PLANNING FOR A SUSTAINABLE FUTURE: HEALTH CANADA'S 2011–2014 SUSTAINABLE DEVELOPMENT STRATEGY— 2013–14 UPDATE

March 2013

Internet Component

This Internet component linked from Health Canada's *2013–14 Report on Plans and Priorities* is intended to supplement and provide further detail concerning Health Canada's contribution to the *2010 Federal Sustainable Development Strategy*.

Office of Sustainable Development
Health Canada

Canada

Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. *We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.*

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Executive Summary

Health Canada's Departmental Sustainable Development Strategy (DSDS) outlines Health Canada's ongoing commitment to sustainable development and contains a detailed account of the Federal Sustainable Development Strategy commitments identified in Health Canada's 2013–14 Report on Plans and Priorities

Health Canada's DSDS supports three of the four FSDS themes:

- Theme 1: Addressing Climate Change and Air Quality;
- Theme 2: Maintaining Water Quality and Availability; and
- Theme 4: Shrinking the Environmental Footprint of Government (also known as Greening Government Operations).

As part of Theme 1, Addressing Climate Change and Air Quality, Health Canada commits to advancing knowledge and communications about health risks to Canadians regarding climate change and indoor and outdoor air pollutants. Health Canada's commitments include initiatives to improve performance through the development of guidelines, actions to address industrial emissions, chemicals management requirements for key pollutants and risk management measures to address harmful substances.

As part of Theme 2, Addressing Water Quality and Availability, Health Canada commits to updating and developing federal guidance and guidelines on water quality, through collaboration with the provinces and territories, and providing the international community with information concerning water quality. Health Canada also commits to supporting First Nation communities regarding the monitoring of their drinking water quality.

Health Canada is also advancing knowledge and information concerning the management of chemicals to protect health with respect to water quality and regulating pesticides to minimize risk to people and the environment. Work is also aimed at increasing the percentage of First Nation communities with acceptable water and wastewater facility risk ratings. Health Canada's role will be to help increase capacity among First Nations to put in place risk management measures to improve drinking water and wastewater management.

Finally, as part of Theme 4, Shrinking the Environmental Footprint of Government, Health Canada has distinct targets to reduce the Department's environmental footprint. Initiatives include: the assessment of buildings and implementation of actions to bring its facilities in line with industry-recognized standards; reducing on-road fleet related greenhouse gas emissions; and making more efficient use of printing resources.

Introduction

The *Federal Sustainable Development Act* (FSDA) requires that any Minister whose department is named in Schedule 1 of the *Financial Administration Act* prepare a Departmental Sustainable Development Strategy (DSDS).

Health Canada's DSDS outlines Health Canada's ongoing commitment to sustainable development and contains a detailed account of the Federal Sustainable Development Strategy (FSDS) commitments identified in Health Canada's 2013–14 Report on Plans and Priorities.

1. Health Canada and Sustainable Development

The 1983 World Commission on Environment and Development stated that: "sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs".

Health Canada is committed to sustainable development and contributes to the FSDS by delivering on its vision:

> *Health Canada is committed to improving the lives of all of Canada's people and to making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.*

Implicit in this vision is the recognition that social, economic and environmental conditions play an important role in determining the state of human health, for present and future generations.

2. Managing Sustainable Development at Health Canada

Health Canada integrates sustainable development in its policies and operations through:

- its internal management structure (*2.1*);
- its expenditure, planning and reporting system (*2.2*); and
- the application of analytical techniques, including Strategic Environmental Assessment (*2.3*).

2.1 Internal Management Structure on Sustainable Development

Decisions about sustainable development and how such decisions are applied in the context of Health Canada's mandate are brought to Health Canada's senior executive committees for consideration and approval.

Health Canada provides training to support employees in the consideration of sustainable development principles through the application of analytical tools and resources. The objective of such training is aimed at promoting effective policy and planning decision-making that takes into account the social, environmental, and economic factors inherent to sustainable development. Health Canada contributes to the federal approach to sustainable development by participating in standing and ad hoc interdepartmental working groups and committees.

2.2 Integration with Health Canada's expenditure, planning and reporting processes

As part of the Government of Canada's reporting on FSDS, Health Canada has integrated its sustainable development commitments in its Report on Plans and Priorities and in this document, Health Canada's DSDS. Health Canada reports on progress against these commitments in its annual DSDS Performance Report and Departmental Performance Report.

FSDS implementation strategies that Health Canada leads or supports are fully integrated into the Department's Management Resources and Results Structure. As a basis for reporting, Health Canada measures and monitors its progress against FSDS commitments as follows:

- **Goals and Targets**
  At the government-wide level, under the FSDS, various environmental performance measures, otherwise known as indicators, have been established to assess progress against the FSDS goals and targets. These are presented in the FSDS. Some indicators that address the goals and targets for Themes 1, 2 and 3, (air and climate change, water and nature), have been developed by the Canadian Environmental Sustainability Indicators initiative, with additional indicators coming from affected federal departments. Health Canada has identified specific indicators for some of its targets within the FSDS.
- **Implementation Strategies**
  FSDS implementation strategies are generally more detailed and departmentally-focused. As a result, specific Health Canada departmental performance measures are used to monitor Health Canada's progress in achieving its commitments.

- **Greening Government Operations**
  Greening Government Operations (GGO) involves government-wide targets for reducing the government's environmental footprint. Health Canada has established implementation strategies and a methodology to measure its progress in this area. Details of Health Canada's GGO commitments are also included in Health Canada's Report on Plans and Priorities.

2.3 Application of Analytical Tools and Techniques

Successful integration of sustainable development into policies, plans and programs is supported by the use of analytical tools and management practices that consider, compare and incorporate environmental, social and economic objectives with the aim of preserving similar benefits for future generations.

The tools most commonly identified and used to inform decision-making and to manage risk include: cost-benefit analysis; public surveys; workshops; risk assessment; advisory committees; and literature and case analysis. Risk management is embedded into Health Canada's evidence-based decision-making processes and provides reasonable assurance that policy objectives and desired outcomes will be achieved. Health Canada's approach to risk management is informed by the *Health Canada Decision-Making Framework for Identifying, Assessing, and Managing Health Risks.* Health Canada's approach to risk management is also informed by the precautionary principle. This principle is inherent to evidence-based decision-making and is identified in the preambles of two pieces of legislation and in the body of another for which Health Canada has regulatory responsibilities: the *Canada Consumer Product Safety Act,* the *Canadian Environmental Protection Act, 1999* and the *Pest Control Products Act*.

2.3.1 Strategic Environmental Assessment: An Analytical Tool for Assessing Environmental and Associated Effects

The *Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals*, requires that policies, plans and programs destined for ministerial or Cabinet approval and that may have important environmental effects, require a Strategic Environmental Assessment (SEA). The Guidelines for Implementing the *Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals* were revised in October 2010 and reflect the requirement to apply FSDS goals and targets when undertaking SEAs. As a means of supporting these revised guidelines and Health Canada's 2011 Strategic Environmental Assessment Policy, the Department commits to:

- Continuing to strengthen the application of SEA at Health Canada by considering the Government's environmental goals when developing Health Canada policies, plans and programs;
- Achieving a 95% compliance rate with the *Cabinet Directive on Environmental Assessment of Policy, Plan and Program Proposals* for Memoranda to Cabinet, Treasury Board submissions and decks to Cabinet led by Health Canada; and
- Continuing to pursue best practices on public reporting of SEA results linked to the FSDS goals and targets, to support the principle of making environmental decision-making more transparent.

3. Health Canada's Departmental Sustainable Development Strategy: An Overview

Health Canada's DSDS provides an essential link between its programs and activities and the FSDS. Health Canada's DSDS supports the FSDS in three thematic areas:

- Theme 1: Addressing Climate Change and Air Quality;
- Theme 2: Maintaining Water Quality and Availability; and
- Theme 4: Shrinking the Environmental Footprint of Government.

Health Canada contributes to the FSDS by addressing environmental risks to human health and by seeking to shrink its environmental footprint.

With the exception of the GGO targets in Theme 4, Health Canada's contribution to the FSDS goals, targets and implementation strategies is achieved as part of its regular business. Health Canada will work to achieve the goals and targets in Theme 4 while respecting existing funding envelopes.

The following provides an overview of the commitments Health Canada has made. Refer to Annexes A to E for more detailed information on these commitments and their corresponding FSDS implementation strategies.

3.1 FSDS Theme 1: Addressing Climate Change and Air Quality

Health Canada's work to address climate change and air quality is outlined in Annexes A: Climate Change; B: Air Quality; and D: Chemicals Management. As part of this DSDS, Health Canada will pursue scientific research, risk assessment, monitoring and reporting of climate change impacts and air quality factors that affect human health. This information will support Health Canada and other Government of Canada bodies in developing protection, mitigation and response initiatives including: legislative and regulatory compliance; development of new regulations, policies and programs; and monitoring of and compliance with international agreements to which Canada is a signatory.

With respect to climate change (Annex A: Climate Change), Health Canada is providing guidance and expert advice to public health and emergency management professionals in the development of heat alert and response systems, as well as training tools for health professionals to reduce the vulnerability of communities to extreme heat.

Health Canada will also work with First Nation and Inuit communities in northern Canada to complete research projects to address climate change and health adaptation.

With respect to air quality, Health Canada is pursuing efforts to address indoor and outdoor air quality (Annex B: Air Quality). Existing and new chemical substances are assessed under the Chemicals Management Plan for potential human health risks. (Annex D: Chemicals Management). Health exposure and risk assessments are completed to develop indoor and outdoor air quality guidelines and standards so that risk management measures can be put into place to protect human health. Fuels and emission management technologies will also be assessed for potential adverse effects. Air health research and assessments will support the development of a new national framework to manage air quality, in collaboration with Environment Canada, and provinces and territories.

In addition, Health Canada communicates air pollution health risks to Canadians through such tools as the Air Quality Health Index (AQHI). The AQHI provides Canadians with timely information about how to reduce their exposure to air pollution.

Health Canada consistently collaborates with other international and federal government departments to support international agreements for reducing health risks. Such international initiatives include the *Canada-United States Air Quality Agreement* (1991).

Further, the Clean Air Regulatory Agenda and climate change adaptation activities also support Health Canada's sustainable development goals and targets in Annexes A and B as part of the Clean Air Agenda (CAA). Financial information on planned expenditures under the CAA for 2013–14 is available on Health Canada's website.

3.2 FSDS Theme 2: Maintaining Water Quality and Availability

Access to clean, safe and secure water is crucial for the health of Canadians. Health Canada, as outlined in Annex C: Water, will continue to help protect Canadians by developing and updating health-based drinking water guidelines. Health exposure and risk assessments will be completed to develop these drinking water quality guidelines and standards so that risk management measures are put in place to protect human health. These guidelines are used by the provinces and territories as a basis for establishing their own enforceable requirements for drinking water quality. Health Canada will also develop guidance on drinking water quality for provinces, territories and federal departments/agencies, as well as guidelines for recreational water quality.

Health Canada will collaborate with First Nation communities and other federal departments to continue to enhance First Nation communities' capacity to protect public health through monitoring of drinking water quality and wastewater disposal.

In addition, Health Canada will continue to work with Environment Canada to reduce health risks to Canadians posed by potentially harmful chemicals. As identified in Annex D: Chemicals Management, under the Chemicals Management Plan, Health Canada continues to assess priority existing substances and new chemical substances for which Environment Canada has been notified by industry of their intended manufacture, use or import.

Health Canada will also continue to work to mitigate risk to people and the environment through the regulation of pesticides by conducting activities that span the lifecycle of a pesticide including post market product assessment of registered pesticides against modern standards of the Re-Evaluation Work Plan.

3.3 FSDS Theme 4: Shrinking the Environmental Footprint of Government

As part of the FSDS, opportunities to reduce the environmental footprint of federal government operations have been identified. Health Canada is committed to implementing a number of initiatives in support of minimizing the government's environmental footprint. A sampling of Health Canada's GGO initiatives include: the assessment buildings and implementation of actions to bring its facilities in line with industry-recognized standards; reducing on-road fleet related greenhouse gas emissions; and making more efficient use of printing resources.

Annex E: Shrinking the Environmental Footprint of Government provides additional information on how Health Canada supports GGO. It includes the three-year federal commitments, a brief description of Health Canada's 2013–14 commitments, and a link to detailed implementation tables.

4. Conclusion

Health Canada's DSDS demonstrates its commitment to sustainable development and how that commitment is implicit in its core vision and mission:

> *To improve the lives of all of Canada's people and making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.*

The DSDS improves transparency and accountability of environmental decision-making at Health Canada through the improved use of existing tools such as the Report on Plans and Priorities, the Departmental Performance Report and Strategic Environmental Assessments. The effect is that sustainable development is more effectively integrated into the Department's decision-making and reporting.

As the FSDS process matures and evolves, Health Canada will assess its progress and seek ways to improve the integration of the three pillars of sustainable development—environmental, social, and economic—into decision making.

5. Annex Outline

In support of the FSDS themes, Health Canada has organized its implementation strategies by program in recognition that some implementation strategies may support more than one theme (e.g., Chemicals Management).

THEME ONE: Addressing Climate Change and Air Quality is supported by the following programs:

- Climate Change (Annex A)
- Air Quality (Annex B)
  - Target 2.1—Air Pollutants
  - Target 2.2—Indoor Air Quality
- Chemicals Management (Annex D)
  - Target 2.3—Chemicals Management

THEME TWO: Maintaining Water Quality and Availability is supported by the following program:

- Water (Annex C)
  - Target 3.10—Drinking Water Quality
  - Target 3.11—Drinking Water Quality
- Chemicals Management (Annex D)
  - Target 3.12—Chemicals Management

THEME FOUR: Greening Government Operations is supported by Health Canada's Internal Services:

- Shrinking the Environmental Footprint of the Government (Annex E)
  - Targets 8.1–8.11

The targets and associated implementation strategies information for Themes One and Two have been organized as follows:

- Brief description of Health Canada's activities under FSDS Target
- Link to Health Canada's Program Activity Architecture
- Relationship between the FSDS target, the FSDS implementation strategy and, where applicable, the CAA
- Description of the implementation strategy
- Table of commitments supporting FSDS goals

Theme Four information provided includes a description of the FSDS implementation strategies and key 2013–14 commitments. A link to Health Canada's 2013–14 Report on Plans and Priorities and the GGO Supplementary Information Tables has been provided.

Annex A: Climate Change

GOAL 1: CLIMATE CHANGE:
Reduce greenhouse gas emission levels to mitigate the severity and unavoidable impacts of climate change.

1.1 Target: Climate Change Mitigation

Brief description of Health Canada's activities under FSDS Target

Health Canada supports critical complementary initiatives for adapting to the impact of climate change. These initiatives seek to reduce risk to communities, infrastructure and the health and safety of Canadians, while also building capacity to adapt through planning and taking action.

Climate change and health activities support FSDS implementation strategies under the following theme:

Theme 1—ADDRESSING CLIMATE CHANGE AND AIR QUALITY

Link to Health Canada's Program Activity Architecture

Theme 1—Addressing Climate Change and Air Quality, Target 1.1—Climate Change Mitigation relates to Health Canada's Program Activity Architecture as follows:

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.
Program Activity 2.3: Environmental Risks to Health
Program Sub Activity 2.3.1: Climate Change and Health

Strategic Outcome 3: First Nation and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status.
Program Activity 3.1: First Nations and Inuit Primary Health Care
Program Sub Activity 3.1.2: First Nations and Inuit Public Health Protection
Program Sub Sub Activity 3.1.2.2: Environmental Public Health

Relationship between the FSDS Target, the FSDS Implementation Strategy and the CAA

Theme	FSDS Target	Implementation Strategy	CAA Theme and Program Link
1	1.1 Relative to 2005 emission levels, reduce Canada's total greenhouse gas emissions by 17% by 2020.	1.1.5 Undertake and deliver scientific research and reporting in support of regulatory and other programs, including data analysis, inventory development, monitoring, modeling and assessment of the effectiveness of efforts as well as research on options, costs and benefits, and technology assessments. (Environment Canada, Health Canada, Natural Resources Canada, Transport Canada)	Adaptation Theme • Heat Alert and Response Systems
		New Address the health effects of climate change by funding community-based research projects that enable northern First Nation and Inuit communities to develop climate change adaptation strategies and action plans. (Health Canada)	Adaptation Theme • Climate Change and Health Adaptation for Northern First Nation and Inuit Communities

Description of Implementation Strategy

1.1.5—Undertake and deliver scientific research and reporting in support of regulatory and other programs, including data analysis, inventory development, monitoring, modeling and assessment of the effectiveness of efforts as well as research on options, costs and benefits, and technology assessments. (Environment Canada, Health Canada, Natural Resources Canada, Transport Canada)

This implementation strategy does not relate directly to Climate Change Mitigation. By preparing Canadians for extreme heat events, Health Canada is strengthening Canada's adaptive capacity to reduce the health impacts of our changing climate. While Health Canada's heat alert and response systems support adaptation to the unavoidable impacts of climate change, they do not contribute to reducing greenhouse gas emissions.

Climate change is expected to increase the risks to human health in a number of areas including air and water quality, extreme weather events, and infectious diseases. The extent of these effects depends on how quickly our climate changes, and on how well we adapt to the new environmental conditions and risks to health.

Extreme heat poses a growing risk to the health and well-being of Canadians as climate change is expected to produce a greater intensity, frequency and duration of extreme heat events. Public health and emergency management officials in several Canadian communities are already taking actions to reduce their vulnerability to heat-health risks. Communities and individuals are seeking information about the most effective ways to protect themselves, their families and those most at risk.

New—Address the health effects of climate change by funding community-based research projects that enable northern First Nation and Inuit communities to develop climate change adaptation strategies and action plans (Health Canada)

The purpose of Health Canada's Program for Climate Change and Health Adaptation in Northern First Nation and Inuit Communities is to build capacity by funding community-based participatory research in cooperation with Aboriginal associations, academics, governments and agencies. This will enable communities to develop health-related adaptation plans and communication materials that will help in adaptation decision-making at the community, regional, national and circumpolar levels with respect to human health and a changing environment.

Table of Commitments Supporting FSDS Goals

Implementation Strategies	Performance Indicators	Program Performance Targets
1.1.5	Increased application of heat alert and response systems by Canadian communities.	By March 31, 2016, 12 Canadian communities will have partnered with Health Canada to implement heat alert and response systems.
New	Number of community-based research projects funded to address climate change and health adaptation in First Nation and Inuit communities in northern Canada.	By March 31, 2015, 50 community-based research projects will have been funded to address climate change and health adaptation in First Nation and Inuit communities in northern Canada.

Annex B: Air Quality

GOAL 2: AIR POLLUTION:
Minimize the threats to air quality so that the air Canadians breathe is clean and supports healthy ecosystems.

2.1—Target: Air Pollutants

Brief description of Health Canada's activities under FSDS Target

As a means of addressing outdoor air quality risks to human health, Health Canada's Air Quality program conducts research and assessments on the impacts of outdoor air pollutants on human health to support the development of regulations, standards, guidelines and other risk management actions.

Health Canada's activities under Target 2.1 support FSDS implementation strategies under the following theme:

Theme 1—ADDRESSING CLIMATE CHANGE AND AIR QUALITY

Link to Health Canada's Program Activity

Theme 1—Addressing Climate Change and Air Quality, Target 2.1—Air Pollutants relates to Health Canada's Program Activity Architecture as follows:

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.
Program Activity 2.3: Environmental Risks to Health
Program Sub Activity 2.3.2: Air Quality

Relationship between the FSDS Target and the Implementation Strategy and link to the CAA

Theme	FSDS Target	Implementation Strategy	CAA Theme and Program Link
1	2.1 Reduce air pollutants in order to maintain or improve air quality across the country and achieve the emission targets which are currently under development, in consultation with provinces, territories and stakeholders.	2.1.2 Undertake scientific research and reporting in support of regulatory and other programs delivered, including data analysis, inventory development, monitoring, modeling and assessment of the effectiveness of efforts as well as research on options, costs and benefits including economic and social and technology assessments. (Environment Canada, Natural Resources Canada, Health Canada, Transport Canada)	Clean Air Regulatory Agenda • Atmospheric Research, Monitoring and Modelling • Health and Environmental Impacts of Air Pollutants
		2.1.3 Communicate outdoor air pollution health risks to Canadians through the Air Quality Health Index (AQHI): Continue development of the AQHI and support implementation into additional census metropolitan areas (CMAs). The AQHI provides current and forecast air quality information and advice on health risks in order to assist Canadians in making decisions on how to reduce their level of exposure. (Health Canada, Environment Canada)	Clean Air Regulatory Agenda • Data Collection and Reporting for Atmospheric Pollutants
		2.1.8 Continue to work collaboratively with provinces and territories to develop and implement a coherent approach to managing air quality, including national ambient air quality standards and national industrial emissions requirements for key pollutants. (Environment Canada, Health Canada)	Clean Air Regulatory Agenda • Science Integration, Accountability and Benefits of Action • Atmospheric Pollutants Policy

		2.1.31 Work with the United States to reduce transboundary emissions under the Canada-United States Air Quality Agreement. (Environment Canada, Health Canada)	N/A
		2.1.35 Participate in negotiations for revisions of the *Gothenburg Protocol* under the United Nations Economic Commission Àfor Europe (UNECE) Convention on Long-range Transboundary Air Pollution (LRTAP). (Environment Canada, Health Canada)	N/A

Descriptions of Implementation Strategies

2.1.2—Undertake scientific research and reporting in support of regulatory and other programs delivered, including data analysis, inventory development, monitoring, modeling and assessment of the effectiveness of efforts as well as research on options, costs and benefits including economic and social and technology assessments. (Environment Canada, Natural Resources Canada, Health Canada, Transport Canada)

This activity supports improvements to air quality and associated human health risks through research and assessment of the health risks posed by substances Canadians may be exposed to from ambient air and by supporting the development of ambient air quality standards.

Under the Clean Air Regulatory Agenda, Health Canada plays an important role in improving ambient air quality and protecting the health of Canadians through a broad range of activities. Research studies are conducted to determine what substances Canadians may be exposed to from ambient air. Health risk assessments on these and other substances are carried out in order to develop ambient air quality standards that are used by public health professionals and regulators to better manage air quality. Conventional fuels and their alternatives, as well as fuel emission management technologies, are assessed for any potential adverse health impacts from their use or introduction into the Canadian marketplace.

2.1.3—Communicate outdoor air pollution health risks to Canadians through the Air Quality Health Index (AQHI): Continue development of the AQHI and support implementation into additional census metropolitan areas. The AQHI provides current and forecast air quality information and advice on health risks in order to assist Canadians in making decisions on how to reduce their level of exposure. (Health Canada, Environment Canada)

Through the development and implementation of the AQHI, Health Canada provides Canadians with a tool to assess their potential risk associated with air pollution in real time on a daily basis and advice on how Canadians can reduce their exposure to air pollution.

The AQHI is a tool designed to help Canadians make decisions to protect their health by limiting short-term exposure to air pollution and adjusting their activity levels during increased levels of air pollution. It also provides advice on how Canadians can improve the quality of the air they breathe. This tool has been developed by Health Canada and Environment Canada, in collaboration with the provinces and key health and environment stakeholders.

This Index pays particular attention to people who are sensitive to air pollution and provides them with advice on how to protect their health during air quality levels associated with low, moderate, high and very high health risks.

2.1.8—Continue to work collaboratively with provinces and territories to develop and implement a coherent approach to managing air quality, including national ambient air quality standards and national industrial emissions requirements for key pollutants. (Environment Canada, Health Canada)

This activity ensures a coherent approach to managing air quality through Health Canada's provision of research, assessments and guidelines to provinces and territories. Health Canada's assessment of the potential adverse impacts of conventional fuels and their alternatives and fuel emission management technologies, as well as our cost-benefit analyses for proposed government options to control air pollution sources support the development of national industrial and transportation emissions requirements for key pollutants.

Health Canada, along with Environment Canada, will work with the provinces and territories and other key stakeholders, to implement a national framework to manage air quality (the Air Quality Management System) including new health-driven Canadian ambient air quality standards, local air zone management and emissions requirements for major industrial sectors. Health Canada research and assessments provide the health basis and guidance for developing actions to reduce the health risks from outdoor air pollutants.

2.1.31—Work with the United States to reduce transboundary emissions under the Canada-United States Air Quality Agreement. (Environment Canada, Health Canada)

A significant level of air pollution in certain areas of Canada can be directly attributed to United States industrial sources. Additionally, some Canadian industrial facilities contribute to air pollution in the United States. This implementation strategy relates to the FSDS target of providing a forum in which shared air quality strategies can be addressed and agreements to reduce emissions can be reached.

Under the Clean Air Regulatory Agenda, Health Canada is involved in research and assessments supporting implementation of a comprehensive air management quality system which will lead to reductions in industrial air emissions and provide the basis for negotiating a Particulate Matter Annex to the Canada-United States Air Quality Agreement.

In addition, Health Canada conducts health science assessments in support of regulations to reduce air pollutant emissions from industrial sectors; and coordinated science activities under Sub-committee 2 of the Canada-United States Air Quality Agreement.

2.1.35—Participate in negotiations for revisions of the *Gothenburg Protocol* under the United Nations Economic Commission for Europe (UNECE) Convention on Long-range Transboundary Air Pollution (LRTAP). (Environment Canada, Health Canada)

Health Canada's commitment to this implementation strategy was completed as part of the 2012–13 DSDS.

Table of Commitments Supporting FSDS Goals

Implementation Strategies	Performance Indicators	Program Performance Targets
2.1.2 2.1.8	Trend data shows improvements in air quality and health benefits.	Baseline for air quality and health benefit improvements to be set in 2013–14. Following that, air quality and health benefit improvements will be reported every three years, by percentage change over the period. Date to achieve target: March 31, 2014
2.1.2 2.1.8 2.1.31	Number of federal actions to promote reduction of air pollutant emissions and to protect health.	Publication in *Canada Gazette* of two federal actions to reduce air emissions. Date to achieve target: March 31, 2014
2.1.2	Number of assessments and studies in support of federal actions to promote reduction of air pollutant emissions and to protect health.	Complete draft assessments for two criteria air pollutants and one multi-pollutant sector-based assessment in support of regulations, standards and guidelines for ambient air. Date to achieve target: March 31, 2014
2.1.2	Number of assessments and studies in support of federal actions to promote reduction of air pollutant emissions and to protect health.	Complete one health impacts assessment of a selected fuel or transportation-related initiative to support policy and risk management actions. Date to achieve target: March 31, 2014

2.1.2	Number of assessments and studies in support of federal actions to promote reduction of air pollutant emissions and to protect health.	Complete three research studies to provide information on health effects of indoor and outdoor air pollutants. Date to achieve target: March 31, 2014
2.1.2 2.1.8	Percentage of targeted knowledge transfer activities accomplished.	95% of targeted knowledge transfer activities accomplished. Date to achieve target: March 31, 2014
2.1.3	Percentage of Canadians with access to the Air Quality Health Index.	80% of Canadians have access to the Air Quality Health Index. Date to achieve target: March 31, 2016

2.2—Target: Indoor Air Quality

Brief description of Health Canada's activities under FSDS Target

Another aspect of Health Canada's Air Quality program deals with indoor air quality. Health Canada research and assessment activities support nation-wide outreach to improve air quality in residential and federal buildings. Health Canada scientists assess the exposure of Canadians to indoor air pollution; investigate the health effects of air pollution through research studies; and review scientific studies on the health effects of air pollution to assess health risks. Health Canada also leads in the development of standards and guidelines to reduce health risks, usually in collaboration with other federal departments and/or with provincial and territorial governments. Finally, it informs the Canadian public about health risks from indoor air pollution such as radon and provides recommendations on how to reduce these risks.

Health Canada's activities under the indoor air quality target supports FSDS implementation strategies under the following theme:

Theme 1—ADDRESSING CLIMATE CHANGE AND AIR QUALITY

Link to Health Canada's Program Activity Architecture

Theme 1—Addressing Climate Change and Air Quality, Target 2.2—Indoor Air Quality relates to Health Canada's Program Activity Architecture as follows:

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.
Program Activity 2.3: Environmental Risks to Health
Program Sub Activity 2.3.2: Air Quality
Program Activity 2.6: Radiation Protection

Strategic Outcome 3: First Nation and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status.
Program Activity 3.1: First Nations and Inuit Primary Health Care
Program Sub Activity 3.1.2: First Nations and Inuit Public Health Protection
Program Sub Sub Activity 3.1.2.2: Environmental Public Health

Relationship between the FSDS Target and the Implementation Strategy and link to the CAA

Theme	FSDS Target	Implementation Strategy	CAA Theme and Program Link
1	2.2 Help protect the health of Canadians by assessing indoor air pollutants and developing guidelines and other tools to better manage indoor air quality.	2.2.1 Conduct exposure and risk assessments and source identification studies to support guideline development on priority indoor air contaminants. (Health Canada)	Clean Air Regulatory Agenda • Indoor Air Quality Management—Biological and Chemical Contaminants
		2.2.2 Create a database of indoor radon concentrations, map areas of high radon potential in Canada, test for radon in federal buildings in high-risk and radon-prone areas. The strategy includes a radon awareness program. (Health Canada)	Clean Air Regulatory Agenda • Indoor Air Quality Management—Radioactive Contaminants
		2.2.3 Implement the health promotion campaign on mould as part of the National Strategy to Address Mould in First Nation Communities. (Health Canada)	N/A

Descriptions of Implementation Strategies

2.2.1—Conduct exposure and risk assessments and source identification studies to support guideline development on priority indoor air contaminants. (Health Canada)

This activity develops guidelines and standards to better manage indoor air quality and provides advice for public health professionals and Canadians on how exposure to air pollutants can be reduced.

Health Canada plays an important role in improving indoor air quality and protecting the health of Canadians through a broad range of activities. Research studies are conducted to determine what substances Canadians may be exposed to in their homes or other indoor environments, and how to reduce this exposure. Health risk assessments on these and other substances are carried out in order to develop indoor air quality guidelines that are used by public health professionals and regulators to better manage air quality.

2.2.2—Create a database of indoor radon concentrations, map areas of high radon potential in Canada, test for radon in federal buildings in high-risk and radon-prone areas. The strategy includes a radon awareness program. (Health Canada)

Testing of radon in federal buildings will continue at a reduced level of support in 2013–14 as this survey is ending and is no longer a focus for the radon program.

The implementation strategy is comprised of two primary components for 2013–14:

1. Developing new standards and guidance documents, codes of practice and protocols for measurement and mitigation of radon in homes and workplaces: This includes working with private industry and key partners to investigate and validate methods for radon measurement and improved technologies to reduce intrusion of radon soil gas into buildings. This will help to ensure homeowners, industry partners and stakeholders have tools and resources needed to protect themselves from exposure to radon.
2. Radon education and awareness program: The Department aims to improve public awareness of health risks from exposure to elevated levels of radon and inform Canadians of strategies to reduce their risk by partnering with provinces and stakeholders to provide support in the delivery of targeted outreach communications and programs to homeowners, health professionals and the building industry.

In addition, a database of indoor radon concentrations will be maintained and updated as new information is acquired from residential surveys, radon measurement service providers and members of the public. This information is important to better identify areas of higher indoor radon potential and to perform validation of models used to produce radon potential maps of Canada.

2.2.3—Implement the health promotion campaign on mould as part of the National Strategy to Address Mould in First Nation Communities. (Health Canada)

Health Canada's commitment to this implementation strategy was completed as part of the 2012–13 DSDS.

Table of Commitments Supporting FSDS Goals

Implementation Strategies	Performance Indicators	Program Performance Targets
FSDS Target 2.2 as reported in Health Canada's 2013–14 Report on Plans and Priorities Help protect the health of Canadians by assessing indoor air pollutants and developing guidelines and other tools to better manage indoor air quality. (Health Canada)	**Performance Indicator** Health-based assessments of priority indoor air pollutants and associated management tools (number of indoor air and CMP priority indoor pollutant assessments, guidelines, building or product standards)	
2.2.1	Planned federal actions to promote reduction of air pollutant emissions and to protect health.	Publish at least two indoor air guidelines in *Canada Gazette, Part I* for consultation. Date to achieve target: March 31, 2014
	Number of assessments and studies in support of actions to improve indoor air quality.	Complete two assessments or studies in support of actions to improve indoor air quality. Date to achieve target: March 31, 2014
2.2.2	Percentage of planned guidance documents completed.	80% of planned guidance documents completed. Date to achieve target: March 31, 2014
	Percentage of targeted partners participating in education and awareness and communication activities.	80% of targeted partners participating. Date to achieve target: March 31, 2014
	Percentage of data inputted into database of indoor radon concentrations.	100% of data received inputted into database. Date to achieve target: March 31, 2014

Annex C: Water

GOAL 3: WATER QUALITY:
Protect and enhance the quality of water so that it is clean, safe and secure for all Canadians and supports healthy ecosystems.

3.10—Target: Drinking Water Quality

Brief description of Health Canada's activities under FSDS Target

The responsibility for drinking water quality and adequate wastewater disposal, south of the 60° parallel, is shared among First Nations, Aboriginal Affairs and Northern Development Canada, Health Canada, and Environment Canada. Health Canada assists First Nation communities in establishing drinking water quality monitoring programs and by providing First Nation communities with access to a trained Community-Based Water Monitor or Environmental Health Officer.

Drinking water quality activities support FSDS implementation strategies under the following theme:

Theme 2—MAINTAINING WATER QUALITY AND AVAILABILITY

Link to Health Canada's Program Activity Architecture

Theme 2—Maintaining Water Quality and Availability, Target 3.10—Drinking Water Quality relates to Health Canada's Program Activity Architecture as follows:

Strategic Outcome 3: First Nation and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status.
Program Activity 3.1: First Nations and Inuit Primary Health Care
Program Sub Activity 3.1.2: First Nations and Inuit Public Health Protection
Program Sub Sub Activity 3.1.2.2: Environmental Public Health

Relationship between the FSDS Target and the Implementation Strategy

Theme	FSDS Target	Implementation Strategy
2	3.10 Increase the percentage of First Nation communities with acceptable water and wastewater facility risk ratings by 2013. (Health Canada and Aboriginal Affairs and Northern Development Canada)[1]	3.10.3—Work with First Nation communities to increase the frequency of testing drinking water quality. (Health Canada)
		3.10.6—Continue to enhance capacity to monitor drinking water quality in First Nation communities to protect public health: • 3.10.6.1—Support all First Nation communities in ensuring access to a trained Community-Based Water Monitor (CBWM) or Environmental Health Officer (EHO). (Health Canada) • 3.10.6.2—Support all First Nation communities in monitoring drinking water quality as per the Guidelines for Canadian Drinking Water Quality (GCDWQ). (Health Canada)
		3.10.8—Continue to provide First Nations with communications products to enhance public awareness and knowledge as well as increase the confidence of First Nations residents about the safety of their drinking water supply. (Health Canada)

Descriptions of Implementation Strategies

3.10.3—Work with First Nation communities to increase the frequency of testing drinking water quality. (Health Canada)

There is an indirect relationship between this implementation strategy and the target. Over time, by working with First Nation communities to identify challenges with meeting recommended testing frequencies, and to implement appropriate actions, Health Canada will increase the frequency of drinking water quality testing at tap. Regular testing of drinking water quality offers timely identification of potential problems with drinking water quality, minimizing potential risks to public health and therefore contributes to increasing the percentage of First Nation communities with acceptable water and wastewater facility ratings.

Health Canada assists First Nation communities in establishing drinking water quality monitoring programs. This includes: verification monitoring of the overall quality of drinking water at tap, and reviewing, interpreting and disseminating results to First Nations; providing advice, guidance and recommendations for First Nation communities about drinking water safety and safe disposal of onsite domestic sewage; and reviewing water and wastewater infrastructure project proposals from a public health perspective.

Health Canada aims to ensure that drinking water quality in First Nation communities is tested as per the Guidelines for Canadian Drinking Water Quality (GCDWQ). The latest edition of the GCDWQ set out the basic parameters all drinking water systems should strive to achieve in order to deliver clean, safe and reliable drinking water at tap. Although the overall frequency of drinking water quality testing as per the GCDWQ in First Nations distribution systems has increased over the last few years, not all distribution systems are tested at the frequencies recommended in the GCDWQ.

In order to increase the frequency of drinking water quality testing, Health Canada continues to work with First Nation communities to identify challenges with meeting recommended testing frequencies and implementing appropriate actions.

3.10.6—Continue to enhance capacity to monitor drinking water quality in First Nation communities to protect public health:

3.10.6.1—Support all First Nation communities in ensuring access to a trained Community-Based Water Monitor (CBWM) or Environmental Health Officer (EHO). (Health Canada)

3.10.6.2—Support all First Nation communities in monitoring drinking water quality as per the Guidelines for Canadian Drinking Water Quality (GCDWQ). (Health Canada)

Health Canada works in collaboration with First Nations to ensure that drinking water quality monitoring programs are in place in First Nation communities south of 60 degrees parallel in Canada. Health Canada aims to ensure that drinking water quality in First Nation communities is tested as per the GCDWQ. The latest edition of the GCDWQ set out the basic parameters all drinking water systems should strive to achieve in order to deliver clean, safe and reliable drinking water at tap. Although the overall frequency of drinking water quality testing as per the GCDWQ in First Nations distribution systems has increased over the last few years, not all distribution systems are tested at the frequencies recommended in the GCDWQ.

In First Nation communities, EHOs and CBWMs share responsibility for drinking water quality monitoring at tap as per the GCDWQ. EHOs monitor drinking water quality for bacteriological, chemical, physical and radiological parameters, interpret drinking water quality results, disseminate results to First Nation authorities and maintain quality assurance. CBWMs are First Nations community members trained by an EHO. They are responsible for monitoring bacteriological water quality and disseminating results.

Capacity to monitor drinking water quality as per the GCDWQ in First Nation communities is supported by Health Canada through the provision of funding to Chief and Council for drinking water monitoring through the CBWM program, and training of CBWMs to monitor the drinking water for potential bacteriological contamination as a final check on the overall safety of the drinking water at tap. EHOs and CBWMs are the primary service providers with respect to drinking water quality monitoring, and it is therefore important to provide them with the support necessary to perform their duties effectively to better protect the public health of First Nations residents.

In order to continue enhancing capacity to monitor drinking water quality in First Nation communities to protect public health and maintain current level of services, Health Canada will continue to work with First Nation communities to identify and address challenges associated with access to trained CBWMs or EHOs and with monitoring of drinking water as per the GCDWQ.

3.10.8—Continue to provide First Nations with communications products to enhance public awareness and knowledge as well as increase the confidence of First Nations residents about the safety of their drinking water supply. (Health Canada)

Health Canada's commitment to this implementation strategy was completed as part of the 2011–12 DSDS.

Table of Commitments Supporting FSDS Goals

Implementation Strategies	Performance Indicators	Program Performance Targets
FSDS Target 3.10 as reported in Health Canada's 2013–14 Report on Plans and Priorities * Increase the percentage of First Nation communities with acceptable water and wastewater facility risk ratings by 2013. (Health Canada and Aboriginal Affairs and Northern Development Canada)	**Performance Indicator** Percentage of First Nation communities with acceptable water and wastewater facility risk ratings	
3.10.6.1	Percent of First Nation communities that have access to a trained Community-Based Water Monitor or an Environmental Health Officer to monitor their drinking water.	Maintain full access to a trained Community-Based Water Monitor or an Environmental Health Officer for First Nation communities. Date to achieve target: March 31, 2014
3.10.3 3.10.6.2	Percentage of public water systems in First Nation communities that meet weekly monitoring frequency for bacteriological parameters (e.g. as recommended by the Guidelines for Canadian Drinking Water Quality).	Maintain the recommended weekly monitoring for bacteriological parameters for 50% of public water systems. Date to achieve target: March 31, 2014

* Aboriginal Affairs and Northern Development Canada provides the data for this performance indicator.

3.11—Target: Drinking Water Quality

Brief description of Health Canada's activities under FSDS Target

Health Canada's Water Quality program, in collaboration with partners and stakeholders, develops and promotes the application of water quality guidelines/guidance documents (including provisional/emergency guidance values), as well as strategies and tools, in support of safe Canadian drinking water.

Drinking water quality activities support FSDS implementation strategies under the following theme:

Theme 2—MAINTAINING WATER QUALITY AND AVAILABILITY

Link to Health Canada's Program Activity Architecture

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.
Program Activity 2.3: Environmental Risks to Health
Program Sub Activity 2.3.3: Water Quality

Relationship between the Implementation Strategy and the FSDS Target

Theme	FSDS Target	Implementation Strategy
2	3.11 Help protect the health of Canadians by developing health-based water guidelines. (Health Canada)	3.11.2 Update "Guidance for providing safe drinking water in areas of federal jurisdiction." (Health Canada)
		3.11.7 Develop up to five guidelines and guidance on water quality (i.e. drinking water, recreational water and water re-use) in collaboration with provinces/territories, supported by technical documents, as a basis for their regulatory requirements. (Health Canada)
		3.11.10 Support provinces and territories and internationally by sharing and disseminating scientific risk assessments on drinking water contaminants. (Health Canada)

Descriptions of Implementation Strategies

3.11.2—Update "Guidance for providing safe drinking water in areas of federal jurisdiction." (Health Canada)

Health Canada provides scientific guidance and advice so that federal departments can meet their responsibilities for providing safe drinking water in a manner that is based on the multi-barrier approach and health-based water quality guidelines.

The Department develops and updates a guidance document for federal departments that have responsibilities for producing and/or providing safe drinking water in areas of federal jurisdiction, including on federal lands (e.g. national parks), in federal facilities (e.g. military bases) and in First Nation communities. The document is produced by the Interdepartmental Working Group on Drinking Water, for which Health Canada provides the scientific secretariat. Health Canada provides scientific guidance and expertise for the document, which is based on a multi-barrier approach to safe drinking water. It complements requirements established in federal Acts, including the *Canada Labour Code,* the *Food and Drugs Act,* the *Corrections and Conditional Release Act,* and the *National Defence Act,* for departments to meet the Guidelines for Canadian Drinking Water Quality as the minimum standard for safe drinking water.

3.11.7—Develop up to five guidelines and guidance on water quality (i.e. drinking water, recreational water and water re-use) in collaboration with provinces/territories, supported by technical documents as a basis for their regulatory requirements. (Health Canada)

Health Canada works in collaboration with provinces/territories to develop an average of five guidelines/guidance documents per year. This ensures that challenges specific to each jurisdiction are considered. These guidelines/guidance documents on water quality (i.e. drinking water, recreational water and household reclaimed water) are used as a basis for their regulatory requirements.

The Guidelines for Canadian Drinking Water Quality are used by all provinces and territories as the basis for establishing their regulatory requirements for drinking water quality. Guidelines for recreational water quality, and for household reclaimed water, are also developed, and collaboration is undertaken on standards for drinking water materials. Work is done in close collaboration with partners and stakeholders, research related to drinking water is directed and supported by this activity, and partnerships are forged with stakeholders to address key challenges to drinking water safety, including small community drinking water supplies.

3.11.10—Support provinces and territories and internationally by sharing and disseminating scientific risk assessments on drinking water contaminants. (Health Canada)

Health Canada provides scientific risk assessments of the impact of drinking water contaminants on human health in support of developing Guidelines for Canadian Drinking Water Quality.

The development of health risk assessments for microbiological and chemical contaminants supports the development of guidelines for drinking water quality. These assessments are used by all provinces and territories as the basis for establishing their regulatory requirements for drinking water quality. Guidance and guidelines on water quality are published on Health Canada's website and are available to international partners.

Table of Commitments Supporting FSDS Goals

Implementation Strategies	Performance Indicators	Program Performance Targets
FSDS Target 3.11 as reported in Health Canada's 2013–14 Report on Plans and Priorities Help protect the health of Canadians by developing health-based water guidelines (Health Canada).	**Performance Indicator** Health-based water guidelines (number of water guidelines/guidance documents approved by federal/provincial/territorial Committee by product type (guideline/ guidance document)	
3.11.2 3.11.7 3.11.10	Number of water quality guidelines/ guidance documents approved by federal/provincial/territorial committees by product type (guideline, guidance document).	On average, five guidelines/ guidance documents approved by federal/provincial/territorial committees annually. Date to achieve target: March 31, 2014

Annex D: Chemicals Management

2.3 and 3.12—Target: Chemicals Management

Brief description of Health Canada's activities under FSDS Target

Working collaboratively with Environment Canada under the Chemicals Management Plan (CMP), Health Canada assesses chemical substances for potential human health risks, and in the case of pesticides health and environmental risks, and develops risk management measures to protect Canadians from those substances determined harmful to human health.

Health Canada's chemicals management program contributes to the FSDS in supporting improvements in human health through its activities aimed at reducing threats to the health of Canadians from harmful chemical substances.

CMP supports FSDS implementation strategies under the following two themes:

Theme 1—ADDRESSING CLIMATE CHANGE AND AIR QUALITY

Theme 2—MAINTAINING WATER QUALITY AND AVAILABILITY

Link to Health Canada's Program Activity Architecture

Theme 1—Addressing Climate Change and Air Quality and Theme 2—Maintaining Water Quality and Availability, Target 2.3 and 3.12—Chemicals Management relates to Health Canada's Program Activity Architecture as follows:

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.
Program Activity 2.3: Environmental Risks to Health
Program Sub Activity 2.3.4: Health Impacts of Chemicals
Program Activity 2.7: Pesticides

Relationship between the FSDS Target and the Implementation Strategy

Theme	FSDS Target	Implementation Strategy
1 and 2	2.3 and 3.12 Reduce risks to Canadians and impacts on the environment posed by harmful substances as a result of decreased environmental concentrations and human exposure to such substances.	2.3.4 and 3.12.4 Assess 100% of existing commercial substances as identified under the Chemicals Management Plan for risks to human health and/or the environment (100% of total of 4300 by 2020). (Environment Canada, Health Canada)
		2.3.5 and 3.12.5 Assess 100% of new substances, for which Environment Canada has been notified by industry of their intended manufacture or import, to determine if they are suspected of being toxic within the timelines in the regulation or established services standards. (Environment Canada, Health Canada)
		2.3.8 and 3.12.7 Ensure at least one risk management measure is in place within the legally mandated timeframes for 100% of substances added to the *List of Toxic Substances*. (Environment Canada, Health Canada)
2	3.12 Reduce risks to Canadians and impacts on the environment posed by harmful substances as a result of decreased environmental concentrations and human exposure to such substances.	New Prevent unacceptable risk to people and the environment through the regulation of pesticides. (Health Canada)

Descriptions of Implementation Strategies

Chemicals Management Plan

Through the FSDS implementation strategies below, Health Canada programs cooperate with Environment Canada under the *Canadian Environmental Protection Act,* 1999 to support FSDS goals through the assessment and management of the potential risks posed by existing substances produced, imported or used in Canada.

2.3.4 and 3.12.4—Assess 100% of existing commercial substances as identified under the Chemicals Management Plan (CMP) for risks to human health and/or the environment (100% of total of 4300 by 2020). (Environment Canada, Health Canada)

Health Canada activities include risk assessments of existing (post-market) substances and developing risk management strategies, policies and regulations for substances determined as harmful to human health, as a complement to Environment Canada's review of environmental impacts. These activities reduce the health risks to Canadians posed by substances by identifying those that may be harmful and taking appropriate steps to reduce this risk.

Health Canada is in the process of assessing existing substances as priorities identified under the CMP, both to determine whether they are harmful to human health due to their inherent properties, and the level of exposure to the Canadian public. Health Canada's research on the nature of existing substances and Canadians' exposure to them support the scientifically grounded, risk-based approach used to assess the impact of chemical substances on Canadians' health and to guide risk management or regulatory actions for substances determined to be harmful to human health.

Within the targeted assessment of 4300 substances by 2020, 1500 substances are planned for assessment by the end of 2016. The 2013-14 target supporting that goal is to assess 33% of those 1500.

2.3.5 and 3.12.5—Assess 100% of new substances, for which Environment Canada has been notified by industry of their intended manufacture or import, to determine if they are suspected of being toxic within the timelines in the regulation or established services standards. (Environment Canada, Health Canada)

Health Canada activities include assessing and managing potential health risks associated with new (pre-market) substances, including products of biotechnology. For new substances in *Food and Drugs Act* regulated products, the Department also assesses potential harm to the environment. These activities reduce the health risks to Canadians posed by substances by identifying those that may be harmful and taking appropriate steps to reduce this risk.

Health Canada also assesses substances and products of biotechnology that are new to the Canadian market both to determine whether they are harmful to human health due to their inherent properties and the level of exposure to the Canadian public. Health Canada's research on the nature of new commercial substances and the products of biotechnology and Canadians' exposure to them support a scientifically grounded, risk-based approach used to assess the impact of chemical substances on Canadian health and to guide risk management or regulatory actions for substances determined to be harmful to human health.

2.3.8 and 3.12.7—Ensure at least one risk management measure is in place within the legally mandated timeframes for 100% of substances added to the *List of Toxic Substances*. (Environment Canada, Health Canada)

Under the Canadian Environmental Protection Act, 1999, the Department in cooperation with Environment Canada, develops and implements risk management strategies, policies and regulations to manage the potential risks posed by substances that are assessed to be harmful to human health. This implementation strategy relates to the FSDS targets by ensuring that timely risk management instruments are put in place to mitigate human exposure and reduce the risk to Canadians posed by harmful substances.

It is directly through the risk management actions above that Health Canada contributes to decreases in environmental concentrations and human exposure to harmful substances.

Pesticide Safety

New—Prevent unacceptable risk to people and the environment through the regulation of pesticides. (Health Canada)

In the delivery of this program, Health Canada conducts activities that span the lifecycle of a pesticide, including; pre and post market product assessments for health and environmental risks and product values; risk management; post market surveillance; compliance and enforcement; changes in use; cancellation, or phase out of products that do not meet standards; and consultations and public awareness building.

Health Canada leverages its international efforts to align regulatory approaches to provide access to the best science available in meeting its mandate with respect to pesticides.

The objective of this program is to protect the health and safety of Canadians and their environment relating to the use of pesticides.

Table of Commitments Supporting FSDS Goals

Implementation Strategies	Performance Indicators	Program Performance Targets
FSDS Target 2.3 and 3.12 as reported in Health Canada's 2013–14 Report on Plans and Priorities Reduce risks to Canadians and impacts on the environment posed by harmful substances as a result of decreased environmental concentrations and human exposure to such substances. (Environment Canada and Health Canada)	**Performance Indicator** *Percentage decrease of concentrations of selected substances (PFOS and PBDE) in water from baseline data Levels of exposure to substances of concern by substance *Canadian releases of selected controlled substances	
2.3.4 2.3.5 3.12.4 3.12.5	Level of exposure to substances of concern.	Determination of substances to be included in baseline calculation and pilot methodology to be completed in 2013–14. Date to achieve target: March 31, 2014
2.3.4 3.12.4	Percent (approximately) of total 1500 existing substances targeted by 2016 assessed.	33% or 500 (approximately) of total 1500 exiting substances targeted by 2016 are assessed. Date to achieve target: March 31, 2014

2.3.4 3.12.4 2.3.8 3.12.7	Percent of substances assessed to be harmful to human health for which at least one risk management instrument was developed within mandated timeframes, by category of substance (new and existing).	100% of substances assessed to be harmful to human health have at least one risk management instrument developed within mandated timeframes (overall and within each respective year). Date to achieve target: March 31, 2014
2.3.4 3.12.4	Report on level of exposure in humans of substances of concern by substance.	Canadian Health Measures Survey report published every three years (next report to be published in April 2013). Date to achieve target: April 31, 2013
2.3.5 3.12.5	Efficiency of key Regulatory System Services: Percentage of new substances for which industry has sent notification of their manufacture or import that are assessed within targeted timelines.	100% (overall and within each respective year) of new substances for which industry has sent notification of their manufacture or import are assessed within targeted timelines. Date to achieve target: March 31, 2014
New	Percent of registered pesticides that are re-assessed, as part of the post market product assessments process, against modern standards according to the Re-Evaluation Work Plan.	80% of registered pesticides are re-assessed, as part of the post market product assessments process, according to the Re-Evaluation Work Plan. Date to achieve targets: March 31, 2014

*Environment Canada provides the data for this performance indicator.

Annex E: Shrinking the Environmental Footprint of Government

The following is the list of Greening Government Operations targets in the FSDS.

Theme 4—GREENING GOVERNMENT OPERATIONS (GGO)

Minimize the environmental footprint of government operations.

- 8.1 Target: As of April 1, 2012, and pursuant to departmental strategic frameworks, new construction and build-to-lease projects and major renovation projects will achieve an industry-recognized level of high environmental performance.
- 8.2 Target: As of April 1, 2012, and pursuant to departmental strategic frameworks, existing crown buildings over 1000 m^2, will be assessed for environmental performance using an industry-recognized assessment tool.
- 8.3 Target: As of April 1, 2012, and pursuant to departmental strategic frameworks, new lease or lease renewal projects over 1000 m^2, where the Crown is the major lessee, will be assessed for environmental performance using an industry-recognized assessment tool.
- 8.4 Target: As of April 1, 2012, and pursuant to departmental strategic frameworks, fit-up and refit projects will achieve an industry-recognized level of high environmental performance.
- 8.5 Target: The Government of Canada will take action now to reduce levels of greenhouse gas emissions from its operations, to match the national target of 17% below 2005 by 2020.
- 8.6 Target: By March 31, 2014, each department will reuse or recycle all surplus electronic and electrical equipment in an environmentally sound and secure manner.
- 8.7 Target: By March 31, 2013, each department will achieve an 8:1 average ratio of office employees to printing units. Departments will apply target where building occupancy levels, security considerations, and space configuration allow.
- 8.8 Target: By March 31, 2014, each department will reduce internal paper consumption per office employee by 20%. Each department will establish a baseline between 2005–06 and 2011–12, and applicable scope.
- 8.9 Target: By March 31, 2012, each department will adopt a guide for greening meetings.
- 8.10 Target: As of April 1, 2011, each department will establish at least three SMART green procurement targets to reduce environmental impacts.
- 8.11 Target: As of April 1, 2011, each department will establish SMART targets for training, employee performance evaluations, and management processes and controls, as they pertain to procurement decision-making.

In 2013–14, Health Canada will demonstrate progress against the GGO targets by:

- Achieving the industry-recognized standards for three fit-up/refit projects by March 31, 2014.
- Continuing to reduce on-road fleet-related greenhouse gas emissions to support the achievement of a 10% reduction by 2020–21 (using the 2005–06 baseline).
- Implementing programs across the country for environmentally sound and secure reuse or recycling of surplus electronic and electrical equipment by March 31, 2014.
- Maintaining an 8:1 average ratio of office employees to printing units through March 31, 2014.
- Reducing internal paper consumption per office employee by 20% (using the 2010–11 baseline).
- Meeting or exceeding green procurement targets for office supplies and IT hardware.

A link to the details of Health Canada's implementation strategies is included in Health Canada's Report on Plans and Priorities.

Footnotes

Footnote 1

Drinking water on reserve remains a primary focus of Aboriginal Affairs and Northern Development Canada's current Key Performance Indicators mapping pilot. Targets will be revised based on pilot's recommendations.