels.

Developed two Aboriginal Diabetes Initiative (ADI) program frameworks, one for the First Nations on-reserve and Inuit living in Inuit communities and the other for Métis, off-reserve Aboriginal and urban Inuit for prevention and promotion programs that will harmonize diabetes health care delivery. The ADI program was implemented in all of the 8 First Nations and Inuit Health Branch Regions and 16 ADI off-reserve projects were funded. An evaluation of the program concluded that the participants were able to identify improvements in diabetes services, that there was an increase in community awareness, skill and knowledge and that some lifestyle changes had occurred to improve diabetes management.

- awarded a new contract for the National School of Dental Therapy in Prince Albert, Saskatchewan to the Saskatchewan Indian Federated College. The contract will

enhance the dental program by providing graduates with the latest professional skill sets and oral therapy training within the various First Nations and Inuit communities.

A First Nations and Inuit population that is informed and aware of the factors that affect health and what actions can be taken to improve health. (SO 3.2)

- expanded the Canada Prenatal Nutrition Program (CPNP) in approximately 500 First Nations and Inuit communities representing approximately 7,000 births per year. As a result, more women were reached earlier in their pregnancy and for a longer period of time post partum (to 12 months post partum versus 6 months) with a greater depth of services and activities provided at all stages. In the long-term, this will lead to healthier birth outcomes and improved maternal and infant health.
- developed a National Framework for First Nations and Inuit Fetal Alcohol Syndrome and Fetal Alcohol Effects Initiative with front line workers and communities. Ten FAS/FAE prevention projects were implemented in both First Nations and Inuit communities.
- developed:
  - networks that provide information sharing and support to front line community mental health workers;
  - Web site materials and promotional resources and produced a Web-based documentary for mental health issues relating to Aboriginal youth. < http://www.ayn.ca/health/ >

Approximately 700 First Nations and Inuit communities are eligible to access the Home and Community Care (HCC) program which is being developed over a three year period. To date, over 75% of these communities have completed the home care program needs assessments with 40% of the communities having finalized program service delivery plans and 23% of the eligible communities actually providing services. Throughout the planning stages, strong linkages have been made with provincial and private sector health care providers. Significant investments have been made in both training ($12M) and capital ($28M) to build the human and physical infrastructure for this new program. Nine First Nations and Inuit home care projects were completed under the Health Transition Fund and an independent evaluation concluded that there was a need for new, improved and/or expanded home care services using as the foundation the essential services identified in the HCC Framework. To foster the sharing and exchange of program materials developed across the country, a Web page and bulletin board has been established.
< http://www.hc-sc.gc.ca/fnihb/chp/fnihccp/index.htm >

- funded the development of the National Aboriginal Council on HIV/AIDS which includes youth, elders, and community leaders. This has resulted in a coordinated approach to program delivery within First Nations and Inuit communities. An Inuit HIV/AIDS Network has also been established and is working towards the transfer of responsibility for HIV/AIDS and sexual/ reproductive health to regional Inuit health authorities giving communities more control and responsibility over the delivery of essential health care services to their people.

Effective health care services available and accessible to First Nations and Inuit people that are integrated with provinces' and territories' health services. (SO 3.3)

Health Canada works with provinces and territories to provide a full range of health services to First Nations and Inuit. These services are focused on the provision of community public health: prevention of communicable disease, environmental health and water safety; health promotion and prevention including AIDS and diabetes programs; some primary health care through various types of health facilities; addiction services and extended health benefits. Health services are delivered by over 800 nurses and 700 community health workers. Health Canada has implemented various initiatives to continue to improve access and availability of quality health services:

- expanded the provision of health care and nursing services to include health assessment, diagnostic and therapeutic interventions, family health, health promotion, illness and injury prevention and community development to 614 First Nations communities;
- provided access to a range of medically necessary health benefits and services that supplement private or provincial/territorial health

Health care services to First Nations and Inuit communities are delivered through the following health facilities often located in isolated and remote sites throughout Canada:

Facility Type	Number
Nursing Stations	74
Health Centres	214
Health Stations	121
Health Offices	60
Hospitals	4
National Native Alcohol and Drug Abuse Program Treatment Centres	54
Youth Solvent Abuse Facilities	9
Total	**536**

insurance plans. These non-insured health benefits are appropriate to the First Nations and Inuit peoples' unique health needs and they contribute to the improvement of their health status;

- trained dental therapists in Alberta to teach nurses and community health representatives in the methods of fluoride varnish application for infants and toddlers to address serious early childhood tooth decay and conducted education and prevention pilot projects aimed at school children from kindergarten through grade six;

- established a Joint Committee with the Assembly of First Nations (AFN) and the Inuit Tapirisat of Canada (ITC) to confirm their partnership on renewal. This partnership forms the foundation upon which to develop a renewed system for First Nations and Inuit health and a mechanism to support that relationship. Together, the Committee is undertaking to explore the following components of renewal:
  - Primary Health Care
  - Health Human Resources
  - Health Promotion and Wellness
  - Health Information, Technology and Infrastructure Development
  - Non-Insured Health Benefits Management
  - Governance and Accountability
  - Indicators and Reporting
  - Policy and Relationship

- implemented the First Nations and Inuit Health Information System (FNIHIS) in approximately 63 percent of the targeted sites servicing 68 percent of First Nations communities. This electronic system offers communities the ability to gather data to support delivery of health care and preventative services as well as planning and evaluation. Integration of the FNIHIS has been piloted with provincial public health information systems. This integration will improve the safety and effectiveness of patient health care by, for example, identifying potentially conflicting treatment therapies and providing a comprehensive patient record.

- implemented five project sites (La Romaine, QC, Berens River, MB, Southend, SK, Fort Chipewyan, AB, Anahim Lake, BC) providing telehealth services such as mental health, diabetes prevention and monitoring, and dermatology. Telehealth services were well received and improved access to quality health services for patients in their community.

- In collaboration with the Province of Newfoundland and Labrador, Health Canada provided immediate access to detoxification, stabilization, assessment, and appropriate treatment of gas-sniffing Innu children from Davis Inlet and Sheshatshiu. Health Canada collaborated with Indian and Northern Affairs, Solicitor General's Office, the Province of Newfoundland and Labrador, and the Labrador Innu to develop long-term solutions to Innu health and social problems.

Improved management and accountability in partnership with First Nations and Inuit for health care services and the Non-Insured Health Benefits Program. (SO 3.4)

Health Canada works in partnership with First Nations and Inuit towards sustainable and accountable programming. A special focus is given to transfer of knowledge and increased capacity among First Nations and Inuit.

- implemented the First Nations and Inuit Health Accountability Framework under a newly established office. It will enable First Nations and Inuit and the Department to better demonstrate results on investments in programs and services, identify gaps in service, improve the capacity to deliver services, measure performance and improve overall management practices. As a result:

  As of March 31, 2001, 81% of First Nations and Inuit communities have assumed greater responsibility for their health care resources through 332 health funding agreements.

  - a framework was developed for the introduction of a comprehensive Community Health Plan for First Nations communities which will be tested through demonstration projects and explored various types of management and control models explored. Results of these demonstration projects and exploratory models will provide the basis for future management and control frameworks for First Nations and Inuit control of health services;
  - a Compendium of all Programs and a comprehensive Planning Model was developed and implemented;
  - an Evaluation Framework for First Nations and Inuit programs was produced;
  - a new Management Control Framework and standardized contribution agreements were developed to improve accountability practices and to strengthen management practices.

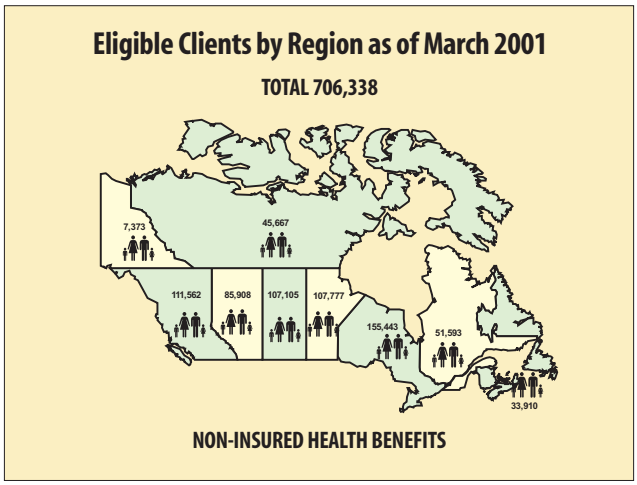
- developed management approaches through the Territorial Wellness Strategy with territorial governments and territorial First Nations and Inuit groups. This strategy will result in improved service delivery and a reduction in the administrative burden put on small territorial communities delivering health promotion programs.

- provided a range of medically necessary health related goods and services through the Non-Insured Health Benefits Program (NIHB). This program supplements benefits provided through other private, federal or provincial programs, to over 700,000 eligible First Nations and Inuit clients regardless of residence in Canada. NIHB benefits include drugs, dental care, vision care,

medical supplies and equipment and transportation to access medical services and crisis mental health counselling. In an attempt to deliver the most cost-effective and efficient services:

In fiscal year 2000-01, 8.634M drugs and .422M medical supply and equipment prescriptions and 1.932M dental claims were processed under the NIHB program.

- completed the transition to the new Health Information Claims Processing System and defined the requirements for electronic submission of dental claims;
- enabled all pharmacy providers to verify the client, benefit and receive drug interaction information prior to dispensing by submitting pharmacy claims through point-of-sale (POS). POS generated 280,000 warning messages leading to 182,000 prescriptions not being filled;
- implemented medical supply and equipment benefit review and new delivery mechanisms;
- implemented four components of the NIHB audit framework resulting in greater ability to detect billing irregularities and recover overpayments;
- conducted a total of 150 on-site audits in fiscal years 1999-2000 and 2000-2001. For fiscal year 2001-2002 and each subsequent year, a minimum of 140 on-site audits will be completed. The audit findings have led to terminating billing privileges for selected health service providers, as well as referring other providers to their regulatory bodies for further review and action;



- implemented a comprehensive health service provider profiling system. All providers billing the program are reviewed against a series of profiling tests that detect fraudulent practice patterns and appropriate follow-up activities are determined and implemented;
- developed additional cost management measures such as maximum allowable amounts and the expansion of the limited-use drug category. There are now 28 drugs listed as limited-use.

Business Line 4: Information and Knowledge Management

A: Financial Information

(millions of dollars)

	2000-2001 Planned Spending	2000-2001 Total Authorities	2000-2001 Actual Spending*
Net expenditures	$143.3	$131.8	$126.7

* This represents 5.5 percent of the Department's actual spending.

Decreases between planned spending and authorities are mainly due to the reprofiling of the Canadian Health Infostructure Partnership Program initiative.

The actual spending is $5.1 million lower than total authorities mainly resulting from delays in national and regional integration and in the staffing of education managers for the Canadian Health Infostructure.

Web site < http://www.hc-sc.gc.ca./iacb-dgiac/english/main_e.html >

This graphic highlights accomplishments that support Sustainable Development.

B: Objective

A health system that delivers better health outcomes through: more effective use of information technologies, more and better health research, and the effective use of a base of timely, accessible and reliable health information and analysis for evidence-based decision-making and to support better public accountability.

C: Strategic Outcomes (SO) and Accomplishments

A well-functioning national health information infrastructure which respects privacy but shares information in support of decision-making and public accountability. (SO 4.1)

- initiated the implementation of the Canada Health Infostructure Partnerships Program (CHIPP), a two year, $80 million incentive program aimed at facilitating collaboration, innovation, and renewal in health care delivery through the use of modern information technologies, and approved 30 collaborative projects for funding. For example, the NORTH Network, in association with over 70 partners, will expand telehealth services to 47 sites throughout Northern Ontario by linking rural and remote communities and referral centres in Thunder Bay and Sudbury to academic health science centres in Southern Ontario and Winnipeg, Manitoba.

- developed and the delivered, as a result of federal/provincial/territorial processes and the work of the Advisory Committee on Health Infostructure and its three working groups (Electronic Health Records, TeleHealth and Privacy):
  - a Web-enabled Information Communication Technologies in Health Initiatives Database for release in 2001 that will provide reliable, quality controlled and timely profiles on Canadian electronic health records and telehealth initiatives to health care providers, facility administrators, policy makers and researchers;
  - a federal/provincial/territorial approved blueprint and tactical plan to be updated annually for a pan-Canadian Health Infostructure outlining the vision and the strategy for implementing health related information and communication technologies.
    < http://www.hc-sc.gc.ca/ohih-bsi/available/plan/index_e.html >

- implemented the Department's three Canadian Health Infostructure initiatives (funding of $47.5 million in 2000-2001):
  - the First Nations and Inuit Health Information System (established to ensure all First Nation communities are linked to national health surveillance programs and components of provincial databases - see page 62);
  - the National Health Surveillance Infostructure (established to ensure Canada has the right tools to respond to health threats in a timely manner **-** see page 42);
  - the Canadian Health Network, an Internet health information service about specific health topics or population groups established in partnership with other government and non-governmental organizations across Canada to improve access of Canadians to the best public information on health issues.
    < http://www.canadian-health-network.ca/ >

- facilitated the creation of the Canada Health Infoway Inc., the not-for-profit independent corporation which received an investment of $500 million from the Government of Canada in March 2001 to accelerate the development and adoption of modern systems of health information and communications technologies, such as electronic patient records, in order to provide better health care for all Canadians. The Department will be provided with the information needed for future reporting on this expenditure and the outcomes achieved by means of public annual financial and progress reports prepared by the Canada Health Infoway Inc. as well as annual independent financial audits and an independent review of activities and projects which is required within five years.
- provided key support to the Canadian Institute for Health Information and Statistics Canada in the delivery of Health Information Roadmap projects, the most important of which is the Canadian Community Health Survey which will give Canadians a portrait of health status and its determinants for 130 different regions across Canada.

- supported the release of the Canadian Institute for Health Information and Statistics Canada's inaugural reports on the state of Canada's health care system and the health of Canadians, *Health Care in Canada 2000* and *Health Reports: How Healthy Are Canadians?*, respectively. The reports increase Canadians' understanding of health and health care performance but also call attention to many of the areas where more needs to be learned.

  Health Care in Canada 2000:

  < http://www.cihi.ca/Roadmap/Health_Rep/healthreport2000/brochure/broctoc.shtml >

  Health Reports: How Healthy Are Canadians?:

  < http://www.statcan.ca/english/freepub/82-003-XIE/free.htm >

Integrated health research and continual improvements in bringing that research into decision-making. (SO 4.2)

- developed partnerships with the research institutes of the Canadian Institutes of Health Research (CIHR) via joint workshops and priority setting exercises to take advantage of the research talents across government and in academia. For example, the CIHR Institute on Cancer Research is working with the Department and its partners in the Canadian Cancer Control Strategy to set priorities for cancer research in Canada.

Evidence-based (both data and analysis) health policy decision-making including a better understanding of the fundamental issues relating to health care. (SO 4.3)

- improved the communication of policy research findings through the launching of Health Canada's *Health Policy Research Bulletin.* One example of this is the completion of a major quantitative analysis on the implications of population aging for the sustainability of Canada's health care system.
  < http://www.hc-sc.gc.ca/iacb-dgiac/nhrdp/resources/Bulletins/bulletin.pdf >

Accountability for, and effectiveness of, Health Canada's programs, policies and functions.
(SO 4.4)

- improved the measurement of the performance of departmental programs by defining performance measures and initiating data and information collection for reporting purposes in several key areas such as health promotion and foods.

- developed and offered courses in performance measurement to departmental managers to support a culture of, and capacity for, performance measurement.

Business Line 5: Departmental Management and Administration

A: Financial Information

(millions of dollars)

	2000-2001 Planned Spending	2000-2001 Total Authorities	2000-2001 Actual Spending*
Gross expenditures	$131.1	$183.7	$180.6
Revenues	($0.7)	($0.7)	($0.3)
Net expenditures	$130.4	$183.0	$180.3

* This represents 7.8 percent of the Department's actual spending.

Variances between planned spending versus total authorities and actual spending are mainly due to newly approved resources for several initiatives such as Capital Rust-Out, the Financial Information Strategy (FIS), and Pay Equity, and the support for First Nations' construction/restoration of on-reserve facilities.

The actual spending is $2.7 million lower than total authorities mainly resulting from Y2K contingency planning activities which did not require as many resources as planned. Lapsed resources will be applied towards the repayment of the Y2K loan.

Web site < http://www.hc-sc.gc.ca/csb-dgsg/english/ov_ap1_e.htm >

This graphic highlights accomplishments that support Sustainable Development.

B: Objective

To provide effective support for the delivery of Health Canada's programs and for sound management practices across the Department.

C: Strategic Outcome (SO) and Accomplishments

Continuous improvement in the provision of timely and quality corporate administrative services and in the promotion of sound management practices, including modern comptrollership. (SO 5.1)

- implemented the Financial Information Strategy (FIS), including upgrades to financial, property and physical asset systems, training of employees and updating of policies. The aim of the FIS is to provide the Department with more up-to-date financial information in order to better manage its programs.

- developed, in partnership with the Public Service Commission, competency profile and assessment tools and guidelines which place the Department at the forefront in assessing skills and building the capacity of senior scientific managers. This work also supports the Department's commitment to the 1997 Canadian Human Rights Tribunal Order.

- developed, in partnership with Canadian Heritage, a manager's kit for the recruitment, promotion and retention of visible minority employees and persons with disabilities.
- implemented initiatives to enhance the Department's role vis-à-vis Part VII of the *Official Languages Act* including:
  - two consultative committees to address the provision of French and English health services to official language minority communities;
  - interdepartmental partnerships with these communities to improve and strengthen access to primary and basic health care.
- established a Secretariat for Modern Comptrollership to increase all managers' awareness of good management practices, including their responsibilities respecting accountability for results, sound management of resources and effective decision-making.
- conducted a capacity check assessment for modern comptrollership to identify areas for improvement.
- developed a departmental Financial Management Improvement Plan to respond to the Auditor General's concerns
- strengthened departmental accountability through significant initiatives including the development of management control frameworks for all grants and contributions programs and contracting.
- designed and managed on behalf of the Public Service the Aboriginal Career Development Initiative aimed at recruiting and retaining Aboriginal employees.

- successfully remediated seven fuel contaminated sites in three regions (Ontario, Manitoba and British Columbia) as part of the departmental contaminated sites plan to meet the requirements of the *Canadian Environmental Protection Act*.
- enhanced the role of the Regional Directors General. They are the Department's senior representatives in the regions and are responsible for developing and implementing departmental programs in their region.

- established the Office of the Chief Scientist. The role of the Chief Scientist is to bring greater leadership, coherence and expertise to the overall strategic direction of the Department's scientific responsibilities, activities and needs. < http://www.hc-sc.gc.ca/english/archives/releases/2001/2001_01e.htm >

D: Regional Accomplishments

Part of the ongoing transformation of Health Canada is a growing and more complex role for our regional offices. Consistent with the need to build stronger partnerships between governments on health issues, our regional offices are increasingly active with their counterparts in other levels of government on issues ranging from monitoring of the *Canada Health Act* to support for projects testing local, provincial or territorial health innovations. All of our regions are also deeply involved in the delivery of services to First Nations and Inuit people. The diversity of achievements in the regions for 2000-2001 demonstrates the contribution of regional operations to meeting Health Canada objectives.

Atlantic Region

- in partnership with the Mushuau Innu of Davis Inlet and the Government of Newfoundland and Labrador, more than thirty children with a history of gasoline-sniffing were removed from the community with the consent of their parents. After a period of detoxification and extensive medical and psycho-social assessment they were placed in various addictions treatment programs. As part of a comprehensive agreement with the Mushuau Innu leadership, plans are under way for family-centred treatment programming and in-community aftercare services to help the Innu begin the long journey down the road to healing.
  < http://www.hc-sc.gc.ca/english/archives/releases/2001/2001_32e.htm >.

Quebec Region

- developed and installed intra-ministerial networks to facilitate information exchange and the development of integrated projects which take into account the specific needs of the region, particularly in the fields of policy development, sustainable development, children and youth, and First Nations, as well as infectious and chronic diseases. The infectious disease network will develop projects relating mainly to HIV/AIDS and hepatitis C. The chronic disease network aims to prevent diseases such as diabetes via a network of expertise and the effective promotion of healthier life styles.

Manitoba and Saskatchewan Region

- developed a pilot project to examine the feasibility of coordinating public health activities internally and externally (with two provincial Health ministries and other stakeholders) throughout the region.

Alberta and Northwest Territories Region

- worked to develop a plan for the establishment of an organ and tissue donation and transplant system in Canada. More than $20 million will be contributed over the next five years to support safe organ and tissue donation in Canada. The plan will be assisted by a special Health Canada Secretariat headquartered in Alberta. Selection of the Alberta location was based on the fact that the province has internationally recognized researchers, clinical practices and a comprehensive tissue centre, as well as evidence that Alberta's organ and tissue donation rates are consistently above the national average. < http://www.hc-sc.gc.ca/english/archives/releases/2001/2001_36e.htm >

British Columbia and Yukon Region

- launched a series of quarterly policy forums designed to examine current and emerging health issues and to facilitate open dialogue and discussion between Health Canada, the province, and other stakeholders. To date, forums have dealt with the use of genetics in health care, Health Canada's proposed Wellness Agenda, and holistic health care. The policy forums are currently sponsored in partnership with the Institute for Health Research and Education, Simon Fraser University.
- supported a life skills centre for drug users, part of the $13.9 million Vancouver Agreement, a federal, provincial and municipal initiative for health and safety, housing, enforcement and economic development. This is one of five projects in this broader initiative. The other four projects included a 24-hour contact centre for street-involved people, the physical redesign of a street corner with an open drug scene, and two expanded health care facilities.
- completed Phase 1 of the project, Citizen Engagement in Dialogue About Quality Health Care: A Foundation of Improved Accountability. The project will develop and implement a process for engaging British Columbians and Yukoners in dialogue to elicit and educate their views of health care quality, explore possibilities for shared understandings and expectations of health system quality, and evaluate the efficacy of methods of dialogue for accomplishing these objectives.

SECTION IV: CONSOLIDATED REPORTING

Modernizing Comptrollership

Modern Comptrollership is nothing more than sound management practices; it's about efficient management of resources and effective decision-making. It aims to provide managers with:

- integrated financial and non-financial performance information;
- a mature approach to risk management;
- appropriate control systems, supported by strategic leadership, motivated people and a shared set of values and ethics.

Building on a strong base of sound management practices, Modern Comptrollership will enable decision-makers to make and communicate more appropriate choices, thereby leading to better service and better public policy.

Since becoming a Modern Comptrollership pilot department in early 2000-2001, Health Canada has undertaken the following:

- established a Modern Comptrollership Secretariat to serve as a single window and point of contact with Treasury Board and other pilot departments;
- built capacity in the area of modern management practices through collaborative approaches on major initiatives such as Government On-Line, accountability, performance measurement, values and ethics and Modern Comptrollership;
- created a Modern Comptrollership Web site to communicate information; < http://www.hc-sc.gc.ca/csb-dgsg/english/spps/spps_mc_current_e.htm >
- conducted a document review in the context of Modern Comptrollership and collected information through a series of workshops and interviews to assess existing modern management practices within the Department.

Sustainable Development

< http://www.hc-sc.gc.ca/susdevdur/sustain_e.htm#top >

Fiscal year 2000-2001 was the third and final year covered by *Sustaining Our Health (1997)*, Health Canada's first sustainable development strategy. This strategy described how the Department set out to incorporate the concept of sustainable development into its policies, programs and activities. *Sustaining Our Health (1997)* is arranged under four strategic themes:

- promoting and supporting population health;
- identifying and reducing health risks from the environment;
- strengthening partnerships on health, environment and sustainable development;
- integrating sustainable development into departmental decision-making and physical operations.

Targets and milestones were developed under each of these themes. The outcomes that occurred as a result of this strategy are arranged by business line and subsequently by service line below. The Department has been successful in meeting approximately 75 percent of its 83 sustainable development targets and has made significant progress toward completing the remaining targets during the period April 2000 to March 2001.

In conjunction with implementing the 1997 strategy, the Department developed and published *Sustainable Development 2000: Sustaining Our Health*, its second sustainable development strategy. The 2000 strategy describes the Department's sustainable development vision and contains the Departmental Policy on Sustainable Development. The new strategy focuses on three themes:

- helping to create healthy social and physical environments;
- integrating sustainable development into departmental decision-making and management processes;
- minimizing the environmental and health effects of the Department's physical operations and activities.

Some of the outstanding targets from the 1997 strategy will be completed in 2001-2002. Other relevant outstanding targets have been incorporated into the 2000 strategy.

Business Line Highlights

The following highlights are illustrative of some of the significant progress made during the final year of *Sustaining Our Health (1997)*. Other examples of sustainable development achievements are identified throughout Section III of this Report with small symbols.

Health Promotion and Protection Business Line

Population and Public Health

- conducted and produced 17 health protection studies and reports for public use concerning environmental hot spots in the Great Lakes Basin area. These reports will serve to better inform Canadians concerning environmental and health issues in this area and support 'sustainable' decision-making.
  < http://www.hc-sc.gc.ca/ehp/ehd/bch/bioregional/healthdata.htm >
- developed and produced a National Strategy for the Prevention and Control of Asthma. This strategy provides a focus for national organizations to work together and for collaboration among provinces.

Healthy Environments and Consumer Safety

- prepared, together with Environment Canada and the Federal/Provincial Working Group on Air Quality Objectives and Guidelines, science assessment documents on particulate matter and ground-level ozone. The former document was the basis for declaring particulate matter toxic under the *Canadian Environmental Protection Act*.

In 2000, smoking prevalence for Canadians 15 years and older was 24 percent. This represents the lowest overall level since monitoring of smoking began in 1965. The prevalence of smoking for teens aged 15-19, reported at 28 percent in 1999, is reported at 25 percent in 2000.

Pest Management Regulation

- finalized guidelines outlining the requirements for the registration of microbial pest control agents proposed for pest management in Canada, Guidelines for the Registration of Microbial Pest Control Agents and Products. These data requirements are essentially harmonized with the US Environmental Protection Agency.
  < http://www.hc-sc.gc.ca/pmra-arla/english/pdf/dir/dir2001-02-e.pdf >

First Nations and Inuit Health Business Line

- significant reductions in fuel consumption reported, for example, a 9.4 percent reduction in heating fuel use from 1999-2000 to 2000-2001 at the hospital in Sioux Lookout, Ontario.
- all transfer and contribution agreements between the First Nations and Inuit Health Branch and First Nations communities now encourage communities to include sustainable development considerations in their management and operation of facilities and programs.

Departmental Management and Administration Business Line

- diverted 65 percent of the waste from office buildings in Tunney's Pasture (National Capital Region) to recycling and away from landfill, a 5 percent improvement over the 1999 diversion rate. Departmental laboratories in the National Capital Region have diverted 33 percent of their waste away from landfill.
- developed an inventory of ozone-depleting substance equipment at the Department's 10 laboratories. From this inventory, a phase out plan will be developed to reduce the use of ozone- depleting substances in departmental equipment. Some laboratories (Scarborough and Longueuil) have already begun to remove chlorinated fluorocarbons from their equipment.
- the Material Management Division:
  - updated the fleet management guide and developed two green fleet sheets: an environmental information bulletin on driving and fleet issues;
  - added two alternative fuel vehicles to the departmental fleet;
  - continued a newsletter on sustainable development issues with editions on "smart paper choices" and "battery recycling";
  - introduced green purchasing information: a series of one-page fact sheets on environmental procurement which provide information on choosing computers, printers, paper, photocopiers, toner cartridges, furniture, and office supplies;
- provided training on sustainable development for over 150 departmental managers and staff across Canada; supported sustainability discussions at senior management executive committees in all branches, regions and the PMRA; issued a Departmental Policy on Sustainable Development; conducted 12 consultation sessions across Canada and with other federal departments to report on and develop new sustainable development targets; and worked extensively with other government departments to develop eight key federal themes for action on sustainable development.
- a detailed annual report on progress on *Sustaining Our Health (1997)* will be placed on the departmental Web site.
  < http://www.hc-sc.gc.ca/susdevdur >

Regulatory Initiatives

Performance of Regulatory Initiatives

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Food and Drug Regulations (Nutrient Content Claims) Regulations have been drafted and a regulatory package is being prepared for publication in *Canada Gazette*, Part I in Spring 2001 in conjunction with proposed regulations for Nutrition Labelling and Generic Health Claims.	To provide the consumer with nutrient content claims that: • are consistent, accurate and non-misleading; • are based on health criteria and support dietary guidance; • are not in conflict with health and safety issues, but still take into account economic and trade considerations.	Reduced number of submissions on nutrition claims and reduced levels of compliance activity.	The results of this initiative may not be seen immediately after these regulations have been published in *Canada Gazette*, Part II because the regulations provide for a transition period for businesses to comply with the new requirements.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Food and Drug Regulations (Nutrition Labelling) Regulations have been drafted and a regulatory package is being prepared for publication in *Canada Gazette*, Part I in Spring 2001 in conjunction with proposed regulations on Nutrient Content Claims and Generic Health Claims.	To provide the consumer with more detailed and pertinent nutritional information in a standardized format on food labels to allow the consumer to select a healthy diet.	Increased availability of consistent and uniform nutrition labelling for use by consumers and educators. Healthier eating practices would be monitored through the use of dietary surveys. Increased availability of foods with compositional characteristics that contribute to diets that reduce the risk of developing chronic diseases. Reduced incidence of chronic diet-related diseases of public health significance. Reduction of health-care costs related to the treatment of nutrition-related chronic diseases.	The results of this initiative may not be seen immediately after these regulations have been published in *Canada Gazette*, Part II because the regulations provide for a transition period for businesses to comply with the new requirements.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Regulatory Framework for Health Claims for Foods Regulations for the use of generic health claims for foods have been drafted and a regulatory package is being prepared for publication in *Canada Gazette*, Part I in Spring 2001 in conjunction with proposed regulations for Nutrition Labelling and Nutrient Content Claims. Policy development is well advanced and a consultation document for product specific health claims on foods is being developed. Consultation with stakeholders is anticipated for fall 2001.	New regulations and amendments to existing regulations will be required to enable the use of health claims for foods. These regulations will be developed in two different projects: • a regulatory framework for the development of a positive list of generic health claims for foods including criteria for use of such claims; • a regulatory framework requiring pre-market assessment to allow the use of product specific health claims for foods. This framework will include criteria for use and specific required standards of evidence to support claims.	Healthier eating practices would be monitored through the use of dietary surveys. Number of submissions for the use of product specific claims for foods.	The results of the initiative for generic health claims on foods may not be seen immediately after these regulations have been published in *Canada Gazette*, Part II because the regulations provide for a transition period for businesses to comply with the new requirements. The results of the initiative for product specific health claims will not be seen until after the regulations have been published in *Canada Gazette*, Part II.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Food and Drug Regulations (Addition of Vitamins and Minerals to Foods) Analysis of the comments received from the broad stakeholder consultation has been completed. A summary of these comments was published in July 2000. Policy recommendations are being finalized and proposed regulations to implement the policies are being developed.	To develop an appropriate regulatory framework for the food industry to provide consumers with a wider variety of food products with added vitamins and minerals which may help meet public health needs and at the same time protect the population from excessive or imbalanced intakes.	Reduced number of submissions. Reduced enforcement and compliance activity. Determination of whether Canadians are consuming appropriate levels of vitamins and minerals would be assessed through dietary surveys.	The results of this initiative will not be seen until after these regulations have been published in *Canada Gazette*, Part II.
Food and Drug Regulations (Revision of Division 16 - Food Additive Tables) Draft regulations have been revised according to legal comments and have been resubmitted for legal review.	The new approach will give industry greater choice in the use of food additives, while continuing to ensure public safety.	Reduced food additive submission activity, reduced amendment of food standards, and a reduced number of compliance actions.	Outcomes will begin to accrue following publication of Schedule of Amendments in *Canada Gazette*, Part II.
Administrative Monetary Penalties Regulations Regulations in relation to the *Pest Control Products Act* (*PCPA*) and Regulations published in *Canada Gazette*, Part II in April 2001.	Increased compliance with the *PCPA* and Regulations and more strategic and proactive enforcement.	To be developed.	Benefits will begin after full implementation of the new compliance mechanism in 2002-2003.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Bilingual Labelling Regulations Regulations requiring bilingual labelling of pesticides under the *Pest Control Products Act* (*PCPA*) pre-published in *Canada Gazette,* Part I in June 2001.	Greater certainty that users are able to understand and follow labels.	Decrease in complaints concerning lack of information in the user's preferred official language.	Benefits will begin as the new requirements are phased in, beginning in 2003.
To amend the regulatory provisions listed under Human Plasma Collected by Plasmapheresis (Food and Drug Regulations, Division 4, C.04.001 through C.04.028).	An amendment to the Food and Drug Regulations to bring the regulations up-to-date and reflective of current practices and advances in technologies and to harmonize the regulatory provisions regarding human plasma collected by plasmapheresis with those of other countries wherever possible.	Original prepublication in *Canada Gazette*, Part I, was targeted for completion by March 2002. Due to the lack of resources and the assignment of other priorities, this project was delayed and the prepublication in *Canada Gazette,* Part I is now planned for summer 2002.	Regulations reflect current practices, tests, and technical standards that are in place to ensure the safety of plasma and plasma donors.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
To develop a Regulatory Framework for Cells, Tissues and Organs.	New regulations under the *Food and Drugs Act* which would stipulate the requirements to be met with respect to the safety, quality and efficacy of cells, tissues and organs intended for transplantation. Standardized safety practices for cells, tissues, and organs intended for transplantation; clear, innovative and flexible safety standards and regulations; the ability to address emerging issues in a timely manner; increased stakeholder participation. Health Canada expects to have completed the regulatory process (publication in *Canada Gazette*, Part II) by the end of year 2003.	Safety standards are currently under development. They will be used as the basis of the proposed regulations. Other key elements of the regulatory framework including surveillance, adverse event reporting and a compliance and enforcement strategy are also under development.	Regulations that will balance the need to ensure cell, tissue and organ safety and quality with the need to ensure the availability of cells, tissues and organs intended for transplantation. Meeting public demands to provide safe, effective and high quality therapeutic products.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Regulatory Framework for the Safety of Blood and Blood Components Intended for Transfusion.	An improved regulatory framework comprising new regulations under the *Food and Drugs Act* which would stipulate the requirements to be met with respect to the safety, quality and efficacy of blood and blood components intended for transfusion. Health Canada expects to have completed the regulatory process (publication in *Canada Gazette*, Part II) by the end of year 2003.	Safety standards are currently under development. They will be used as the basis of the proposed regulations. Other key elements of the regulatory framework including surveillance, adverse event reporting and a compliance and enforcement framework are also under development.	Regulations that will balance the need to continue to ensure blood and blood components' safety, efficacy and quality with the need to ensure its availability. To meet public demands to provide safe, effective and high quality therapeutic products.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
To develop a Policy Recommendation for Xenotransplantation; to determine whether or not to proceed with xenotransplantation.	Development of a comprehensive policy recommendation for xenotransplantation that involves governmental authorities, stakeholders, and the Canadian public.	Canada has not yet taken a position on whether or not clinical trials involving xenotransplantation should be allowed to proceed. In response to recommendations identifying the need for public debate on this issue, Health Canada has funded the Canadian Public Health Association to form a Public Advisory Group and to conduct a broad-based public consultation on xenotransplantation. The final report from this public consultation is expected to be submitted to Health Canada by the end of 2001.	A decision as to whether or not to proceed with xenotransplantation and if so, a detailed plan for the development of a regulatory framework.
Assisted Human Reproduction Act (formerly reported as the *Human Reproductive and Genetic Technologies Act* in the 2000-01 Report on Plans and Priorities).	The protection and promotion of the health and safety of Canadians in the use of human reproductive materials for assisted human reproduction and related research.	Determination of the performance measurement criteria will be established once the final format and content of the regulations are known.	Proposed draft legislation was presented to the House of Commons Standing Committee on Health May 3, 2001. The outcomes of this initiative will not be seen until after these regulations have been developed, completed and published.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Food and Drug Regulations (Amendment to Expanded claims for Vitamins and Minerals).	When completed, new regulations will allow the department to evaluate natural health products with a set of criteria appropriate for this class of products. This will provide Canadian consumers with enhanced access to a full range of natural health products, along with an assurance of safety and quality.	Determination of the performance measurement criteria will be established once the final format and content of the regulations are known.	The results of this initiative will not be seen until after these regulations have been published in *Canada Gazette*, Part II.
Tobacco Products Information Regulations became law on June 26, 2000. The purpose of the new regulations is to give Canadians a better understanding of the risks associated with the use of tobacco products by requiring that graphic health warnings and important health information by displayed on tobacco packages.	All applicable tobacco products carry health warning labels by June 26, 2001. Canadians (especially young people) are informed about the health effects of tobacco use. Regulations will be monitored, and if necessary amended, to ensure clarity of expectations and maximize compliance by industry.	Compliance by industry will be monitored. Canadians awareness and knowledge of the health effects of tobacco will be assessed through surveys. Industry compliance issues and difficulties. Requirements for amendments and timeliness of implementation of any necessary amendments.	Thirteen brands of cigarettes, representing 50% of the market, introduced the warnings by the end of December 2000. Baseline data concerning Canadians' awareness has been collected.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Tobacco Reporting Regulations became law on June 26, 2000. The purpose of the new regulations is to require manufacturers to report on over 50 chemicals found in tobacco and smoke, as well as manufacturing procedures, research activities and promotional activities.	Health Canada will be better informed about the manufacturing, ingredients, emissions, constituents, research and promotional activities with respect to tobacco products. Regulations will be monitored, and if necessary amended, to ensure clarity of expectations and maximize compliance by industry.	Compliance by industry will be monitored. Requirements for amendments and timeliness of implementation of any necessary amendments.	The list of reportable information has been expanded with application to more classes of tobacco products.
Amendments to Clinical Trials Regulatory Framework Proposed amendments were pre-published in the *Canada Gazette*, Part I on Saturday, January 22, 2000.	Amendments to clinical trials regulations to include reducing the default period from 60 to 30 days for all trials and the provision of an inspection program. This will speed up the approval times for clinical trials without jeopardizing the safety of trial participants while providing an environment which is more conducive to the promotion of research and development in Canada.	The Directorate will undertake a policy review after one year of implementation to report on, among other things, whether the Department is meeting administrative review targets and what impact the revised regulations are having on Health Canada, industry and Canadians. This will be followed by a more comprehensive evaluation of the revised regulations in three to five years.	During fiscal year 2000-01 Health Canada received and reviewed comments on the pre-published proposed amendments and incorporated them into the revised regulations. Final Regulations were published in *Canada Gazette* Part II on June 20, 2001 and became effective on September 1, 2001.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Amendments to Establishments Licensing and Good Manufacturing Practice Requirements.	This amendment rectifies current inconsistencies between obligations for importers and distributors under Division 2 (GMP) and their obligations in the operational phase of Mutual Recognition Agreements (MRSs) signed by Canada.	The objective of the amendment was to cut costs associted with mechanisms used to ensure GMP compliance. Successful implementation will be indicated by the number of regulatory authorities recognized under the Mutual Recognition Agreement.	This amendment was published in *Canada Gazette* Part II on March 23, 2000. The regulation addressed those concerns identified by international partners relating to the implementation of the mutual recognition of good manufacturing standards for drug production. Canada has now finalized the agreement with the Swiss Regulatory Authorities.
Amendments to the Fees in Respect of Medical Devices Regulations.	Interim measure to address concerns of severe economic impact on the medical device industry due to the establishment licensing fees which came into force January 1, 2000.	The objective of the initiative was to reduce economic impact on the medical device industry. The Department is currently conducting a study of the impact of the medical devices cost recovery fee as a second part of the Phase IV review. The objective here is to evaluate the effectiveness of the costing model used, and the impact of the fees.	This amendment was published in *Canada Gazette* Part II on July 28, 2000. This regulatory amendment introduced a fee reduction provision for medical device establishment licencing fees. The evaluation of the impact of cost recovery fees for medical devices is under way.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Amendment to Prohibited Substances to Regulations.	An amendment to remove specific regulatory prohibitions on the inclusion in drug products of certain substances. This will allow manufacturers to seek approval to market these drug products with sufficient supporting safety and efficacy data.	The program will continue to monitor adverse drug reactions to identify unacceptable risks, while enabling the Department to approve new therapies containing these ingredients.	The regulatory proposal is under active development. The outcome of this change will not be seen until after these regulations have been completed, published, implemented and evaluated.
Amendments to Fee Regulations for Low Sale products.	A revised fee structure in the Authority to Sell Drugs Fee Regulations. This will address concerns of the detrimental financial impact of these annual product registration fees on the low sales volume homeopathic industry.	This proposal will result in reduced fees for companies with low sales volume.	The regulatory proposal is under development.
Product Licensing.	Contemporary premarket review and post-approval assessment regulatory framework for drugs, based on international standards.	Determination of the performance measurement criteria will be finalized once the problems have been analyzed and policy direction is established.	The outcome of this initiative will not be measurable until the recommended actions are defined.

Performance of Regulatory Initiatives (continued)

Purpose of Regulatory / Legislative Initiative	Expected Results	Performance Measurement Criteria	Outcome
Cost Recovery Phase IV. This review addresses the requirements of the 1997 Treasury Board Cost Recovery and Charging Policy.	The final phase of the Therapeutic Products Program's (TPP) cost recovery implementation plan is the Phase IV review of its Cost Recovery Initiative. It is intended to access the impact of fees on all TPP stakeholders as a means of determining whether the user-charge policy requirements are being met; as well as addressing whether fees should be increased or decreased where cost structures have changed, where the mix of public and private benefits has changed, or where service levels have been altered.	The objective of the initiative was to respond to stakeholders concerns respecting the fees charged by the Department. The evaluation of the impact of the cost recovery fees on pharmaceutical stakeholders was completed in June 2000. The Department is currently conducting a further study of the impact of the medical devices cost recovery fee as a second part of the Phase IV review.	The result of the Phase IV evaluation was shared with the stakeholders. The evaluation of cost recovery fees for medical devices is underway. The recommendations respecting fees for drugs is under review.

Social Union Framework Agreement

The Social Union Framework Agreement (SUFA), signed in February 1999 by all governments except Quebec, provides principles and a framework for governments working together to sustain and improve Canada's social policies and programs.

A key element of SUFA is the commitment by governments to work in partnership on behalf of Canadians by engaging in joint planning and collaboration. There is a long-standing history of federal/provincial/territorial collaboration and joint planning in the health sector, supported by a well-developed intergovernmental structure. Health Canada is working in partnership with the provinces and territories as well as other federal departments to live up to the letter and spirit of SUFA. The First Ministers' Agreement on Health in September 2000, and its contribution to the Early Childhood Development Initiative, are tangible examples of the health sector's progress in attaining this goal.

In addition to working in partnership with the provinces and territories to implement SUFA, Health Canada has contributed to the preparation of a federal report on mobility, ensuring that there is reciprocal notice and consultation where appropriate, and has also participated in the federal SUFA accountability pilot project.

For further details see SUFA Accountability Templates at
< http://www.tbs-sct.gc.ca/rma/account/sufa_e.asp >

Accountability

As an organization that is accountable to all Canadians, Health Canada is continually working to engage and inform Canadians of the impact of its policies and programs on their health. It also makes decisions focused on health outcomes using the best available evidence. Accordingly, the Department has a number of initiatives under way to:

- improve accountability measures;
- promote the principles of results-based management;
- foster a continuing culture shift to outcomes-oriented decision-making and performance management.

These initiatives are consistent with the management commitments found in Treasury Board's *Results for Canadians: A Management Framework for the Government of Canada* < http://tbs-sct.gc.ca/res_can/rc_e.html >, as well as the directions of Modern Comptrollership and the Social Union Framework Agreement.

Six key initiatives designed to enhance overall accountability were mentioned in the Department's *Report on Plans and Priorities for 2000-2001*. The accomplishments are as follows:

Initiative 1: To develop and use performance frameworks at a departmental and program level.

- developed and promoted the use of performance frameworks throughout the Department through the Performance Measurement Development Project. Examples include performance frameworks for the HIV/AIDS program, the Canada Prenatal Nutrition Program, the Canadian Perinatal Surveillance System and the National Diabetes Surveillance System. This work will continue in 2001-2002.
- strengthened the evaluation, audit and accountability for First Nations and Inuit programs and services by standardizing contribution and transfer agreements and changing internal governance processes.

Initiative 2: To link individual performance to results-based management through the implementation of the Treasury Board Secretariat's Performance Management Program.

- developed the Assistant Deputy Ministers/Regional Directors General provisional accountability framework which incorporates Modern Comptrollership themes.

Initiative 3: To strengthen the departmental evaluation function to provide timely feedback to program managers for ongoing improvement to programs.

- strengthened the Department's central program evaluation function through the addition of more staff and the provision of training in performance measurement to departmental managers. The program evaluation function still needs to be made more quantitative and rigorous in its operations, to be able to distinguish the impacts of departmental programs from other determinants of targeted health outcomes.

Initiative 4: To develop the tools and processes to enhance program and functional area capacity to measure, evaluate, report on and improve performance.

- the federal government, provinces and territories agreed, through the September 2000 First Ministers' Agreement to collaborate on the development of a comprehensive reporting framework using jointly agreed comparable indicators of health status, health outcomes, and quality of service, and that each government would begin reporting by September 2002.
- developed and delivered courses in performance measurement to departmental managers to support a culture of, and capacity for, performance measurement. These well attended and well received courses were customized where necessary to meet the needs of particular program areas.

Initiative 5: To undertake an outcomes-based assessment of key activity areas.

- Efforts were focused on developing performance frameworks and planning for the next steps in implementing those frameworks so that the outcomes-based assessment of key activity areas can be undertaken.

Initiative 6: To improve the evidence base and analytical and evaluation capacity to support accountability practices.

- made progress in developing the tools and processes to measure program performance and to support accountability. In 2000-2001, efforts were focused on developing performance frameworks and planning for the next steps in implementing those frameworks.

Assets Management

Parliamentarians have expressed a strong interest in the progress being made by departments in assets management. The introduction of the Financial Information Strategy has added to the demands for an understanding of the costs associated with the purchase, operation, storage and disposal of these items.

The following table is a report on the Department's readiness to address accrual and life-cycle costing. The focus is on the present state of readiness and/or on progress made in implementing an assets information system.

1. Has there been an assessment and/or inventory of resources?	A complete inventory was taken of all capital assets in the fall of 2000.
2. What is the basis of the assessment and the Department's level of confidence in the outcomes?	All assets that have a value in excess of $1,000 or that are considered to be of an attractive nature valued at less than $1,000, were inventoried. This inventory was verified in each program area and there is confidence in the accuracy and completeness of the information.
3. Have the life-cycle costs for mission critical assets been identified?	Yes, as part of the Long-Term Capital Plan.
4. Has a plan been developed for life-cycle, mission critical assets?	A Long-Term Capital Plan is being developed and is in its first draft.
5. What progress has been made to identify these assets and their operational cost?	All such assets have been identified and inventoried and their operational cost is factored into the Long-Term Capital Plan.
6. Have any serious concerns or problem areas been identified?	Nothing other than determining the usual parameters with respect to definitions, processes, etc. and related responsibilities.
7. Have risk management assessments been made on mission critical assets and if so, has the financial impact on operational capabilities been determined?	Not per se although the life cycle has been determined for each category of asset for accrual accounting purposes and to help managers develop procurement plans based on the life expectancy of each asset.

Service Improvement Initiative

The Treasury Board publication *Results for Canadians* commits the Government of Canada to a "citizen focus" and "citizen-centered service delivery". In May 2000 the Treasury Board approved the Service Improvement Initiative which contributes to this commitment by identifying citizen expectations and priorities for service improvement, and implementing a program to progressively improve client satisfaction with key services to the public.

During 2000-2001, the Department agreed to participate in the Service Improvement Initiative. The Citizens First 2000 national survey indicated that the Department's information services were a priority. Thus the primary focus for the initiative in the Department is services providing information to the public. A governance structure has been set up to direct and implement the initiative. Work has begun to identify key information services to be included. This task should be completed early in 2001-2002 and subsequently, the Department will establish baseline levels of client satisfaction.

Government On-Line

Health Canada's Government On-Line (GOL) initiative is aimed at fulfilling the federal government's goal to be known as the government most connected to its citizens. A comprehensive GOL strategy for Canada is being put into place to meet citizens' expectations. The implementation of GOL does not rule out traditional modes of services (in person, mail, phone). It will mean improved access to the full range of government services and institutions for Canadians, access to information and services anytime, from the place of their choice and in the language of their choice. It will establish service standards for such aspects as turnaround times. Information and services provided on-line will be consistent with those of other service delivery methods.

The Treasury Board Secretariat (TBS) has developed a phased approach in order to achieve GOL. Tier One established a federal government on-line presence by December 31, 2000. Tier Two ensures programs and services are delivered securely over the Internet and promotes a client-oriented approach to information and service delivery. Tier Three promotes inter-jurisdictional partnerships for e-service delivery (e.g. other governments, volunteer organizations, and international partners), promotes innovative pilots to improve service to clients, and explores leading-edge technologies.

Accomplishments

- established a GOL Directorate to lead the development, implementation and management of a GOL program within the Department.
- launched an e-Government capacity check as a first step in assessing the Department's capacity to implement Government On-Line. The capacity check is a TBS-approved self-assessment tool that assesses current management practices against recognized best practices and principles that are consistent with the framework for Government On-Line.
- undertook a Department-wide study to review the internal Web management process as a whole to identify where improvements in effectiveness and efficiency could be made. The study report presented recommendations and a strategy for the Department in designing its Web environment to meet future challenges and opportunities in serving Canadians.
- submitted to TBS high-level implementation plans and general magnitude cost estimates for selected Tier Two key programs and services, as well as a progress report on Tier One implementation.

SECTION V: FINANCIAL PERFORMANCE

Financial Performance Overview

The following financial summary tables are presented to provide an overview of Health Canada's 2000-2001 resource utilization along with prior years' comparative information. Again this year, Health Canada has strived to utilize resources in the most effective and efficient way possible, in an effort to ensure Canadians receive value for resources expended.

Overall in 2000-2001, Health Canada did not have significant lapses. A surplus of $14.2M or one percent of the authorities in operating resources did occur. This was primarily attributable to delays encountered during the year in some activities which will be completed in 2001-2002, a frozen allotment, and other small operating lapses.

Financial Summary Tables

Financial Table 1: Summary of Voted Appropriations Authorities for 2000-2001

This table reflects the break down of Health Canada's resources by Voted Appropriations. Health Canada at present has two votes; Vote 1 for Operating expenditures and Vote 5 for Grants and Contributions. Actual spending for Vote 1 is $14.2 million lower than authorities, mainly resulting from delays in some activities which will be completed in 2001-2002, a frozen allotment, and other small operating lapses. The total authorities for Vote 5 are $57.5M lower than the planned spending mainly resulting from a reprofiling of resources to future years related to the Hepatitis C Health Care Services.

Financial Requirements by Authority (millions of dollars)

Vote		Planned Spending[1] 2000-2001	Total Authorities[2] 2000-2001	Actual Spending[2] 2000-2001
	Health Canada			
1	Operating expenditures	1,329.7	1,327.2	**1,313.0**
5	Grants and Contributions	989.2	931.7	**931.7**
(S)	Minister of Health - Salary and motor car allowance	-	0.1	**0.1**
(S)	Contributions to employee benefit plans	66.6	74.8	**74.8**
(S)	Spending of proceeds from the disposal of surplus Crown assets	-	0.9	**0.7**
(S)	Refunds of amounts credited to revenues in previous years	-	0.2	**0.2**
(S)	Collection agency fees	-	0.1	**0.1**
(S)	Payments for insured health services and extended health care services	-	(0.1)	**(0.1)**
	Total Department	**2,385.5**	**2,334.9**	**2,320.5**

Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

(1) from the 2000-2001 Report on Plans and Priorities

(2) from the 2000-2001 Public Accounts

Financial Table 2: Comparison of Total Planned Spending to Actual Spending

This table reflects how resources are used within Health Canada by appropriation and by business line. Explanations of variances by business line can be found in Section III: Departmental Performance. Further details for non-respendable revenues can be found in Table 5: Revenue. Cost of services provided by other departments includes accommodation, workers' compensation coverage, legal services, and employee insurance plans.

Departmental Planned versus Actual Spending by Business Line (millions of dollars)

Business Lines	Full-Time Equivalents	Operating	Capital	Grants & Contributions	Total Gross Expenditures	Less: Respendable Revenues	Total Net Expenditures
Health Care Policy	294	54.5	-	74.8	129.3	-	129.3
(Total authorities)	*295*	*57.7*	-	*54.9*	*112.6*	-	*112.6*
(Actuals)	**302**	**57.7**	-	**54.9**	**112.6**	**-**	**112.6**
Health Promotion and Protection	3,744	464.1	-	268.3	732.4	(39.7)	692.7
(Total authorities)	*3,938*	*472.0*	-	*225.9*	*697.9*	*(56.9)*	*641.0*
(Actuals)	**3,830**	**456.9**	-	**225.9**	**682.8**	**(48.4)**	**634.4**
First Nations and Inuit Health	1,385	718.6	-	580.3	1,298.9	(9.1)	1,289.8
(Total authorities)	*1,385*	*686.5*	-	*589.1*	*1,275.6*	*(9.1)*	*1,266.5*
(Actuals)	**1,363**	**684.6**	-	**589.1**	**1,273.7**	**(7.2)**	**1,266.5**
Information and Knowledge Management	611	97.0	-	46.3	143.3	-	143.3
(Total authorities)	*635*	*111.0*	-	*20.8*	*131.8*	-	*131.8*
(Actuals)	**612**	**105.9**	-	**20.8**	**126.7**	-	**126.7**
Departmental Management and Administration	698	107.7	3.9	19.5	131.1	(0.7)	130.4
(Total authorities)	*698*	*127.2*	*15.4*	*41.0*	*183.7*	*(0.7)*	*183.0*
(Actuals)	**987**	**124.2**	**15.4**	**41.0**	**180.6**	**(0.3)**	**180.3**
Total	6,732	1,441.9	3.9	989.2	2,435.0	(49.5)	2,385.5
(Total authorities)	*6,951*	*1,454.4*	*15.4*	*931.7*	*2,401.6*	*(66.7)*	*2,334.9*
(Actuals)	**7,094**	**1,429.3**	**15.4**	**931.7**	**2,376.4**	**(55.9)**	**2,320.5**
Other Revenues and Expenditures							
Non-Respendable Revenues							(7.8)
(Total authorities)							*(7.8)*
(Actuals)							**(22.7)**
Cost of services provided by other departments							40.0
(Total authorities)							*40.0*
(Actuals)							**52.8**
Net Cost of the Program							2,417.7
(Total authorities)							*2,367.1*
(Actuals)							**2,350.6**

Financial Table 3:
Historical Comparison of Total Planned Spending to Actual Spending

This table shows the trend of expenditures over time by business line. Large variances are mainly the result of new initiatives announced in Budget 1999 and Budget 2000, reprofiling of resources, or sunsetting of initiatives. Some funding announcements were for one year only, as was the case in Health Care Policy in 1998-1999, e.g. Canadian Institute for Health Information and NURSE Fund.

Departmental Planned versus Actual Spending by Business Line (millions of dollars)

Business Lines	Actual Spending 1998-1999	Actual Spending 1999-2000	Planned Spending 2000-2001	Total Authorities 2000-2001	Actual Spending 2000-2001
Health Care Policy	264.6	128.4	129.3	112.6	112.6
Health Promotion and Protection	517.8	1,401.4[1]	692.7	641.0	634.4
First Nations and Inuit Health	1,041.3	1,128.1	1,289.8	1,266.5	1,266.5
Information and Knowledge Management	n/a[2]	88.7	143.3	131.8	126.7
Departmental Management and Administration	171.1	148.7	130.4	183.0	180.3
Total	**1,994.8**	**2,895.3**	**2,385.5**	**2,334.9**	**2,320.5**

Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

(1) 1999-2000 Actual Spending for Health Promotion and Protection includes $855.3 million for a one-time court-ordered payment.

(2) Prior to 1999-2000 the functions of the Information & Knowledge Management Business Line were decentralized. The official transfer to this business line took effect April 1, 1999.

Financial Table 4: Crosswalk between Old Structure and New Structure

During 2000-2001, Health Canada undertook a realignment of its organization from six business lines to three main business lines: Health Care Policy; Health Promotion and Protection; and First Nations and Inuit Health. Two additional business lines support this work: Information and Knowledge Management; and Departmental Management and Administration. Regional operations are an important aspect of Health Canada's organizational structure across these business lines. The Department has six main regional offices across the country that employ about 40 percent of its work force.

Total Planned Spending and Actual Spending 2000-2001 (millions of dollars)

	New Structure (New Business Lines)					Old Structure		
Old Structure (Old Bus. Lines)	**Health Care Policy**	**Health Promotion & Protection**	**First Nations and Inuit Health**	**Information & Knowledge Management**	**Departmental Management & Administration**	**Total ($)**	**% of Total**	**FTEs**
Management of Risks to Health	0.0	296.7	0.0	0.0	0.0	296.7	12.4%	2,836
(Actual spending)	**0.0**	**309.4**	**0.0**	**0.0**	**0.0**	**309.4**	**13.3%**	**2,987**
Promotion of Population Health	0.0	358.5	0.0	0.0	0.0	358.5	15.0%	731
(Actual spending)	**0.0**	**289.9**	**0.0**	**0.0**	**0.0**	**289.9**	**12.5%**	**700**
Aboriginal Health	0.0	25.5	1,289.8	0.0	0.0	1,315.3	55.1%	1,403
(Actual spending)	**0.0**	**22.6**	**1,266.5**	**0.0**	**0.0**	**1,289.1**	**55.6%**	**1,507**
Health System Support and Renewal	73.8	2.6	0.0	0.0	0.0	76.4	3.2%	114
(Actual spending)	**44.3**	**2.6**	**0.0**	**0.0**	**0.0**	**46.9**	**2.0%**	**62**
Health Policy, Planning and Information	55.5	9.4	0.0	107.1	10.6	182.6	7.7%	644
(Actual spending)	**68.3**	**9.9**	**0.0**	**90.5**	**13.0**	**181.7**	**7.8%**	**790**
Corporate Services	0.0	0.0	0.0	36.2	119.8	156.0	6.5%	1,004.0
(Actual spending)	**0.0**	**0.0**	**0.0**	**36.2**	**167.3**	**203.5**	**8.8%**	**1,048.0**
New Structure Total ($)								
(Planned spending)	129.3	692.7	1,289.8	143.3	130.4	2,385.5		
(Actual spending)	**112.6**	**634.4**	**1,266.5**	**126.7**	**180.3**	**2,320.5**		
% of Total								
(Planned spending)	5.4%	29.0%	54.1%	6.0%	5.5%		100.0%	
(Actual spending)	**4.8%**	**27.3%**	**54.6%**	**5.5%**	**7.8%**		**100.0%**	
Full-Time Equivalents (FTEs)								
(Planned spending)	294	3,744	1,385	611	698			6,732
(Actual spending)	**302**	**3,830**	**1,363**	**612**	**987**			**7,094**

Note: due to rounding, figures may not add up to totals shown

Financial Table 5:
Revenue

Reflected in this table is the collection of respendable revenues by business line/service line and of non-respendable revenues by classification and source. Non-respendable revenues are shown by source in order to reflect the information in a useful format. A variety of respendable revenues are collected which include Medical Devices, Radiation Dosimetry, Drug Submission Evaluation, Veterinary Drugs, Pest Management Regulation and Product Safety.

(millions of dollars)

	Actual Revenues 1998-1999	Actual Revenues 1999-2000	Planned Revenues 2000-2001	Total Authorities[1] 2000-2001	Actual Revenues 2000-2001
Respendable Revenues[2] Business Line / Service Line					
Health Promotion and Protection					
Population and Public Health	0.1	0.1	0.1	0.1	**0.0**
Health Products and Food	32.8	39.8	36.0	40.7	**34.5**
Healthy Environments and Consumer Safety	6.1	6.6	3.4	9.1	**6.9**
Pest Management Regulation	7.8	7.3	0.2	7.0	**7.0**
First Nations and Inuit Health					
First Nations and Inuit Health	6.7	6.8	9.1	9.1	**7.2**
Departmental Management and Administration					
Corporate Services	1.2	0.4	0.7	0.7	**0.3**
Total Respendable Revenues[2]	**54.7**	**61.0**	**49.5[3]**	**66.7**	**55.9**
Non-Respendable Revenues Main Classification and Source					
Tax revenues:					
Goods and services tax	0.2	0.3	-	-	**0.2**
Non-tax revenues:					
Food and drug analysis fees	-	-	0.2	0.2	-
Refunds of expenditures	6.3	5.2	-	-	**11.6**
Service fees	2.1	1.9	2.8	2.8	**1.7**
Pharmacy and dietary revenues	-	-	3.6	3.6	-
Proceeds from the disposal of surplus Crown assets	0.3	0.6	-	-	**0.8**
Miscellaneous non-tax revenues	7.0	6.6	1.2	1.2	**8.5**
Total Non-Respendable Revenues	15.9	14.6	7.8	7.8	**22.7**
Total Revenues	**70.6**	**75.6**	**57.3**	**74.5**	**78.6**

(1) Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.
(2) Respendable Revenues: These revenues were formerly called "Revenues Credited to the Vote" and are available for spending by the Department.
(3) Planned respendable revenues do not include the respendable revenues approved after Main Estimates: Pest Management Regulation $6.8 million, Medical Devices $4.7 million and Occupational Health and Safety $5.7 million.

Financial Table 6:
Statutory Payments

Health Canada's only statutory payment in recent years was for a one-time court-ordered payment of $855.3 million providing compensation to individuals infected with Hepatitis C through the blood supply between January 1, 1986 and July 1, 1990.

Statutory Payments by Business Line (millions of dollars)

Business Line	Actual Spending 1998-1999	Actual Spending 1999-2000	Planned Spending 2000-2001	Total Authorities[1] 2000-2001	Actual Spending 2000-2001
Health Promotion and Protection	0.0	855.3	0.0	0.0	**0.0**
Total Statutory Payments	**0.0**	**855.3**	**0.0**	**0.0**	**0.0**

(1) Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

Financial Table 7:
Transfer Payments[1]

This table reflects the break down of Transfer Payments (Grants and Contributions) by Business Line. Large variances are mainly the result of new initiatives announced in Budget 1999 and Budget 2000 (e.g. Canada Prenatal Nutrition Program, Canadian Diabetes Strategy, Sustaining the Health Protection Capacity), the reprofiling of resources (e.g. Hepatitis C Health Care Services and Lookback/Traceback), or sunsetting of initiatives (e.g. Grant to the Canadian Blood Agency). Some funding announcements were for one year only, as was the case in Health Care Policy, in 1998-1999 (e.g. Canadian Institute for Health Information and NURSE Fund).

Transfer Payments by Business Line (millions of dollars)

Business Lines	Actual Spending 1998-1999	Actual Spending 1999-2000	Planned Spending 2000-2001	Total Authorities[2] 2000-2001	Actual Spending 2000-2001
Grants					
Health Care Policy	167.1	11.9	11.9	11.9	**11.9**
Health Promotion and Protection	45.9	54.9	27.7	23.7	**23.7**
Total Grants	**213.0**	**66.8**	**39.6**	**35.6**	**35.6**
Contributions					
Health Care Policy	43.0	49.3	62.9	43.0	**43.0**
Health Protection and Promotion	150.9	157.8	240.6	202.2	**202.2**
First Nations and Inuit Health	485.6	545.9	580.3	589.1	**589.1**
Information and Knowledge Management	0.0	12.5	46.3	20.8	**20.8**
Departmental Management and Administration	30.8	32.2	19.5	41.0	**41.0**
Total Contributions	**710.3**	**797.7**	**949.6**	**896.1**	**896.1**
Total Transfer Payments	**923.3**	**864.5**	**989.2**	**931.7**	**931.7**

(1) Table does not include Statutory Payments.

(2) Total Authorities are Main Estimates plus Supplementary Estimates plus other authorities.

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending

(millions of dollars)

Health Care Policy Grants

Grants	Amount	Objective	Planned Result / Milestone
Grant to the Canadian Health Services Research Foundation to assist in the establishment and management of the Health Services Research Fund.	$11.0	The establishment and management of the Health Services Research Fund.	• The establishment and management of the Health Services Research Fund.
Grants less than $5 million.	$0.9	Grants to eligible non-profit international organizations in support of their projects or programs on health ($0.9M).	
Sub-total	$11.9		

Health Promotion and Protection Grants

Grants	Amount	Objective	Planned Result / Milestone
Grant to the Canadian Blood Services: Transition costs.	$5.0	Subsidization of transition costs towards implementation of management and operational structures.	• Establishment of management systems, administrative processes, standard operating procedures and safety and screening routines to ensure safety and effectiveness of the blood supply service.
Grant to persons and agencies to support health promotion projects in the areas of community health, resource development, training and skill development, and research.	$9.9	To expand activities in community health, resource development, training and skill development, and research.	• Expanded community-based initiatives that promote healthy activities and create a larger cadre of trained community members.

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending (continued)

(millions of dollars)

Health Promotion and Protection Grants (continued)

Grants	Amount	Objective	Planned Result / Milestone
Grant towards the Canadian Strategy on HIV/AIDS.	$5.7	To support prevention of HIV/AIDS, to promote care, treatment and support for people affected by HIV/AIDS and to support biomedical and clinical research.	• Prevention of spread of HIV in vulnerable populations. • Strengthened community capacity to address HIV/AIDS issues of vulnerable populations. • Progress towards the development of effective drugs, vaccines and therapies.
Grants less than $5 million.	$3.1	• World Health Organization ($0.1M). • International Commission on Radiological Protection. ($0.005M). • Grant to the National Cancer Institute of Canada for the Canadian Breast Cancer Research Initiative ($3.0M).	
Sub-total	$23.7		
Total Grants	**$35.6**		

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending (continued)

(millions of dollars)

Health Care Policy Contributions

Contributions	Amount	Objective	Planned Result / Milestone
Contributions to provincial and territorial governments, and to non-profit organizations in the health or social services field, in order to test and evaluate ways to improve the health care system of the future, specifically in four priority areas which were agreed to by the federal and provincial/ territorial governments (primary health care, home care, pharmacare, integrated service delivery).	$40.7	To nurture an improved health care system responsive to future health care needs and services.	• Generation and dissemination of evidence on new approaches to health care delivery.
Contributions less than $5 million.	$2.3	Funding for the Women's Health Contribution Program ($2.3M).	
Sub-total	$43.0		

Health Promotion and Protection Contributions

Contributions	Amount	Objective	Planned Result / Milestone
Contributions towards the Toxic Substances Research Initiative.	$8.4	To protect the health and environment of Canadians by improving and expanding the toxic substance knowledge base.	• Protection and preservation of human health and environment for current and future generations.
Contributions to persons and agencies to support health promotion projects in the area of community health, resource development, training and skill development, and research.	$27.9	To expand the knowledge base for program and policy development, to build more partnerships and to develop inter-sectoral collaboration.	• Evidence of the effectiveness of interventions to improve and promote health, reduce risks, and prevent disease, illness and injury.

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending (continued)

(millions of dollars)

Health Promotion and Protection Contributions (continued)

Contributions	Amount	Objective	Planned Result / Milestone
Payments to provinces, territories and to national non-profit organizations to support the development of innovative alcohol and drug treatment and rehabilitation programs.	$14.5	To ensure accessible, effective and innovative alcohol and drug treatment and rehabilitation programs and services across Canada.	• Improved access to effective treatment and rehabilitation programming. • Leading edge research on best practices in substance abuse treatment and rehabilitation, in collaboration with the provinces and territories.
Contributions to non-profit community organizations to support, on a long-term basis, the development and provision of preventative and early intervention services aimed at addressing the health and development problems experienced by young children at risk in Canada.	$75.5	To improve community capacity to respond to health and development needs of young children and to provide support to pregnant women whose health and pregnancy may be at some risk.	• Improved health and social development of children who are 0 to 6 years of age. • Improved access to prenatal care and health services for pregnant women.
Contributions towards the Canadian Strategy on HIV/AIDS.	$22.6	To support prevention of HIV/AIDS, to promote care, treatment and support for people affected by HIV/AIDS and to support epidemiological and community-based research.	• Prevention of spread of HIV in vulnerable populations. • Strengthened community capacity to address HIV/AIDS issues of vulnerable populations. • Increased knowledge of HIV epidemiology.

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending (continued)

(millions of dollars)

Health Promotion and Protection Contributions (continued)

Contributions	Amount	Objective	Planned Result / Milestone
Contributions to incorporated local or regional non-profit Aboriginal organizations and institutions for the purpose of developing early intervention programs for Aboriginal pre-school children and their families.	$19.7	To develop early intervention programs for Aboriginal pre-school children and their families.	• Enhanced programming for prenatal involvement and support for special needs children in the 114 community sites.
Payments to provinces and territories to improve access to health care and treatment services to persons infected with Hepatitis C through the blood system.	$29.6	To improve access to health care and treatment services to persons infected with Hepatitis C through the blood system.	
Contributions less than $5 million.	$4.0	• Contributions to persons and agencies to support activities of national importance for the improvement of health services and in support of research and demonstrations in the field of public health ($2.3M). • Contributions to Canadian Blood Services and/or other designated transfusion/transplantation centres to support adverse event surveillance activities ($1.7M).	
Sub-total	$202.2		

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending (continued)

(millions of dollars)

First Nations and Inuit Health Contributions

Contributions	Amount	Objective	Planned Result / Milestone
Contributions for integrated Indian and Inuit community-based health care services.	$237.8	To provide funding in support of integrated community health services to status Indians and Inuit people, based on the needs of the community and within the scope of the Branch's operational standards and program goals. This includes the programs: • National Native Alcohol and Drug Abuse Program • Brighter Futures • Home and Community Care • Solvent Abuse • Canada Prenatal Nutrition Program • HIV/AIDS	• Improved physical, mental, social, health and well-being status of First Nations and Inuit people. • Reduction of death, illness, injury, disability and addictions.
Payments to Indian bands, associations or groups for the control and provision of health services.	$182.0	To increase responsibility and control by Indian communities of their own health care and to effect improvement in the health conditions of Indian people.	• Flexibility in the design and delivery of community health programs and services. • Maintenance of public health and safety through the provision of mandatory health and treatment programs. • Strengthened and enhanced accountability of Indian leaders to their communities.

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending (continued)

(millions of dollars)

First Nations and Inuit Health Contributions (continued)

Contributions	Amount	Objective	Planned Result / Milestone
Payment to Indian bands, associations or groups for the provision and control of Non-Insured Health Benefits (NIHB).	$24.2	To provide financial support to Indian bands, associations or groups for the provision and control of health services.	• NIHB services appropriate to the unique health needs of First Nations and Inuit people. • NIHB program/project sustainability from both cost and benefit management perspectives.
Contributions to Indian bands, Indian and Inuit associations or groups or local governments and the territorial governments for Non-Insured Health Services.	$92.0	To provide contributions to Indian bands, Indian and Inuit associations or groups or local governments and territorial governments for Non-Insured Health Services.	• Capacity building for First Nations and Inuit groups. • A pilot project agreement as part of a move towards increased autonomy.
Contribution towards the Aboriginal Head Start On-Reserve Program.	$22.6	To support early child development strategies that are designed and controlled by First Nations communities.	• Increased awareness of nutritional needs. • Increased family involvement in Aboriginal Head Start. • Increased community networking and support of pre-school needs.
Contributions on behalf of, or to, Indians or Inuit towards the cost of construction, extension or renovation of hospitals and other health care delivery facilities and institutions as well as of hospital and health care equipment.	$9.2	To financially assist the maintenance and provision of hospitals, other facilities and healthcare equipment in support of health services for FNI communities.	• Improved access to health services.

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending (continued)

(millions of dollars)

First Nations and Inuit Health Contributions (continued)

Contributions	Amount	Objective	Planned Result / Milestone
Contributions to First Nations and Inuit health promotion and prevention projects and for developmental projects to support First Nations and Inuit control of health services.	$9.0	To contribute to FNI health promotion and prevention projects and for developmental projects to support FNI control of health services.	• Overall good health of community members. • Community support for the promotion of good health practices to build capacity to address community health problems.
Payments to the Aboriginal Health Institute / Centre for the Advancement of Aboriginal People's Health.	$7.3	To support and provide payments to the Aboriginal Health Institute / Centre for the Advancement of Aboriginal Peoples' Health.	• Empowerment of Aboriginal peoples through advancement and sharing of knowledge on Aboriginal health. • Strengthened collective knowledge and abilities.
Contributions less than $5 million.	$5.0	• Contributions to universities, colleges and other organizations to increase the participation of Indian and Inuit students in academic programs leading to professional health careers ($2.6M). • Contributions to the Government of Newfoundland towards the cost of health care delivery to Indian and Inuit communities ($0.6M). • Contributions to Indian and Inuit associations or groups for consultations on Indian and Inuit health ($1.8M).	
Sub-total	$589.1		

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending (continued)

(millions of dollars)

Information and Knowledge Management Contributions

Contributions	Amount	Objective	Planned Result / Milestone
Information Highway Support Program.	$6.6	To encourage the use of information and communications technologies to better serve the health needs of the people of Canada.	To further stimulate the design, development and implementation of advanced information technologies, applications and context for the health sector.
Contributions to persons and agencies to support activities of national importance for the improvement of health services and in support of research and demonstrations in the field of public health.	$7.8	To support activities of national importance for the improvement of health services and in support of research and demonstrations in the field of public health.	To support activities of national importance for the improvement of health services and in support of research and demonstrations in the field of public health.
Contributions less than $5 million.	$6.4	• Contributions to the Canadian Institute for Health Information ($2.3M). • Contributions for First Nations and Inuit health promotion and prevention projects and for development projects to support First Nation and Inuit control of health services ($2.1M). • Contributions to Canada health infostructure partnership program ($2.0M).	
Sub-total	$20.8		

Financial Table 8: Details of Transfer Payments, 2000-2001 Actual Spending (continued)

(millions of dollars)

Departmental Management and Administration Contributions

Contributions	Amount	Objective	Planned Result / Milestone
Contributions on behalf of, or to, Indians or Inuit towards the cost of construction, extension or renovation of hospitals and other health care delivery facilities and institutions as well as of hospital and health care equipment.	$38.0	To financially assist the maintenance and provision of hospitals, other facilities and healthcare equipment in support of health services for First Nations and Inuit communities.	• Improved access to health services.
Contributions less than $5 million.	$3.0	• Contributions for integrated Indian and Inuit community based health care services ($3.0M).	
Sub-total	$41.0		
Total Contributions	**$896.1**		

Financial Table 9: Resource Requirements by Organization and Business Line

Comparison of 2000-2001 (RPP) planned spending and total authorities to actual spending by organization and business line. Explanations of variances by business line can be found in Section III: Departmental Performance. (millions of dollars)

Organization	Business Lines					
	Health Care Policy	**Health Promotion & Protection**	**First Nations and Inuit Health**	**Information & Knowledge Management**	**Departmental Management & Administration**	**Total**
Health Policy and Communications	129.3	-	-	-	-	129.3
(Total authorities)	*112.6*	-	-	-	-	*112.6*
(Actuals)	**112.6**	**-**	**-**	**-**	**-**	**112.6**
Population and Public Health	-	415.9	-	-	-	415.9
(Total authorities)	-	*349.4*	-	-	-	*349.4*
(Actuals)	**-**	**348.5**	**-**	**-**	**-**	**348.5**
Health Products and Food	-	118.7	-	-	-	118.7
(Total authorities)	-	*125.0*	-	-	-	*125.0*
(Actuals)	**-**	**122.9**	**-**	**-**	**-**	**122.9**
Healthy Environments and Consumer Safety	-	137.3	-	-	-	137.3
(Total authorities)	-	*143.4*	-	-	-	143.4
(Actuals)	**-**	**140.5**	**-**	**-**	**-**	140.5
Pest Management and Regulatory Agency	-	20.8	-	-	-	20.8
(Total authorities)	-	*23.2*	-	-	-	*23.2*
(Actuals)	**-**	**22.5**	**-**	**-**	**-**	**22.5**
First Nations and Inuit Health	-	-	1,289.8	-	-	1,289.8
(Total authorities)	-	-	*1,266.5*	-	-	*1,266.5*
(Actuals)	**-**	**-**	**1,266.5**	**-**	**-**	**1,266.5**
Information, Analysis and Connectivity	-	-	-	143.3	-	143.3
(Total authorities)	-	-	-	*131.8*	-	*131.8*
(Actuals)	**-**	**-**	**-**	**126.7**	**-**	**126.7**
Corporate Services	-	-	-	-	130.4	130.4
(Total authorities)	-	-	-	-	*183.0*	*183.0*
(Actuals)	**-**	**-**	**-**	**-**	**180.3**	**180.3**
Total	129.3	692.7	1,289.8	143.3	130.4	2,385.5
(Total authorities)	*112.6*	*641.0*	*1,266.5*	*131.8*	*183.0*	*2,334.9*
(Actuals)	**112.6**	**634.4**	**1,266.5**	**126.7**	**180.3**	**2,320.5**
% of Total	**4.8%**	**27.3%**	**54.6%**	**5.5%**	**7.8%**	**100.0%**

Note: Numbers in italics denote Total Authorities for 2000-2001 (Main and Supplementary Estimates and other authorities).
Bolded numbers denote actual spending in 2000-2001

Financial Table 10:
Contingent Liabilities

There are a number of individual as well as class action suits against the Government with allegations of negligence related to the federal government's role in the regulation of medical devices and blood. Because of the complexity of the claims and the stage of the litigation, a reliable estimate of potential contingent liabilities cannot be made at this time with regard to the class action and individual suits.

The class action suits brought on behalf of Canadians infected with hepatitis C through the Canadian blood system between January 1, 1986 and July 1, 1990 were resolved through the Settlement Agreement approved by the courts effective January 2000. Class action suit members are bound by the Settlement unless they opted out in writing before January 31, 2001. In January 2000, the federal government paid approximately $855.3 million to the Settlement Trustee appointed by the courts, fully discharging the federal government's liability for the class action suits related to the 1986-1990 period under the Settlement.

The remaining individual and class action suits are being defended.

SECTION VI: OTHER INFORMATION

Departmental Contacts

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References

Selected Health Canada publications available from:

Publications
Health Canada
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Telephone: (613) 954-5995
Fax: (613) 941-5366
Telecommunication Device for the Deaf: 1-800-267-1245

General Interest

All Together Now: How Families are Affected by Depression and Manic Depression

Because... Life Goes On: Helping Children and Youth Live with Separation and Divorce

Canada's Child Health Record

Canada's Food Guide to Healthy Eating

Canada's Physical Activity Guide for Healthy Active Living

Canada's Physical Activity Guide for Healthy Active Living for Older Adults

Eat Together. Talk Together. Grow Together

Food for Thought: The Challenge of Health Protection

Food Safety and You

Guide to Federal Programs and Services for Children and Youth

Health Canada... Taking Action on Rural Health

It Helps to Talk: How to Get the Most from a Visit to Your Doctor (1999)

Role Modelling: A Parent's Toughest Performance

Seniors Guide to Federal Programs and Services

The Many Faces of Diabetes

10 Great Reasons to Breastfeed

10 Valuable Tips for Successful Breastfeeding

12 Lousy Reasons for Riding with a Drinking Driver

Reports

A New Perspective on the Health of Canadians: A Working Document (1974)

A Way Out: Women with Disabilities and Smoking (1997)

Aboriginal Health in Canada (1992)

Action Towards Healthy Eating (1990)

Best Practices - Fetal Alcohol Syndrome/ Fetal Alcohol Effects and the Effects of Other Substance Use During Pregnancy

Best Practices - Substance Abuse - Treatment and Rehabilitation

Canada Health Action: Building on the Legacy (Final Report of the National Forum on Health) (1997)

Canada Health Infoway: Paths to Better Health (1999)

Canada's Drug Strategy (1998)

Child Sexual Abuse Guidelines for Community Workers: Strengthening Community Response (1991)

Cocaine Use - Recommendations in Treatment and in Rehabilitation

Exploring the Links Between Substance Use and Mental Health: A Discussion Paper (1996)

Healthy Development of Children and Youth: The Role of the Determinants of Health (1999)

Horizons Three - Young Canadians' Alcohol and Other Drug Use: Increasing Our Understanding (1996)

Nutrition for a Healthy Pregnancy (1999)

Nutrition for Healthy Term Infants (1998)

Nutrition Recommendations – A Call for Action (1989)

Office Air: A Worker's Guide to Air Quality in Offices, Schools, and Hospitals (1995)

Promoting Heart Health in Canada: A Focus on Cholesterol (1991)

Promoting Heart Health in Canada: A Focus on Heart Health Inequalities (1993)

Report on the Health of Canadians (1996)

Report on the National Forum on Breast Cancer (1994)

Rural Women and Substance Abuse: Issues and Implications for Programming (1996)

Second Report on the Health of Canadians: Toward a Healthy Future (1999)

Trends in the Health of Canadian Youth (1999)

Statutes and Regulations

A. Statutes and/or Regulations for which the Minister of Health is Responsible

This first list includes the Acts in whole or in part and/or specific regulations which are under the responsibility of the Minister of Health.

1) *Canada Health Act*, R.S.C. 1985, c. C-6
   - Extra-billing and User Charges Information Regulations, SOR/86-259
2) *Canadian Centre on Substance Abuse Act,* R.S.C. 1985, c. 49 (4th Supp.)
3) *Canadian Environmental Protection Act 1999,* R.S.C. 1985, c. 15.31
4) *Canadian Institutes of Health Research Act*, S.C. 2000 c.6
5) *Controlled Drugs and Substances Act*, R.S.C. 1985, c. C-38.8, SOR/2001-227
6) *Department of Health Act,* R.S.C. 1985, c. H-3.2
   - Potable Water on Common Carriers, C.R.C. 1105 as am. by SOR/78-400
   - Human Pathogens Importation Regulations, SOR/94-558
7) *Financial Administration Act,* R.S.C. 1985, c. F-11
   - Radiation Dosimetry Services Fees Regulations, SOR/90-109 as am. by SOR/94-279
   - Authority to Sell Drugs Fees Regulations, SOR/95-31
   - Drug Evaluation Fees Regulations, SOR/95-424
   - Medical Devices Fees Regulations, SOR/98-432 as am. by SOR/2000-312
   - Veterinary Drug Evaluation Fees Regulations, SOR/96-143
   - Regulations Prescribing Fees to be Paid for a Pest Control Product, SOR/97-173
   - Establishment Licensing Fees Regulations,(1056) SOR/98-4
   - Licensed dealers for Controlled Drugs and Narcotics Fees Regulations, SOR/98-5
8) *Fitness and Amateur Sport Act*, R.S.C. 1985, c. F-25
9) *Food and Drugs Act,* R.S.C. 1985, c. F-27
10) *Hazardous Materials Information Review Act*, R.S.C. 1985, c. H-2.7
11) *Hazardous Products Act*, R.S.C. 1985, c. H-3
12) *Medical Research Council Act,* R.S.C. 1985, c. M-4, repealed on May 31, 2001 and replaced by the *Canadian Institutes of Health Research Act*, S.C. 2000 c. 6, SI/2001-66
    - Designation Order of the Responsible Minister, SI/77-207
13) *Patent Act*, R.S.C. 1985, c. P-4

- Patented Medicines (Notice of Compliance) Regulations, SOR/93-133 as am. by SOR/98-166, SOR/99-379
- Patented Medicines Regulations, 1994, SOR/88-474, SOR/94-688 as am. by SOR/95-172, SOR/98-105
- Order designating the Minister, SI/93-114
- Manufacturing and Storage of Patented Medicines Regulations, SOR/93-134 repealed 2000-373
- Form and Term of Patents, SI/2001-83

14) *Pest Control Products Act*, R.S.C. 1985, c. P-9

15) *Pesticide Residue Compensation Act*, R.S.C. 1985, c. P-10

16) *Quarantine Act*, R.S.C. 1985, c. Q-1

17) *Queen Elizabeth II Canadian Research Fund Act*, R.S.C. 1970, c. Q-1

18) *Radiation Emitting Devices Act*, R.S.C. 1985, c. R-1

19) *Tobacco Act,* R.S.C. 1985, c. T-11.5
- Tobacco (Access) Regulations, SOR/99-93
- Tobacco (Seizure and Restoration) Regulations, SOR/99-94
- Tobacco Products Information Regulations, SOR/2000-272
- Tobacco Reporting Regulations, SOR/2000-273

B. Statutes not administered by the Minister of Health

This second list includes the Acts which are administered by other Ministers in which the Minister of Health Plays an Advisory or Consultative Role.

20) *Broadcasting Act*, R.S.C. 1985, c. B-9.01

21) *Canada Labour Code*, R.S.C. 1985, c. L-2, as am. by S.C. 2000, c. 20

22) *Canada Medical Act*, R.S.C. 1952, c. 27

23) *Canada Shipping Act*, R.S.C. 1985, c. S-9
- Ships Crews Food and Catering Regulations, C.R.C. 1978, c.1480

24) *Canadian Food Inspection Agency Act*, R.S.C. 1985, c. C-16.5

25) *Emergency Preparedness Act*, R.S.C. 1985, c. 6 (4th Supp.)

26) *Energy Supplies Emergency Act*, R.S.C. 1985, c. E-9

27) *Excise Tax Act*, R.S.C. 1985, c. E-15

28) *Federal-Provincial Fiscal Arrangements Act*, R.S.C. 1985, c. F-8

29) *Feeds Act,* R.S.C. 1985, c. F-9

30) *Immigration Act*, R.S.C. 1985, c. I-2

31) *National Parks Act*, R.S.C. 1985, c. N-14

32) *Nuclear Safety and Control Act*, R.S.C. 1985, N-28.3

- General Nuclear Safety and Control Regulations, SOR/2000-202

33) *Trade Marks Act*, R.S.C. 1985, c. T-13

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