# Health Canada

## 1999-2000
## ESTIMATES

## A REPORT ON PLANS AND PRIORITIES

Allan Rock
Minister of Health

## THIS REPORT

This report presents Health Canada's plans for the period from 1999-2000 through 2001-2002. It explains how the Department will use its resources to deliver its programs to the Canadian public. These plans are based on decisions that have received approval and funding. Our plans and strategies will, of course, evolve to meet new challenges in health and to reflect federal priorities.

Our progress on meeting the plans presented in this Report will be provided in the Departmental Performance Report for the year ending March 31, 2000.

Starting in 1998-1999, Health Canada's programs have been managed by five business lines and one support business line as follows:

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

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

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# SECTION I: MESSAGES

**Minister's Message**

I am pleased to present Health Canada's Report on Plans and Priorities for 1999-2000 to Parliament and to Canadians.

Canada's health care system has long been a source of pride for Canadians. It reflects the kind of country we have built together – a country that makes health care available to all its citizens on the basis of need, not the ability to pay, and provides the foundation for good health through a caring society, strong economy and healthy environment.

With the 1999 Budget, Canadians witnessed the largest single investment our government has ever made – a substantial commitment to their continued health. Together with the historic agreements on health and the Social Union reached by Canada's First Ministers on February 4, the 1999 Budget marks a turning point in the development of Canada's health system.

As Canada's Minister of Health, one of my prime objectives is to work with my federal, provincial and territorial colleagues to help Canadians maintain and improve their health. My department has identified the ways in which it can do most to achieve this goal, by demonstrating leadership and building partnerships. We are concentrating our resources and attention on those priorities.

This report sketches the new investments in certain Health Canada initiatives that were announced in Budget 1999. However, the bulk of the document details the full range of initiatives that Health Canada is undertaking to promote health research, enhance health information, expand efforts to promote health and prevent health problems, and improve First Nations and Inuit health services. All of these initiatives complement the increased Canada Health and Social Transfer payments to the provinces and territories for health care that were announced in the 1999 Budget.

Canadians are already one of the world's healthiest populations. I am confident that my department's commitment to partnership, leadership, transparency and accountability will help ensure they enjoy even better health in the next millennium. That is Health Canada's number one priority.

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

## Management Representation

**Report on Plans and Priorities 1999-2000**

I submit, for tabling in Parliament, the 1999-2000 Report on Plans and Priorities (RPP) for Health Canada.

To the best of my knowledge the information:

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

I am satisfied as to the quality assurance processes and procedures used for the RPP's production. The planning and reporting structure on which this document is based has been approved by Treasury Board Ministers and is the basis for accountability for the results achieved with the resources and authorities provided.

Robert S. Lafleur
Senior Assistant Deputy Minister
March 9, 1999

# SECTION II: DEPARTMENTAL OVERVIEW

**Mission**

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

**Mandate, Roles and Responsibilities**

Canadians place a very high premium on their health and the health of their families. Good health is a fundamental element of the quality of life of individual Canadians and their communities. Good health, however, is more than just the absence of disease or illness. A healthy life is one of physical, mental and spiritual well-being. It is a resource for everyday living. At a population level, health contributes immeasurably to social well-being and economic productivity.

It is now widely accepted that an integrated approach to health is essential to creating healthy individuals and communities. This approach encompasses four basic, inter-related components:

- *health protection* that prevents or reduces the incidence of illness and injury by direct regulatory or other action to manage risks over which individuals, by themselves, have little or no control;
- *health promotion* that provides individuals, groups, communities and the general population with information and tools (or access to them) so that they can make informed decisions about their health;
- *health cure and care* that eliminates health problems or provides remedial treatment and care when individuals become ill or injured; and
- *an integrated infostructure* that supports the first three components by enabling the generation, organization and dissemination of information and knowledge relevant to the making of health policy, program and medical decisions.

> The ultimate goal of everything we do in the health sector is the improvement in health status and quality of life at the level of both population and individuals.
>
> ***National Forum on Health, 1997***

While Health Canada plays an important role in all four components, the delivery of health services is a complex, multi-jurisdictional responsibility. Success depends on collaboration and coordination among many partners and stakeholders: federal, provincial, and territorial governments; First Nations and Inuit organizations; the voluntary and community sector; health professionals; the private sector; and, ultimately, individual Canadians. Health Canada's mission — *to help the people of Canada maintain and improve their health* — goes to the core of the federal role in health and the collaborative nature of health service delivery in Canada.

Health Canada's legislative mandate is stated in the *Department of Health Act* and some 19 other pieces of legislation. Together, they spell out the Department's role in providing national leadership, collaboration and coordination in health policy, regulations, disease and injury prevention, health promotion, health information and knowledge, and First Nations and Inuit health; and in the delivery of health services. The Department's responsibilities cover such areas as:

- ❍ the safety of products — food, water, drugs, medical and radiation-emitting devices, pest control products and consumer products;
- ❍ controlling the sale and advertising of tobacco products;
- ❍ controlling the sale and use of narcotics;
- ❍ protection against environmental and workplace hazards, including the occupational health and safety of federal government workers;
- ❍ supporting disaster and emergency relief operations;
- ❍ the application of quarantine measures;
- ❍ providing medical services to visiting dignitaries;
- ❍ delivery of health services to First Nations and Inuit peoples;
- ❍ promoting healthy behaviours and lifestyles; and
- ❍ analyzing, creating, sharing and using health information and knowledge strategically.

**Operating Environment**

By many measures, Canadians are already among the healthiest people in the world, and the overall level of health is improving. Deaths in the first year of life have dropped 82% since the 1950's. Fewer adults now die of heart disease or injury. Life expectancy has risen to 81 years for women and 75 years for men, and Canadians can expect to live 90% of that time without disabling health problems.

Health care restructuring together with reductions in health budgets over the last several years, however, have created a climate of anxiety for Canadians. Many lack confidence that services will be there when they are needed.

Restoring the confidence of Canadians in the health care system is, therefore, the greatest public policy issue in Canada.

This requires more than just spending more money. It calls for a better understanding of the forces that are acting on health and health care so that resources can be spent wisely, in ways that will respond to the needs of Canadians, bolster the values that led Canadians to create Medicare, and ensure the sustainability of health care in the future.

**Drivers of Change**

In this respect, three trends taking shape in Canada have important implications for health and health care:

1) Health science and technology are advancing rapidly.

The last half of the Twentieth Century has witnessed an unprecedented explosion of scientific knowledge — and of ways to protect and improve human health. There are scores of new devices

for assessing health; hundreds of new techniques for diagnosing and treating illnesses; thousands of new drugs.

Historically, Canadians have improved their health and strengthened Canada's productivity by investing in health research. The application of enhanced knowledge to such areas as immunization, nutrition and neo-natal care, has extended life spans dramatically and greatly improved individual well-being in Canada.

In the future, biotechnology and research breakthroughs will bring even more spectacular developments: gene therapies, new vaccines, and drugs that replace the need for surgery.

These developments are creating four types of challenges and opportunities for health and health care in Canada:

- The cost of providing Canadians with the highest quality care is growing – the drugs to treat a Canadian with HIV can cost more than $20,000 a year – and to remain at the leading edge of care requires sophisticated research conducted by highly skilled and much sought-after experts.

- The availability of new treatments is generating demand for other types of services. For example, people recovering from heart surgery can recuperate at home, if they are visited occasionally by a health professional and have someone to look after their day-to-day needs. Governments and the health community are looking at ways to readjust services to take such changes in demand into account. In so doing, they can also help Canadians take advantage of the resulting expanding health-career opportunities.

- Canadian ethical values are increasingly being challenged by new issues, such as the manipulation of genes, research using embryonic materials, or xenotransplantation (the use of animal organs in humans).

- With specialization comes increasing fragmentation. As science and technology have become more complex, medical personnel have become more specialized. For practitioners, staying up-to-date on the most effective methods of treatment and the most recent care guidelines is a time-consuming and difficult chore.

  Patients, who at one time may have been treated solely by a family doctor, may now have to visit several health care practitioners. As they try to move from doctor to doctor, location to location, medical professional to non-medical professional, Canadians are sensing that what once seemed a coherent system now seems an uncoordinated series of separate stops. Making sure medical records and diagnostic results are available to the right medical practitioner can be time consuming and frustrating.

  At the same time, evidence about what works and does not work is not gathered in a systematic way. Thus, health care providers — and Canadians — are often left to make decisions about health with less than adequate information.

2) Canadians are getting older as a society.

The baby boom generation is just starting to turn 50. Canadians over 65 comprise 12 percent of the population today. By 2030 this group will make up more than 22 percent of the population. This has tremendous ramifications for the health system.

As people age, they require more health care — the 12 percent of the population over age 65 today account for 39 percent of Canada's health care costs. The health care costs for the average 70 year old person are six times more than those for the average 40 year old. With the changing demographics, there will be relatively fewer working age Canadians to cover the increased costs.

There are new health care options for older Canadians, such as joint replacements and gene therapies, that can increase an individual's quality of life. The availability of these options will further increase the demand for services that simply did not exist previously – and for evidence, based on research, that such new treatments are effective.

The changing demographics will influence health research in other ways. As one example, the health community will want to find ways to help elderly Canadians overcome the over-reliance on medication that sometimes accompanies aging. From five to ten percent of seniors admitted to hospitals are there because of adverse drug reactions.

Canada's aging society also affects the structure of care services Canadians will need. Chronic diseases, such as diabetes, arthritis and heart problems, affect many older Canadians. Because these diseases frequently require changes to personal behaviour and self care, they can often be treated more effectively and efficiently in community health centres or at home than in hospitals. Also, elderly people who are hospitalized may need home or community services when they are discharged, as do new mothers released soon after childbirth. This means Canadians will need more home and community care, and long-term and chronic care services and providers in the future. It also means that physician services will have to be much better integrated into home and community services than they are today.

In the past, women traditionally played the role of caretaker for the elderly. Even today, one in five women provides care to someone in the home, for an average of 28 hours per week. Half of these women are working; and many have children. Imposing an additional home care burden is often unfair and unrealistic.

For the First Nations and Inuit population, the scenario will be different. First Nations and Inuit people represent the fastest growing segment of the Canadian population and the main focus will not be on seniors, but rather on addressing the health problems of the younger population. The First Nations and Inuit population is a relatively young one with seventy-five percent under the age of 40 and fifty percent under the age of 25. Seniors 65 years and over represent five percent of the total population, which means that although health issues related to seniors are important, it is the health and social issues associated with this fast-growing population that dominate First Nations and Inuit health issues.

3) Canadians' expectations are rising.

In an increasingly knowledge-based society, Canadians have access to more information than ever about health and health care – from magazines, newspapers, television programs, and the Internet. Through the Internet, for example, people increasingly are able to conduct in-depth research on health issues of personal interest, rely on the information discovered, and remain current on health problems and solutions.

Knowledgeable about the dramatic innovations in science and technology, and aware of the increasing need for health services as they age, Canadians are demanding more of Canada's health system. They want to be much more involved in decisions affecting their health. They want to know about alternative treatments. They want access to the best available technologies and procedures. They

want evidence that particular treatments are effective. And they want the ability to make choices about their health and health care.

First Nations and Inuit are also demanding to be more involved in decisions affecting their health. They see the development of a sustainable, well integrated First Nations and Inuit health system as key, with the ultimate goal being the autonomy and control of health programs and resources by First Nations and Inuit.

**The Way Ahead**

As these developments suggest, the challenges facing health and health care in Canada are significant and pressing. Responding to these challenges will require not just more money but a substantial rethinking of how health services are delivered in Canada.

Governments, health care providers and individual Canadians — can work together in a spirit of cooperation and good will to seek innovative new ways to achieve a more flexible, more integrated, more accessible, more accountable health system for Canada.

An **integrated health system** would encompass health promotion, disease prevention, treatment and care.

In an integrated system of quality care:

- the full range of health care services — from primary care to hospital care to home and community care to long-term and end of life care — would be closely connected, ensuring Canadians a smooth transition from one health services provider to another;

- information technology would improve service to Canadians by letting service providers share patient records and diagnostic test results with other providers, while carefully protecting and strengthening the confidentiality of the information; and

- doctors, nurses and other health workers would vigorously and effectively promote healthy lifestyles and the prevention of accidents and illness so as to reduce Canadians' need for health care. Researchers, working together as a community, would study all the factors affecting health and health care, and their findings would flow to those who could benefit from them.

**Accessible quality care** means that:

- all Canadians, including those in rural and remote areas, would be able to obtain ready access to health care services as well as information on improving health and preventing disease.

  In many centres, primary and acute care services will continue to evolve, as medical care practitioners team up to ensure that key services are easily accessible. Through information technology and advancements in telehealth, Canadians outside of major cities would have access to more high quality services;

- waiting times would be based on a fair and valid means of prioritizing needs for services, where those who require treatment the most are the ones who receive it first; and

- Canadians would have access, at home or in their communities, to the reliable, up-to-date information needed to make informed choices about their health and health care needs.

**Accountable quality care** means:

- a health care system that would measure the quality of health care services against common indicators designed cooperatively by governments, Canadians, and the health community. Health providers and policy makers would have access to information on best practices across the country, and they would know whether available knowledge was being applied, helping them to make ongoing improvements in efficiency and effectiveness; and

- a comprehensive Canadian health information system based on sophisticated information technology, that would report on the performance of the health system and the health of Canadians, and give Canadians a realistic sense of what to expect from health services providers. Canadians would be partners with governments and service providers in determining health policies and priorities, in maintaining their health, and in making decisions about treatment and care.

**Sustainable quality care** means:

- a health system in which Canadians would have confidence in being able to provide quality health services through all the changes and challenges of the years to come;

- governments would make a long-term commitment to the financing of health care services, to remove uncertainty about the future;

- health practitioners and planners would have firm evidence of the effectiveness of different health measures, allowing them to manage their activities efficiently;

- Canadians would be healthier thanks to reliable and up-to-date information on how to promote good health and protect against illness and accidents, thereby avoiding the need to spend money to care for preventable injuries or illnesses; and

- backed by quality research and a sound information system, health and health care practices would reflect changing needs and the latest developments in science, in health administration, and in our understanding of the determinants of health, to ensure that health expenditures are made efficiently and effectively.

**Strengthening Integration, Accessibility, Accountability and Sustainability**

Achieving an integrated, accessible, accountable and sustainable health system for Canada is a realistic objective. It will, however, only be accomplished over many years, based on the collective wisdom and experience of governments, the health community and interested citizens and with the sustained commitment of everyone, each taking action in its own areas of responsibility.

Provincial and territorial governments have clearly made impressive progress in renewing health services for Canadians. They have understood the need for change and acted accordingly — often in the face of opposition from vested interests and the inevitable setbacks that accompany change.

The Government of Canada has signalled its intention to support this progress by:

- working with provincial and territorial governments to pursue the future directions and priorities established by Health Ministers in September 1998, i.e.,
  - a financially sustainable, publicly funded health care system with high quality integrated acute, continuing and community-based health services;
  - with priority issues being human resources in the health sector, home care/continuing care, pharmaceutical issues, aboriginal health, funding, public health protection, and children;
  - committing substantial new funding for health and health care; and
  - taking action in its own areas of responsibility to help achieve good health and quality services for Canadians.

The February 4, 1999 agreement on the Social Union cleared the way for the Government of Canada to make the significant investment in health that was announced in the federal Budget on February 16.

The Social Union agreement, the new federal funding, the commitment by Premiers and Territorial Leaders to devote the new budget transfers to health services, and the future directions and priorities adopted by Health Ministers last September signal a new era of cooperation between governments on health issues.

It is not an overstatement to suggest that these developments mark a turning point in health care in Canada. Together, they will be a powerful impetus in the direction of quality health care that is more accessible, more integrated, more accountable and more sustainable. They will help governments and the health community address today's problems and respond to the challenges of tomorrow.

In its February 16, 1999 Budget, the Government of Canada announced the single largest investment it has ever made. The substantial increase in the Canada Health and Social Transfer (CHST) improved equalization and increased funding for strategic federal investments.

This significant additional funding will help address the immediate challenges to health care, and confirm the federal commitment to ensuring good health and quality health care for Canadians. It will also enable governments to move towards their shared long-term objectives of integration, accessibility, accountability and sustainability.

Most importantly, these transfers will contribute to sustainable quality care by providing stable and significant federal funding for the longer term. Canadians can now be reassured that the best quality publicly funded health services possible will continue to be available in the future.

The federal government also announced in the 1999 Budget that it will make strategic investments in the areas of:

- improving health information;
- promoting health research and innovation;

- First Nations and Inuit health services; and
- initiatives for better health.

**Improving health information**

The federal, provincial and territorial governments recognize that harnessing the power of information technology can contribute significantly to Canadians' health and make health services much more responsive to their needs. In light of this shared priority, the 1999 Budget made targeted investments to:

- facilitate the collection of comparable and compatible data across Canada, so that governments and health care providers can share best practices and assess the effectiveness of different approaches;
- make Canada's health system more open and accountable to Canadians;
- provide Canadians with the facts they need to make informed decisions about their health; and
- test new applications such as telehealth and telehomecare to improve health care delivery.

**Promoting health research and innovation**

Research is essential if Canadians are to have the latest developments in prevention, treatment and care, and if health services are to benefit from study of what works and what does not. Through research, Canadians can learn how to keep people healthy, discover new means of diagnosing and treating illnesses before they require expensive intervention, and study ways of improving the management of their health services to make them as efficient as possible and responsive to patient needs. For all these reasons, the 1999 Budget substantially increased federal funding for health research. But even more importantly, it signalled the intention of the federal government to establish the Canadian Institutes of Health Research (CIHR) by April 1, 2000. The CIHR will lead to a transformation of health research where funds, projects and programs will be linked more directly to the health needs of Canadians.

**First Nations and Inuit health initiatives**

The Government of Canada has direct responsibility for the delivery of health services to First Nations and Inuit. The health initiatives announced in the 1999 Budget are steps that the Government is taking to create more integrated, flexible, sustainable and accountable health services for First Nations and Inuit communities, in conjunction with the communities themselves, provincial and territorial governments, health providers and Canadians. These initiatives are designed to address major health status inequities between First Nations and Inuit and non-Aboriginal Canadians, to address the need for home and community care, to better coordinate the First Nations' health system with provincial systems, and to strengthen management and accountability.

**Initiatives for better health**

The 1999 Budget made key investments in health — such as in giving children a good start, combatting diabetes, strengthening food safety and addressing the problems of toxic substances. It also focussed on improving access to health information and health care for the one-third of Canadians who live in

rural and remote areas. Every one of these investments will pay long-term dividends — in quality of life for Canadians and in reduced pressure on provincial health care systems.

The road to the future looks bright. An integrated, accessible, accountable and sustainable health system for Canada is the objective. This *Report on Plans and Priorities* maps the 1999-2000 to 2001-02 section of the journey.

**Financial Spending Plan**

| **(thousands of dollars)** | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| **Gross Program Spending** | | | | |
| Health Canada | 2,074,288 | **1,962,489** | 1,882,736 | 1,848,606 |
| *Less*: Revenue Credited to the Vote | (63,635) | **(55,225)** | (49,513) | (49,513) |
| **Net Program Spending** | 2,010,653 | **1,907,264** | 1,833,223 | 1,799,093 |
| **Budget 1999** | 155,000 | **87,500** | 241,500 | 356,500 |
| **Total Net Program Spending** | 2,165,653 | **1,994,764** | 2,074,723 | 2,155,593 |
| *Less*: Revenue Credited to the Consolidated Revenue Fund | (7,051) | **(7,774)** | (7,774) | (7,774) |
| *Plus*: Cost of Services Provided by other departments | 41,800 | **39,991** | 39,878 | 39,776 |
| **Net Cost of the Department** | 2,200,402 | **2,026,981** | 2,106,827 | 2,187,595 |

***Figure 1: Organizational Structure, March 1999***

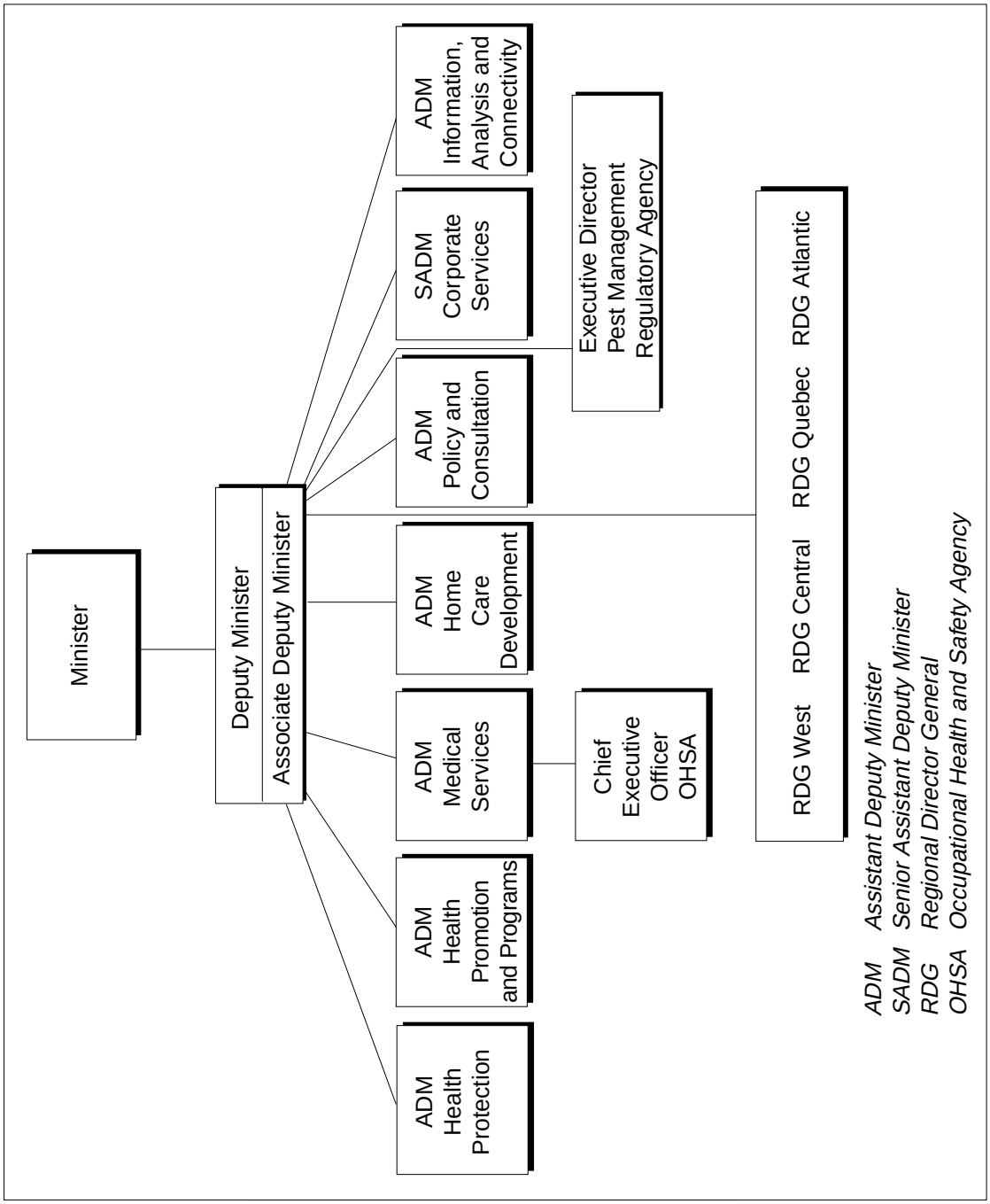
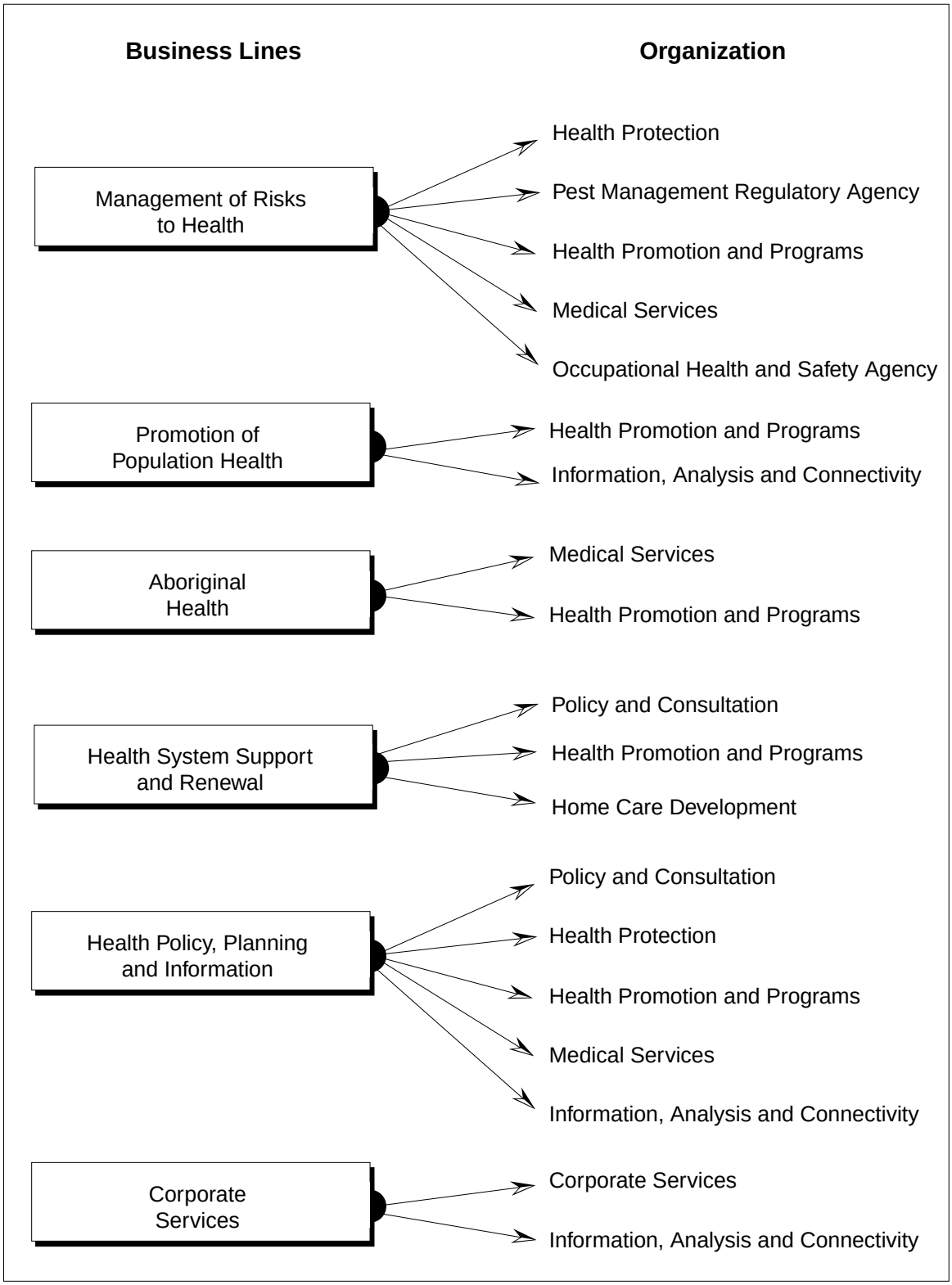


***Figure 2: Business Line Relationship to Organizational Structure***



## Budget 1999

The Federal Budget tabled on February 16, 1999 marks an historic turning point for health care in Canada, and it has important implications for the Department's work. This special section summarizes the highlights of how Budget 1999 will affect Health Canada. The Prime Minister has repeatedly indicated that as soon as the Government was in a sound enough fiscal position to reinvest in social programs, health would be its first priority. Budget 1999 confirms that the health of Canadians is among the Government's highest priorities. It allocates $12.9 billion toward improving our health care system and promoting the good health of Canadians. Of this amount, $840.5 million was allocated to Health Canada to carry out federal and national initiatives. The table below gives details of Health Canada's Budget 1999 initiatives as well as the health-related initiatives described in the Budget.

### Increased Health Care Funding for Provinces and Territories

Budget 1999 announced an increase in federal transfer payments to provinces and territories of $11.5 billion over five years. This multi-year increase builds on the February 4, 1999 Social Union agreement (that was signed by all provinces except Quebec) that introduced a new era of cooperation between federal, provincial and territorial governments. Coupled with the recent commitment by all Premiers to dedicate any new funding through the Canada Health and Social Transfer (CHST) to core health services, Budget 1999 constitutes a powerful impetus forward towards an improved and revitalized health care system.

**Budget 1999 Health Initiatives ($1,365 million)**

| (millions of dollars) | 1998-1999 | **1999-2000** | 2000-2001 | 2001-2002 | **Total Health Canada** | Health Related | **Total Health** |
|---|---|---|---|---|---|---|---|
| **Improving health information systems** | | | | | | | |
| Canadian Institute for Health Information | 95.0 | | | | **95.0** | | **95.0** |
| Other health information initiatives | | **20.0** | 70.0 | 100.0 | **190.0** | | **190.0** |
| Accountability for federal health programs | | **8.0** | 15.0 | 20.0 | **43.0** | | **43.0** |
| sub-total | 95.0 | **28.0** | 85.0 | 120.0 | **328.0** | — | **328.0** |
| **Promoting health-related research and innovation** | | | | | | | |
| Canadian Institutes for Health Research | | | | | | 240.0 | **240.0** |
| Increased health funding for research councils/organizations | 35.0 | **2.5** | 2.5 | 2.5 | **42.5** | 142.5 | **185.0** |
| Canadian Foundation for Innovation | | | | | | 100.0 | **100.0** |
| NURSE Fund | 25.0 | | | | **25.0** | | **25.0** |
| sub-total | 60.0 | **2.5** | 2.5 | 2.5 | **67.5** | 482.5 | **550.0** |
| **First Nations and Inuit health initiatives** | | | | | | | |
| First Nations Health Information System, Enhanced First Nations and Inuit Home and Community Care | | | | | | | |
| sub-total | | **20.0** | 60.0 | 110.0 | **190.0** | — | **190.0** |
| **Preventive and other health initiatives** | | | | | | | |
| Prenatal nutrition | | **10.0** | 30.0 | 35.0 | **75.0** | | **75.0** |
| Food safety | | **15.0** | 20.0 | 30.0 | **65.0** | | **65.0** |
| Toxic substances | | | | | | 42.0 | **42.0** |
| Innovations in rural and community health | | **5.0** | 20.0 | 25.0 | **50.0** | | **50.0** |
| Diabetes | | **5.0** | 20.0 | 30.0 | **55.0** | | **55.0** |
| sub-total | | **35.0** | 90.0 | 120.0 | **245.0** | 42.0 | **287.0** |
| **Biotechnology** *(from the Canadian Opportunities Strategy)* | | **2.0** | 4.0 | 4.0 | **10.0** | | **10.0** |
| **Total** | **155.0** | **87.5** | **241.5** | **356.5** | **840.5** | **524.5** | **1,365.0** |

**Improving health information systems ($328M)**

Health Canada will invest $328 million over the remainder of 1998-99 and the following three fiscal years in several important initiatives to:

- make Canada's health system more open and accountable to Canadians;
- provide Canadians with the facts they need to make informed decisions about their health;
- facilitate the collection of comparable and compatible data across Canada, so that governments and health care providers can share best practices and assess the effectiveness of different approaches; and
- test new applications such as telehealth and telehomecare to improve health care delivery.

Health Canada will work with its provincial and territorial counterparts and its other health care partners — including the public — to develop ways to achieve these goals. The following summarizes the planned initiatives.

Canadian Institute for Health Information ($95 million)

The Canadian Institute for Health Information, which was established in 1994 by federal and provincial governments, will lead a pan-Canadian, integrated effort to improve data-gathering and information exchange. This will provide data to ensure health care dollars are spent wisely and give the public access to accurate information on the health of Canadians.

Other health information initiatives ($190 million)

On February 3, 1999, the Minister of Health's Advisory Council on Health Infostructure recommended that the health lane of the information highway — the Canada Health Info*way* — be developed. Investments in the 1999 Budget will allow us to make significant progress in this area. Specific examples include:

- Canadian Health Network — a "network of networks", to provide Canadians with information on health promotion and disease prevention, self care and the performance of the health system.
- National Health Surveillance Network — will use modern information and communications technologies to gather and analyze health intelligence information, statistics and facts related to health issues such as immunizable diseases, meningitis outbreaks and food safety. The resulting national data will be accessible to provincial and territorial health officials to allow them to make better-informed decisions about public health.
- Developing the application of information technology to actual health care, in consultation with provinces, through such innovations as Telehealth. Telehealth uses communications technologies to deliver health information, services and expertise over short and long distance. For example, it can help health care providers in rural and remote areas to communicate with specialists anywhere in the country. A particular application of telehealth — Telehomecare — will assist patients and caregivers in a home care setting by using communication technology to transfer information needed for diagnosis and treatment.

Accountability for federal health programs ($43 million)

Health Canada is committed to becoming more accountable to Canadians for its health program expenditures and results.

- The *Federal Accountability Initiative* will involve learning what Canadians, the provinces and territories, Aboriginal groups, the research and health communities, and other health care partners want and expect from the federal government within its health-related mandate, and reporting back to them on progress.

- Health Canada will develop benchmarks for its work in areas such as risk management, system renewal and Aboriginal health. It will also improve its technology to better capture and analyze data, and ensure clear information is available linking departmental programs and policies to the health of Canadians.

- Additionally, from the year 2000 onwards, Health Canada will publish annual reports on its health policies, programs and expenditures and on their costs, results and impacts.

**Promoting health-related research and innovation ($77.5M)**

Health research leads to the discovery of new cures, medical technologies and procedures, while increasing our understanding of the factors that determine health. New funding will ensure that Canada's capacity for medical and health research remains world-class.

Increased health funding for research councils and organizations ($42.5M)

Funding for the Canadian Health Services Research Foundation will be increased by $35M in 1998-99 and funding for the National Health Research and Development Program will be increased by $7.5M from 1999-2000 to 2001-2002.

NURSE Fund ($25 million)

The government will provide an endowment of $25 million to the Canadian Health Services Research Foundation to create a NURSE fund — Nurses Using Research and Service Evaluations. Health care restructuring has had a significant impact on nurses. The NURSE Fund will support a ten-year research program to find solutions to the challenges facing nursing in the next decade. It will invest in support for the salaries of university chairs for research on nursing policy, nursing management, nursing human resources, and nursing care, in training, in research projects and, in knowledge dissemination.

**First Nations and Inuit health initiatives ($190 million)**

First Nations Health Information System

Recognizing the importance of access to accurate and timely health information for First Nation and Inuit communities, the Advisory Council on Health Infostructure recommended that the federal government support the development of a comprehensive Aboriginal Health Infostructure, connected to the Canada Health Infoway. The First Nations Health Information System (FNHIS), designed by and for First Nations peoples, will be a key element of this Aboriginal Health Infostructure. Funds will assist in the deployment and maintenance of a community-based health information system to all First Nation and Inuit communities. Additional investment in the FNHIS will provide a health

infostructure system — using information technology — to over 600 First Nation communities. In many instances, it will also improve the telecommunications system to these communities.

Enhanced First Nations and Inuit Home and Community Care

An enhanced *First Nations and Inuit Home and Community Care* program will be implemented over the next three years, in partnership with First Nations and the Inuit. This new program will build on and link with current Health Canada home care nursing services and the Department of Indian Affairs and Northern Development's (DIAND) Adult Care homemaking and other related programs. It will be developed jointly with First Nations and the Inuit and will include a spectrum of components from client assessment and case management to professional services.

Other previously listed initiatives announced in the 1999 Budget with links to First Nations and Inuit include the expansion of the Canada Prenatal Nutrition Program and the related initiatives on Fetal Alcohol Syndrome/Fetal Alcohol Effect, and improved perinatal surveillance; the Aboriginal Diabetes Strategy which will provide culturally-appropriate prevention, education, treatment and care and improved lifestyle supports; and the Food Safety Initiative which will enhance access to nutritious foods in northern communities and monitoring of food borne diseases and contaminants.

**Preventive and other health initiatives ($245M)**

The 1999 Budget recognizes that personal health is influenced by many factors other than health care. It announces the following initiatives with significant new funding to improve the health of Canadians through enhanced health promotion and health protection measures.

Prenatal nutrition ($75 million)

The Canada Prenatal Nutrition Program (CPNP) will be extended to reach most pregnant women with a significant risk of unhealthy pregnancies and births. Research and public education on Fetal Alcohol Syndrome/ Fetal Alcohol Effect will be strengthened, as will perinatal surveillance.

Food safety ($65 million)

The Government will enhance its food safety programs and develop new food and nutrition policies to ensure that Canada's food system remains one of the safest in the world. Working with the provinces and territories, consumer groups and industry, Health Canada will continue to strengthen and secure Canada's *Food Safety and Nutrition Program* in three key areas: science programs, surveillance and regulatory and related responsibilities.

Innovations in rural and community health ($50 million)

Health Canada will work with provinces, territories and health stakeholders to focus on two priorities: innovative approaches to home and community care; and access to quality health services, particularly in rural and remote areas. Initiatives to improve the quality and accessibility of health care, and of prescription drugs and drug therapies, will also be supported.

Diabetes ($55 million)

The Canadian Diabetes Prevention and Control Strategy will focus on prevention and control, education, surveillance, and improved coordination among governments and non-government partners. The Strategy will have two components: the *Canadian Diabetes Prevention and Control*

*Initiative* and the *Aboriginal Diabetes Initiative*. The latter will focus specifically on services to First Nations and Inuit communities, in line with the commitment made by the Government in its 1997 Speech from the Throne.

Biotechnology ($10M)

A total of $55 million has been set aside for the research component of the Canadian Biotechnology Strategy. Of this money, $10 million will be for Health Canada.

For further information on Budget 1999, please refer to the Department of Finance's web site at *http://www.fin.gc.ca/fin-eng.html* or Health Canada's web site at *http://www.hc-sc.gc.ca/english/*

# SECTION III:
# PLANS, PRIORITIES AND STRATEGIES

## A. Summary of Key Plans, Priorities and Strategies

**Key Results by Business Line**

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

| To provide Canadians with: | To be demonstrated by: |
|---|---|
| **Management of Risks to Health**<br>Health surveillance that anticipates, prevents and responds to health risks posed by diseases, food, water, drugs, pesticides, medical devices, environmental and occupational hazards, consumer goods and other socio-economic determinants of health. | • Reduced illness, injury and death from identified health risks.<br>• Greater scientific knowledge about risks and benefits to human health and the environment that evolves with Canadians' health care needs.<br>• A public well-informed about specific risks and benefits to their health.<br>• Modern policies, laws, regulations and standards that are responsive to risks and benefits to human health and the environment, that take into account globalization, the economy and sustainable development, and that are harmonized with foreign counterparts where appropriate.<br>• Increased consultations with the provinces and territories.<br>• Programs that use biotechnology for public health advantage. |
| **Promotion of Population Health**<br>An approach to health that takes into account and acts on social and behavioural determinants of health. | • Improved health and health care through public empowerment, consumer participation and better informed Canadians.<br>• Targeted initiatives to prevent disease and injury, and to cope with an aging population.<br>• Optimal child development.<br>• Leadership on population health and accountability to the public. |
| **Aboriginal Health**<br>Cost-effective health services and programs for Aboriginal people which strive to reduce health inequalities vis-à-vis other Canadians and which are controlled by First Nations and Inuit communities at their own pace. | • Life expectancy, incidence of tuberculosis and cardio-vascular disease, infant mortality, and injury and suicide rates that are more in line with the general Canadian population.<br>• Data which relates to First Nations empowerment and capacity building. |

| To provide Canadians with: | To be demonstrated by: |
|---|---|
| **Health System Support and Renewal**<br>A long-term, sustainable health system with significant national character. | • Access to health services that are consistent with the principles of the *Canada Health Act:* universality, portability, accessibility, public administration and comprehensiveness.<br>• Renewed and modernized health system in cooperation with the provinces and territories.<br>• Improved balance between care, treatment, prevention and promotion, and improved cost effectiveness of the health system. |
| **Health Policy, Planning and Information**<br>Reliable and current health information to make evidence-based health decisions. | • First-rate national health surveillance and health research information accessible to all Canadians. |

## B. Details by Business Line

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

### Objective

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

### Priority

To minimize health and environmental risks to which Canadians are exposed, through the development and implementation of modern and cost-effective risk management strategies and tools, including statutory instruments.

### Financial Spending Plan*

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 340,657 | **296,876** | 255,156 | 246,923 |
| Expected revenue | (51,856) | **(44, 941)** | (39,748) | (39,748) |
| Net expenditures | 288,801 | **251,935**** | 215,408 | 207,175 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 13.2 percent of the Department's total net planned spending.

Note: This represents the total planned spending for the Business Line. Planned spending is also broken down by service line.

### Background

Health Canada plays a leadership role in protecting and improving the health of Canadians. One important part of this role is managing the risks posed by diseases and products.

Such risks can come from a wide range of sources such as existing and emerging diseases, contaminated water or food products, unsafe drugs, medical devices and other therapeutic products, pest control products, faulty consumer and industrial products, radiation, and environmental hazards, occupational health and safety risks, and man-made and natural disasters.

Health Canada's health protection activities are constantly changing to respond to public health needs. Over the next three years most health protection activities will undergo a process of review, consultation and renewal in order to find new and better ways to protect the health of Canadians into the next century.

In 1993, Health Canada published a framework to provide guidance in the risk assessment and management process. Although the framework has served the Department well, a number of changes have taken place in our environment, and are continuing to take place. Some examples of new threats to health and changes to management processes include:

- new drug-resistant infections and air travel are influencing the spread of contagious disease;
- new discoveries are changing our lives (organ transplants, reproductive technologies and drug-device combinations raise difficult medical and ethical issues);
- new technologies are changing the way we work (communications technologies have an impact on our ability to collect, analyse and share information, and manage risks); and
- government is developing new partnerships, to avoid duplication of services, to be cost-effective, and to expand our scientific and technological expertise.

These changes demand that a modern risk management framework be developed that addresses the need for a structured yet flexible set of guidelines for making risk management decisions.

There is a need to improve the regulatory planning process to ensure the regulatory initiatives are consistent with government priorities. It will also ensure that Departments report whether the regulations had the intended effect in protecting health and safety. Health Canada has completed a self assessment against the Government of Canada's Regulatory Policy with a view to identifying strengths and areas that need improvement. Areas of strength include environmental scans for the identification of issues, risk analysis and communication with stakeholders. Areas that need improvement are consultation, cost-benefit analysis, performance evaluation and continuous improvement. If the framework and the regulatory planning process are not improved, the collective regulatory burden on industry will continue to increase, there will be no effective means of demonstrating the effectiveness of the regulations in protecting the health and safety of Canadians, and the government risks embarrassment in promulgating regulations that might not be consistent with its priorities.

There is a clear and recognized federal mandate for surveillance and disease control working in collaboration with provinces, territories, industry, voluntary organizations and consumer groups to identify and address issues as they develop. Consistent with this mandate is the need to adapt to the expanded and changing nature of health risks, disease threats, globalization and client expectations. A recent review identified the need to clarify roles and responsibilities in the health sector, and to seek more integrated, horizontal and cost effective approaches to risk management; development of a national surveillance blueprint; development of an integrated laboratory network; improved information sharing; and a national approach to migration health.

**Issues**

In light of emerging challenges to public health and the pressures of increasing globalization, the task is to adapt to this new environment by employing leading-edge science and new technologies for information management and surveillance, and by creating a contemporary and streamlined legislative foundation.

In order to ensure that it can continue to respond effectively to these challenges and opportunities, the Department has launched a three-year review of the Health Protection Branch's legal frameworks, programs and structure. To help the process, the Minister has convened a permanent Science Advisory

Board to provide independent advice on how best to position the scientific, technical and policy aspects of Health Protection Branch programs, now and in the future. The Department has also undertaken open, transparent consultations with staff and stakeholders. The aim is to ensure a world-class scientific organization that can deal with global change and continue protecting the health of Canadians. Similar reforms are also under way in other organizations within the business line.

**1999 Federal Budget Funding**

Budget 1999 proposed allocation of funds for certain anticipated initiatives in health protection programs. Over the next three years, projected allocations will be channelled towards:

- food safety and nutrition;
- a biotechnology strategy;
- a Canadian health infrastructure;
- prenatal surveillance;
- diabetes prevention; and
- toxic substances management.

The most significant portion of this funding will be directed at, but not limited to, enhancement and strengthening Health Canada's Food Safety Program. This will be done by:

- strengthening its science capacity;
- providing capacity to establish food safety and nutrition policy;
- improving the national surveillance system to detect and respond to food related issues; and
- improving the communications structure for public confidence and understanding.

Projected funding will also be used to establish a new regulatory authority that will assume primary responsibility for assessing safety of natural health products.

A number of activities will be undertaken in such areas as microbial hazards in the food supply, national surveillance and disease control, environmental health and international harmonization. Health protection programs will be developed that focus on better pathogen detection methods, new and safer vaccines, improved food safety, and provide tools for adequate surveillance systems. Through the Pest Management Regulatory Agency, the Food Program will enhance the capacity for ongoing assessment of pesticides with respect to food safety. In partnership with the Disease Prevention and Control Program, the Food Program proposes to:

- monitor and respond to food borne diseases across the nation;
- link information from relevant sources;
- improve Health Canada's understanding of how new threats occur;

- ❍ enhance the Department's ability to respond to national outbreaks; and

- ❍ develop links with other countries and international organizations concerned with the food supply.

Proposed funding increases to the Canada Prenatal Nutrition Program will be aimed at the Canadian Perinatal Surveillance System. This program coordinates information at a national level on health problems before, at, and in the months following birth.

The Canadian Diabetes Prevention and Control Strategy will apply projected funding towards enhancing diabetes surveillance. The National Diabetes Surveillance System monitors trends, aids evidence-based decision making, and provides comprehensive national data.

In the area of toxic substances, funding will be available to improve capacity to meet responsibilities under the Canadian Environmental Protection Act for assessing, managing risk and evaluating programs related to health effects of toxic substances.

**Strategies and Plans**

Consistent with the Departmental priority to re-design and strengthen health protection programs, the plans and priorities of the business line and service lines will focus on the following four areas:

- ❍ risk management framework;

- ❍ legislative renewal;

- ❍ National Health Surveillance Network; and

- ❍ partnerships.

*Risk management framework:* the Department plans to update the risk management framework for assessing health and environmental risks. The goals are to consider and respond to risk in a broader context, offer greater opportunities for public and other stakeholder involvement, improve the communication of risk-related information, and make the risk management process more transparent. To achieve these goals, Health Canada will:

- ❍ develop and implement guidelines, policies, programs and processes to address new and existing considerations and information;

- ❍ implement the Department's Sustainable Development Strategy;

- ❍ assign scientific resources and expertise to high priority health risks;

- ❍ develop and implement a comprehensive consultative and communication approach with all partners, stakeholders and the general public; and

- ❍ streamline risk management processes and make effective use of existing and new information technology to make program delivery more efficient.

*Legislative renewal:* Health Canada will update and streamline the legislative foundation for risk management. Reform and renewal of existing legislation is needed to articulate more clearly the

important role of the federal government in health protection, and to build national consensus in legislative renewal. More specifically, the Department will:

- incorporate cost-effective, risk-based approaches when renewing or creating statutes and regulations administered by the Department; and

- assess and adopt regulatory and non-regulatory interventions to ensure the most timely and effective interventions are used to protect the health of Canadians.

*National Health Surveillance Network:* the Department will collaboratively establish a National Health Surveillance Network to integrate various sources of health information. This information will be useful for policy development, issue management, research, interventions, health risk management, investigation, evaluation, accountability, and empowerment of consumers and communities. To achieve this, it will:

- develop an Internet-based infrastructure and tools to support a health surveillance network; and

- work with provincial and territorial governments to expand existing pilot projects and facilitate the development of the network.

*Partnerships:* Health Canada will strengthen and expand national and international linkages and partnerships, both regulatory and non-regulatory, to enhance health and environmental protection, and to make more efficient use of existing resources. It plans to:

- make greater use of the information highway for sharing information nationally and internationally; and

- collaborate with international partners in order to harmonize regulatory standards and processes, and to increase opportunities for work sharing.

The following section provides details by service line within the Management of Risks to Health Business Line.

**Service line 1): Food Safety, Quality and Nutrition**

**Objective**

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

**Financial Spending Plan***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 52,776 | **44,724** | 44,677 | 44,679 |
| Expected revenue | (1,347) | **(1,347)** | (1,347) | (1,347) |
| Net expenditures | 51,429 | **43,377**** | 43,330 | 43,332 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 17.2 percent of the Management of Risks to Health net planned spending.

**Background and Issues**

The Food Program has the primary responsibility for implementing this strategy. Its mission is to protect and improve the health of the people of Canada through science-based policies and programs related to safe and nutritious food.

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

One example of how the service line's programs can improve the health of Canadians is its regulation of nutrition labelling and claims. These regulations help consumers select a healthy diet, thereby reducing the risk of premature illness and death due to diet-related chronic diseases. The US Food and Drug Administration, the Health Protection Branch's counterpart in the United States, has made estimates of the health benefits over 20 years that could accrue due to revision of food labelling and claims, as follows:

| | |
|---|---|
| Cases of CHD* and cancer avoided | 725,155 |
| Deaths avoided | 308,366 |
| Life-years gained | 2,280,549 |

* (Cardiovascular and heart disease)

As Canada and the US have similar rates of diet-related diseases, these US figures could be divided by 10 to determine benefits from an effective system of nutrition labelling and claims in Canada.

Food-borne illnesses also require careful attention. Bacterial contamination results in about 10,000 reported cases of food-related illness in Canada every year; it is estimated that perhaps ten times as

many cases go unreported. A conservative estimate of the cost of these illnesses to the the health care system is at least one billion dollars each year. Food-borne illness has become a major problem owing to the emergence of new food-borne pathogens, the increasing resistance and virulence of existing organisms, and the susceptibility of certain groups of people to food-borne infections. These groups include pregnant women, children, seniors, people taking antibiotics or antacids, and people with lowered immunity due to HIV/AIDS, medications for cancer treatment, or organ transplants.

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

**Plans and Priorities:**

For 1999-2002, the Food Program's priorities will be as follows.

*Nutrition:* the Food Program plans to complete or continue the following initiatives:

- ensure the nutritional quality and adequacy of the food supply;
- review nutrition labelling and claims;
- review policy on micro-nutrient additions to foods (food fortification);
- harmonize nutrition recommendations (daily recommended intake levels); and
- review infant formulas.

*Food-borne illnesses:* the Program will look at food-borne microbial pathogens from production to consumption along three main themes:

- pre-harvest food safety;
- the safety of raw foods of animal and plant origin; and
- antimicrobial resistance in the agri-food and aqua-culture sectors.

*Chemical safety:* the Program will focus on two areas of concern:

- the link between chemicals and long-term, chronic diseases, such as cancer, neurological and generic effects; and
- the impact of programs in the area of chronic disease, such as the long-term health effects of exposure to chemicals.

The Food Program plans to publish proposed amendments to the Table of Agricultural Chemicals found in Division B. 15, Adulteration of Food. Differences between Maximum Residue Limits (MRLs) in Canada and the U.S. have led to significant trade disruption. The intent is to harmonize such

MRLs where harmonization does not raise a health concern in order to facilitate trade. We expect these proposals to be published in Part I next year.

A review of Food policies has been undertaken respecting the addition of vitamins and minerals to foods, taking into account the public health role of nutrient addition to foods, consumers needs and industry concerns. This review will likely result in amendments to regulations which may be ready for publication in Part I in mid-2000.

**Service line 2): Therapeutic Product Regulation**

**Objective**

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

**Financial Spending Plan***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 76,782 | **61,542** | 64,562 | 64,054 |
| Expected revenue | (34,713) | **(34,713)** | (34,713) | (34,713) |
| Net expenditures | 42,069 | **26,829**** | 29,849 | 29,341 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 10.6 percent of the Management of Risks to Health net planned spending.

**Background and Issues**

The Therapeutic Products Programme (TPP) has the primary responsibility for this strategy. The TPP ensures that the drugs, medical devices and other therapeutic products available in Canada (including blood and blood products) are safe, effective and of high quality, and that narcotic and restricted substances are controlled in an effective and efficient manner. More specifically, the TPP:

- licenses and monitors the use of drugs, medical devices, and other therapeutic products for clinical trials and general use;
- regulates establishments that make, import, distribute, package, or test these products, investigating and taking corrective action for reported problems;
- advises the government on therapeutic product issues and sets the regulatory framework in this area;
- supports law enforcement agencies in controlling the use of illicit drugs and related substances; and
- harmonizes Canadian standards with those set by comparable international agencies.

Therapeutic products continue to evolve in variety and complexity, partly as a result of innovations in the areas of biotechnology products and tissue transplants from human and animal sources. Canadians also demand more flexible mechanisms to access existing products, such as natural health remedies. New legislative and regulatory tools are required to meet these growing demands.

The Krever Inquiry on the safety of the blood system identified several areas for improvement, to enhance public safety and to increase public confidence in the blood system. The TPP will play an important role in meeting these recommendations, and will pay special attention to blood and blood products in its efforts to ensure the safety, efficacy and quality of therapeutic products available to Canadians.

A comprehensive international strategy with respect to therapeutic products will benefit the affected industry by streamlining and harmonizing regulatory requirements with those of other countries. This will make it more attractive to obtain market approval in Canada, and increase the timely availability of new and alternative therapies to Canadians, without compromising standards of safety, quality and efficacy.

**Plans and Priorities**

Plans and priorities for the next three to five years will address the needs for:

- new legislative, regulatory and supervisory initiatives;
- the safety of the blood system;
- international harmonization; and
- fiscal responsibility, program efficiency and accountability.

*Legislative, regulatory and supervisory initiatives:* the TPP intends to:

- develop a *Therapeutic Products Act* and *Regulations*, for tabling in two to three years;
- update the regulatory framework for natural health products, including herbal remedies, in accordance with the government's response to the Standing Committee on Health's report;
- introduce new regulatory frameworks for drug product licensing, including disinfectants and sanitizers, and tissues and organs;
- provide stronger support for pre-market review of therapeutic products, especially blood and blood products;
- provide stronger compliance, enforcement and post-approval surveillance activities;
- set performance targets and service standards for activities which do not already have these measures; and
- provide enhanced regulatory policy development.

*Safety of the blood system:* to meet the recommendations of the Krever Inquiry, the TPP will:

- develop and implement improved blood regulation and inspection standards;
- focus on more research to support regulatory issues; and
- enhance emergency and crisis response programs, as well as public consultation and consumer education.

*International harmonization:* the TPP plans to:

- develop and implement a framework for its participation in international harmonization of regulatory operations;
- work towards an internationally harmonized framework for electronic submissions from industry; and
- continue to develop and implement an international strategy to facilitate the delivery of programs.

*Fiscal responsibility, program efficiency and accountability:* the TPP will:

- determine the most appropriate and effective mechanism for delivering the Programme, including the review of the provision of the drug analysis service for law enforcement;
- develop and implement a communications strategy that includes stronger liaison and consultation with consumers, involves the public more effectively in Programme delivery, and continues to enhance existing liaison activities with manufacturers, health professionals and other governments;
- design and put in place an information management and technology framework for the Programme; and
- continue to implement Quality Management throughout the Programme to optimize its processes and operations.

**Service line 3): Environmental Health**

**Objective**

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

**Financial Spending Plan***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 52,204 | **57,242** | 59,684 | 55,785 |
| Expected revenue | (3,253) | **(3,253)** | (3,253) | (3,253) |
| Net expenditures | 48,951 | **53,989**** | 56,431 | 52,532 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 21.4 percent of the Management of Risks to Health net planned spending.

**Background and Issues**

The Environmental Health Program (EHP) has a wide array of activities and responsibilities. Its mission is to improve the safety and safe use of products and reduce environmental risks while contributing to sustainable development. The EHP is the focal point where the major public policy areas of environment and human health converge for national treatment, and it provides leadership in environmental human health issue management at the federal level. The Environmental Health Program operates under several pieces of legislation, including the *Hazardous Products Act,* the *Tobacco Act,* the *Radiation Emitting Devices Act,* the *Canadian Environmental Protection Act,* the *Canadian Environmental Assessment Act,* and the *Food and Drugs Act*.

The EHP achieves its objectives by identifying, assessing and managing risks to health and safety associated with natural and technological environments, while also considering their benefits. Working with partners and collaborators, the EHP:

- assesses and manages the direct and indirect health risks of tobacco products, environmental pollutants in the air, water and soil, microbiological agents, radiation, telecommunications devices, exposure to noise and ultrasound, and a wide range of chemicals, consumer, medical and industrial products;

- develops and disseminates scientific knowledge and expertise on health risks arising from the natural and technological or built environments, and identifies actions Canadians can take to anticipate and prevent health risks;

- builds and maintains an environmental health protection infrastructure and coordinates the federal government response to nuclear and chemical accidents that may affect the health of Canadians; and

- ensures that human health is a component of environmental assessments by coordinating and focussing the involvement of Health Canada in the environmental assessment process.

**Plans and Priorities**

The EHP's priority areas are as follows:

- environmental risks;
- product safety;
- smoking;
- legislative and regulatory frameworks; and
- national and international linkages and partnerships.

*Environmental risks:* the EHP will:

- continue to investigate the health impacts of known or potential environmental hazards through laboratory research, epidemiological studies and surveillance; and
- administer the Toxic Substances Research Initiative, a joint Health Canada-Environment Canada initiative to fund scientific research into the links between toxic substances, human illness and environmental damage.

*Product safety:* the EHP will:

- develop a Canadian strategy with the provinces, to ensure that mammography equipment is effective for diagnosing breast cancer, and safe for both the operators and the women being tested;
- increase monitoring, and enforcement of the *Hazardous Products Act* to reduce risks associated with consumer products in an expanding (global) market; and
- introduce the Strategy for Reduction of Lead to reduce health risks to children.

*Smoking:* the EHP will develop tobacco programs targeted towards youths to restrict access, encourage cessation and discourage initiation.

*Legislative and regulatory frameworks:* the EHP will establish a Commercial Products Office to develop a proposal for renewed legislation and/or regulations considering the *Hazardous Products Act and Regulations,* the *Radiation Emitting Devices Act and Regulations,* the *Cosmetics Regulations* and the proposed Drinking Water Materials Safety Act.

*National and international linkages and partnerships:* the EHP will:

- collaborate with the provinces on the joint development of radiation safety codes for the telecommunications industry and electromagnetic radiation, and national standards to control noise from industrial products;

- coordinate the Canadian position in the development of the Globally Harmonized System under the Workplace Hazardous Materials Information System; and

- develop an integrated response to nuclear emergencies and weapons testing under the Federal Nuclear Emergency Plan and the Comprehensive Test Ban Treaty.

**Service line 4): Disease Prevention and Control**

**Objective**

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

**Financial Spending Plan***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Net expenditures | 48,920 | **39,920**** | 40,034 | 36,203 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 15.8 percent of the Management of Risks to Health net planned spending.

**Background and Issues**

This strategy includes the following activities:

- surveillance, investigation and targeted research to assess the risks of a wide range of human diseases and injuries;

- identification of options for public health intervention through effective leadership and collaboration with various governments and organizations; and

- evaluation of disease prevention and control interventions.

These activities are a joint responsibility of two branches and an agency of Health Canada: Health Protection Branch (HPB); Health Promotion Programs Branch (HPPB); and the Occupational Health and Safety Agency (OHSA). The Laboratory Centre for Disease Control (LCDC) conducts the principal surveillance and research within an evolving national health surveillance network.

The Department draws on expertise from a range of advisory committees such as the Technical Advisory Committee, the Chief Medical Officers of Health, the National Advisory Committee on Immunization, and the Advisory Committee on Epidemiology. The Technical Advisory Committee in particular provides expert advice to ensure the highest standards of laboratory services and procedures.

Health Canada's disease prevention and control activities are developed and carried out within a strategic partnership framework that includes the provinces and territories, non-governmental organizations, voluntary health agencies and international agencies.

**Plans and Priorities**

The Department's major priorities in disease prevention and control are to improve surveillance across the country and expand its national leadership role in public health through the development of coalitions with stakeholders. Specific plans are as follows.

*Infectious Diseases*:

- To increase the safety of blood and blood products, Health Canada will:
  - enhance national surveillance to determine the residual risk of transfusion-transmitted infections such as HIV, hepatitis B and hepatitis C; and
  - assess the potential risk of transmission of prion-disease/Creutzfeldt-Jakob Disease (CJD) through blood and blood products, and develop a risk management strategy.
- In addition, a Canadian Contingency Plan will be developed for Pandemic Influenza.

*Non-Infectious Diseases, Conditions and Injuries*:

- National surveillance systems will be developed to coordinate, facilitate and integrate information on:
  - cardiovascular disease prevention;
  - chronic respiratory diseases (asthma and chronic obstructive pulmonary disease); and
  - diabetes.
- A National Risk Factor Surveillance System will be established to provide ongoing health risk factor information for the prevention and control of major diseases.

*Laboratory Surveillance and Support:*

- Laboratory surveillance and outbreak investigation will be enhanced to prevent and control:
  - blood-borne diseases (such as hepatitis B, C and G, HIV and other emerging viral agents);
  - enteric diseases;
  - sexually transmitted diseases;
  - respiratory infections and other life-threatening microbial diseases;
  - antibiotic resistant re-emerging organisms including tuberculosis;
  - emerging diseases; and
  - potential blood-borne pathogens, including prion diseases such as new variant CJD.

- Surveillance and characterization of the subtypes of various HIV epidemics in Canada will also be enhanced. The goals are to enhance blood safety, assess transmission patterns and circulating strains for the purposes of public health interventions, and to assess genetic markers for drug resistance.

- The Department's "hurricane watch" on human diseases and emergency response will include increased investigations of quarantine actions, disease outbreaks, bio-safety standards, and risk communication.

**Service line 5): Occupational Health and Safety Agency**

**Objective**

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

**Financial Spending Plan***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 28,079 | **28,241** | 22,429 | 22,429 |
| Expected revenue | (4,722) | **(5,307)** | (250) | (250) |
| Net expenditures | 23,357 | **22,934**** | 22,179 | 22,179 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 9.1 percent of the Management of Risks to Health net planned spending.

**Background and Issues**

The Occupational Health and Safety Agency ( OHSA ) has primary responsibility for this service line. Its objectives are to:

- provide a broad range of direct occupational health and safety services and advice to public sector customers to assist them in protecting and promoting the occupational health and safety of their employees. These services include medical assessment/examination, industrial hygiene investigations and surveillance, occupational health nursing, employee assistance services, and health education and training.

OHSA works in partnership with customers to oversee workplace health and safety for public sector, federally regulated industries and non-governmental organizations. This includes:

- employee assistance;

- health assessment;

- ❍ workplace investigation and monitoring;
- ❍ traumatic stress intervention and debriefing;
- ❍ health education; and
- ❍ training services.

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

- ❍ prevent the entry or controlling the spread of quarantinable diseases;
- ❍ protect the health of the travelling public; and
- ❍ co-ordinate the protection of the health of foreign dignitaries while in Canada.

Recent court decisions have held individual public service managers responsible for accidents occurring on their work sites or to their employees. Greater emphasis on due diligence, and the shift of responsibilities for Workers Compensation from Labour Canada to individual departments, will cause a rapid rise in the number of requests for assistance.

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

**Plans and Priorities:**

OHSA will work with federal government departments to define a new "business relationship" within the following proposed schedule.

In **1999-2000,** OHSA will**:**

- ❍ establish a Board of Management for the Agency;
- ❍ notionally allocate the appropriation among Part 1 Schedule 1 Departments;
- ❍ establish service level agreements with all appropriated customers;
- ❍ assist managers to improve the management of occupational health and safety in the workplace;
- ❍ improve data bases for decision making by customers of the Agency;
- ❍ monitor agreements and provide feedback to Departments on usage;
- ❍ complete development of new services in conjunction with customers; and
- ❍ manage cost recovery for services in consultation with customers in areas of public health for common carriers, quarantine etc.

In **2000-2001,** it will:

- ❍ adjust notional allocations based on usage factors and needs of Departments in conjunction with the Board of Management;
- ❍ refocus service offerings to be more in line with needs of customer departments;
- ❍ review with customer departments and Treasury Board the funding and service delivery models; and
- ❍ focus on improving quality and increasing value of services for customers.

In **2001-2002**, it will:

- ❍ evaluate data bases and information systems and upgrade as required;
- ❍ adjust funding and service delivery models to match the results of review; and
- ❍ continuously review costs, quality and appropriateness of services.

In **2002-2003**, it will:

- ❍ continue to work with the Board of Management to develop new services in line with emerging customer needs.

**Service line 6): Emergency Services**

**Objective**

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

**Financial Spending Plan***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 1,585 | **1,585** | 1,585 | 1,585 |
| Expected revenue | (136) | **(136)** | — | — |
| Net expenditures | 1,449 | **1,449**** | 1,585 | 1,585 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 0.6 percent of the Management of Risks to Health net planned spending.

**Background and Issues**

Health Canada carries out the following activities in support of this strategy.

- It maintains a stockpile of goods and equipment needed to respond to natural disasters such as floods or earthquakes. Periodic reviews are made of emergency stockpile requirements, and improvements are made accordingly.

- It plans for emergencies through consultations with federal and provincial partners on the health component of national plans, and on issues such as heavy urban search and rescue operations.

- It provides support to municipal and provincial health and social service systems when disasters occur.

- It develops a program to support emergency workers, as well as conducts training and education activities.

**Plans and Priorities**

To enhance its preparedness for natural or man-made disasters, Health Canada will implement the following plans.

In **1999-2000**, it will:

- prepare an implementation plan based on the national stockpile review report;

- conduct contingency planning for the management of the consequences of emergencies related to Year 2000;

- conduct and evaluate the CANATEX 3 exercise;

- provide input into the national mitigation strategy;

- provide input into the national heavy urban search and rescue strategy;

- provide input into the program to manage the consequences of a terrorist incident involving weapons of mass destruction; and

- provide advice and assistance to the provinces in planning, training and operations.

In **2000-2001**, it will:

- continue implementing the results of the national stockpile review;

- deal with the consequences of any emergencies arising from Year 2000;

- assist with revision of the Federal Nuclear Emergency Plan based on evaluation of CANATEX 3;

- continue to provide input on plans for heavy urban search and rescue, mitigation plans, and consequence management of terrorist incidents;

- provide input into the planning for CANATEX 4; and

- provide advice and assistance to the provinces in planning, training and operations.

In **2001-2002**, it will:

- continue implementing the results of the national stockpile review;
- assist with implementation of the national mitigation strategy;
- assist with the implementation of national plans for heavy urban search and rescue and consequence management of terrorist incidents;
- participate in the evaluation of CANATEX 4; and
- provide advice and assistance to the provinces in planning, training and operations.

In **2002-2003**, it will:

- continue implementation of the results of the national stockpile review;
- provide advice and assistance to the provinces in planning, training and operations; and
- provide input into new national initiatives (those not yet identified or approved).

**Service line 7): Pest Management**

**Objective**

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

**Financial Spending Plan***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 25,662 | **14,955** | 12,939 | 12,939 |
| Expected revenue*** | (7,685) | **(185)** | (185) | (185) |
| Net expenditures | 17,977 | **14,770**** | 12,754 | 12,754 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 5.9 percent of the Management of Risks to Health net planned spending.
*** The difference in expected revenue between 1998-1999 and 1999-2000 is due to Vote netting authority not being available to PMRA in 1999-2000. Approval for Vote netting authority is being sought from Treasury Board. This authority, if approved, would lead to additional estimated revenue of approximately $7.5 million in 1999-2000 and subsequent years.

**Background and Issues**

The Pest Management Regulatory Agency (PMRA) is responsible for implementing this strategy. It contributes to Canadians' health and the health of the environment by the following activities.

- It keeps pesticides that pose unacceptable health or environmental risks from entering or remaining on the market.
- It helps to ensure a safe food supply by establishing pesticide maximum residue limits.
- It helps to manage risks to the health of Aboriginal peoples arising from the long-range transport of persistent organic pollutants and contamination of wildlife.
- It develops and encourages the adoption of integrated pest management.
- It contributes substantially to Health Canada's Sustainable Development Strategy.

Pesticides differ from many other substances that enter the environment in that they are not by-products of a process, but are released intentionally for a specific purpose. Although their biological effects are what make most pesticides valuable to society, these effects can also pose risks to human health and the environment. For this reason, the *Pest Control Products Act* (PCPA) and policies affecting pesticides recognize and consider the environmental risks in addition to the human health risks and value of each product. The consolidation of pesticide regulatory activities within the PMRA (April 1995) and the planned revision of the PCPA will strengthen the life-cycle management of pesticides in Canada.

**Plans and Priorities**

The priorities for the PMRA in this planning period are to ensure:

- sound, progressive science, including innovative approaches to sustainable pest management;
- open, transparent, participatory regulatory processes, and timely access to new, safer pest control products; and
- effective management of human and financial resources.

To implement these priorities, the Pest Management Regulatory Agency will:

- establish and meet performance standards for the pre-market review of pesticides and amendments to their conditions of registration;
- develop and implement a program for the re-evaluation of older products to ensure that they meet current safety standards;
- develop and implement programs to strengthen consideration of sustainability in regulatory decision-making for pesticides, and to facilitate access to reduced-risk chemical and bio-pesticide products;

- prepare proposed amendments to the *Pest Control Products Act* in order to enhance health and environmental protection and significantly increase openness and transparency;

- work with US and Mexican partners through the North American Free Trade Agreement Technical Working Group on Pesticides to harmonize regulatory processes and increase use of joint review and other work sharing mechanisms;

- work with the Organization for Economic Cooperation and Development Pesticides Forum to harmonize test protocols and data requirements for pesticides, and to develop pesticide risk indicators;

- increase the efficiency of pesticide regulatory processes by developing and implementing systems for the electronic submission and review of pesticide registration applications;

- maintain programs to help ensure that products are used legally, according to label instructions, and implement the use of administrative monetary penalties once the necessary legal authority has been transferred to the Minister of Health;

- work with provincial and territorial and stakeholder partners to develop and implement integrated pest management (IPM) strategies in a variety of use sectors;

- refine consultative mechanisms through the use of the new multi-stakeholder Pest Management Advisory Council, the Federal/Provincial/Territorial Committee on Pest Management and Pesticides, the Economic Management Advisory Committee, and through continued consultation on Proposed Regulatory Decision Documents;

- implement a National Pesticide Sales Data Base; and

- seek to attain Special Operating Agency status.

**Service line 8): Canadian Blood Secretariat**

**Objective**

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

**Financial Spending Plan***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Net expenditures | 54,649 | **48,667**** | 9,246 | 9,249 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 19.3 percent of the Management of Risks to Health net planned spending.

**Background and Issues**

The Canadian Blood Secretariat has the primary responsibility for implementing this strategy, in close cooperation with several other Health Canada programs.

The federal government needs to reassure Canadians that the blood system is as safe as possible, and will remain so. It responded to the findings of the Krever Inquiry by working with provincial and territorial partners to establish the Canadian Blood Services, which began operating Canada's blood supply system on September 28, 1998. Health Canada is currently developing legislation which will enshrine the mandate and governance structures of the authority. In addition, a National Blood Safety Council has been established to advise the Minister on matters of blood safety, particularly issues relating to blood regulation and national disease surveillance.

Health Canada also needs to align its blood regulatory and surveillance programs with other countries, such as the United Kingdom, Germany, and Australia. Health Canada will strengthen its regulatory and surveillance functions (as per the recommendations of the Krever Inquiry), and act as the national coordinator for blood issues.

**Plans and Priorities**

In this planning period, the Canadian Blood Secretariat ( CBS ) will:

- continue to provide essential support services for litigation and negotiations relating to Hepatitis C, HIV and other blood-borne diseases;
- continue to support the development and implementation of improved blood regulation and operational policy on blood-related needs as initiated by the Therapeutic Products Programme;
- continue to provide support to the National Blood Safety Council;
- assist the Laboratory Centre for Disease Control in the development of a comprehensive surveillance and investigation capability, as well as a research and development agenda for dealing with blood-borne viruses; and
- plan two international conferences to be held in Canada in the Spring of 1999, which are:
  - the Unrelated Bone Marrow Donor Registry (UBMDR) Consensus Conference, which will address issues relating to the future of the UBMDR and medical and scientific advances in other related transplant fields; and
  - a second conference which will bring together experts in an attempt to reach a consensus regarding bloodless surgery and to consider alternatives to homologous blood.

**Planned Key Results - Management of Risks to Health**

- Reduced illness injury and/or death from identified health risks.
- Scientific knowledge on risks and benefits to human health and the environment.
- A public informed about specific risks and benefits to their health.

- Modern surveillance systems, laws and regulations responsive to risks and benefits to human health and the environment.

**Performance Measures**

- Data, trend information and examples of risk management actions demonstrating prevention, reduction or elimination of health threats.

- PMRA - Performance standards met and other actions taken that facilitate the competitiveness of the agricultural, forestry, manufacturing and other sectors as it relates to pest control products.

- Data on: number of requests for workplace investigations; significant risk elements identified and corrected; EAP services provided and recurrence of interventions for the same problem within two years; number of medical examinations; and, occupational health, and emergency and disaster planning information sessions given.

**Accountability for Key Results:**

**Primary Responsibility**:
Assistant Deputy Minister - Health Protection Branch

**Co-Responsibility:**
Assistant Deputy Minister - Medical Services Branch
Assistant Deputy Minister - Health Promotion and Programs Branch
Executive Director - Pest Management Regulatory Agency
Chief Executive Officer - Occupational Health and Safety Agency

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

### Objective

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

### Priority

To maintain and improve the health of Canadians by promoting healthy child development, and by fostering both positive health behaviours and the social conditions which promote individual and population health and well-being throughout the life course.

### Financial Spending Plan*

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Net expenditures | 211,671 | **206,519**** | 206,762 | 208,981 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 10.8 percent of the Department's total net planned spending.

### Background

Health is influenced at an individual level by many factors, including healthy behaviours and lifestyles. At a population level, health is determined by a broad range of factors in the social, economic and physical environment. To maintain and improve the health of Canadians, it is important not only to promote healthy lifestyles but also to foster changes in the broader social environment such as support for healthy child development, workplace health and healthy aging. Working in partnership with others in the provincial and territorial governments, with voluntary organizations and in Canadian communities, Health Canada fosters collaboration for the development of "healthy public policy." A key strategy is to bring together various sectors — health, employment, housing, labour, justice and education — to bring about improvements in population health.

Health Canada has developed a framework, the *Blueprint to Promote a Population Health Approach in Canada*, to guide federal leadership in implementing this approach. The *Blueprint* identifies six core components: theory, policy, evidence, marketing, mobilization and institutionalization. The Department takes a leadership role in seeking out opportunities to work the population health approach into existing activities and new plans, as well as involving new partners in the process. Health Canada's mobilization plan takes action on four key fronts: within the Department, among Canadians, at the broad policy level, and internationally.

Collaboration with other federal government departments and agencies is a key facet of the population health approach. Providing federal leadership on strategic files ensures comprehensive, integrated approaches that deal not only with the health aspect of the problem, but with the determinants underlying the problem. For example, Health Canada coordinates federal government action on *Canada's Drug Strategy,* the *Family Violence Initiative,* the *Fitness/Active Living Initiative,* the *National Children's Agenda,* and the *National Framework on Aging.*

**Issues**

The World Health Organization defines health as a resource for everyday living. Health is an important component of individual quality of life and it is well known that a healthy population contributes immeasurably to societal well-being and productivity. Most Canadians enjoy excellent health, due in large part to Canada's state of social and economic development, but this high standard of health is not shared equally by all Canadians. As well, illness and injury have significant direct and indirect economic costs, making health promotion and disease prevention an important investment for reducing the costs of health care and lost productivity due to ill health.

**Determinants of Health**

- healthy child development
- health services
- personal health practices and coping skills
- social support networks
- biology and genetic history
- education
- employment and working conditions
- physical and social environments
- income and social status
- gender
- culture

## Strategies and Plans

**Strategy 1)**: In order to improve child development, Health Canada will develop programs which:

- encourage early child development;
- provide support for families;
- foster healthy, safe, supportive social and physical environments; and
- promote an integrated approach to the development of youths aged 12 to 19.

Details for each of these four areas are as follows.

**Early child development:** evidence has shown that investments in early child development can provide the basis for a long, healthy and productive life, and can reduce the costs and demands on Canada's health care, social services, education and criminal justice systems. Health Canada plans the following initiatives:

- develop Centres of Excellence for Children's Well-being, in order to advance knowledge and influence future policy and program decisions to meet the health needs of children;
- develop education and prevention resources for pregnant women, parents and caregivers to reduce the risks to, and ensure the healthy development of, the fetus and child; and
- provide support to families through further implementation of the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP). The 1999 Federal Budget committed funds to expand the reach and number of community based projects under the CPNP. There will also be enhancements to the current prevention efforts to address Fetal Alcohol Syndrome and Fetal Alcohol Effects.

**Support for families:** in partnership with many organizations, Health Canada will continue to support parents through:

- post-partum parent support programs;

- ❍ parenting skills development programs; and

- ❍ programs aimed at teen parents, parents of teens, and parents living with multiple risk factors.

**Social and physical environments:** to help ensure that the environments in which children live, learn, work and play are healthy, safe and supportive, Health Canada supports research, surveillance, dissemination of information, and the development of strategies, policies and models. These activities focus on the development of public and professional awareness of issues, such as ways to:

- ❍ prevent violence and bullying;

- ❍ prevent injuries and create safe play spaces;

- ❍ promote active transportation; and

- ❍ use the Comprehensive School Health Model.

**Youth development:** Health Canada will continue to develop integrated approaches to the healthy development of youths aged 12-19. Youth empowerment initiatives, such as the Student Health Model, encourage meaningful youth participation in decision-making.

**Strategy 2):** In order to improve health in later life, Health Canada plans to:

- ❍ support research and community-based initiatives based on the population health approach to encourage innovative ways of maintaining or improving the health of seniors in situations of risk, and in preventing the development of situations of risk;

- ❍ develop and disseminate health promotion and health information for seniors, caregivers, health professionals, researchers and the general public to enhance and inform health choices and encourage personal autonomy;

- ❍ provide leadership on initiatives that foster health-enhancing practices, environments, products and systems to support the health needs of an aging population, through interdepartmental and intergovernmental structures and in partnership with stakeholders;

- ❍ continue to support the development of the National Framework on Aging, which is based on a vision and set of principles developed in collaboration with seniors across the country, and which will ensure that the perspectives and needs of seniors are considered in government initiatives; and

- ❍ continue to offer policy, research and communication support to the National Advisory Council on Aging in carrying out its mandate to advise the government on all matters related to the aging of the Canadian population and quality of life of seniors.

**Canada, A Society for All Ages**
In 1999, Canada will celebrate the International Year of Older Persons (IYOP), to provide an opportunity for Canadians to recognize and benefit from seniors' talents, energies, life experiences and contributions to society. By fostering a greater appreciation of the role of seniors in society, the IYOP aims to build a better Canada for citizens of all ages.

**Strategy 3):** In its efforts to prevent disease and injury, Health Canada will:

- continue its work on a variety of on-going initiatives and emerging issues of concern to Canadians, including the Canadian Breast Cancer Initiative, the Canadian Heart Health Initiative, the Family Violence Initiative, Canada's Drug Strategy, the Tobacco Control Initiative, the Alcohol and Drug Treatment and Rehabilitation Program, Canada's Strategy on HIV/AIDS, hepatitis C, diabetes, cervical and other cancers, nutrition, fitness and active living, mental health promotion, sexual and reproductive health, dementia, incontinence, rural health issues, and workplace and social environments;

- develop initiatives to raise awareness of health concerns, prevent disease, injury and disability; and promote positive mental and physical health, through a variety of mechanisms, including school and peer-based approaches, and through prevention efforts at workplaces, institutions, and in communities; and

- develop the Canadian Diabetes Prevention and Control Strategy. The Strategy will focus on prevention and control, education, care, treatment, surveillance, and improved coordination among governments and non-governmental partners.

**Strategy 4):** Health Canada will work to improve health and health care through public empowerment, consumer participation and better communication with Canadians. It plans to:

- continue to develop a more effective working relationship with the voluntary health sector;

- help to strengthen the voluntary sector's capacity to engage citizens in enhancing the health system and the health of individuals in their communities;

- work with target populations, non-governmental organizations, and its provincial and territorial partners, to develop and implement national frameworks for action on key issues affecting the health of Canadians, including: A National Framework on Sexual and Reproductive Health; Nutrition for Health; An Agenda for Action; National Plan for Promoting Mental Health for all Canadians; Canada's Drug Strategy; the Public Education Component of the Tobacco Control Initiative; and the National Framework on Aging;

- address issues of concern to rural Canadians, such as improving access to rural health care;

- complete a number of public education initiatives to promote healthy lifestyles and the health consequences of risk behaviour, including:

  – the identification of best practice models and resources;

  – training;

  – curricula and practice guidelines for health professionals; and

  – the Canadian Health Network, which is being developed in cooperation with the Health Policy, Planning and Information Business Line, in order to provide Canadians with information on health promotion, disease prevention, self-care and the performance of the health system (For more information, please visit Health Promotion On-line at http://www.hc-sc.gc.ca/hppb/); and

- update national dietary guidelines to meet the future needs of Canadians and develop public education initiatives and resources to help Canadians make wise food choices.

**Strategy 5):** Health Canada will provide leadership on the population health approach.

- In addition, Health Canada, in partnership with Statistics Canada, the Canadian Institute for Health Information, the Federal/Provincial/Territorial Advisory Committee on Population Health and a pan-Canadian network of population health researchers will improve accountability to the public by:

  – bringing together researchers and analysts from across the country, through the Canadian Population Health Initiative (CPHI), to monitor, analyse and measure the impact of various determinants of health, and to discuss ways of improving accountability for health and health care; the CPHI will produce regular reports on the health status of the nation; report on the relationship between the determinants of health; and stimulate public debate and dialogue to engage Canadians and increase their understanding of broad health issues.

**Planned Key Results**

- A public informed about what determines health and actions to take to maintain and improve health.

- Improvements in the health status of the population or specific groups targeted by the Promotion of Population Health.

- Tools and mechanisms to be developed in collaboration with other federal departments to assess the health impacts of federal government policies and programs.

**Performance Measures**

- Data indicating receipt of the information and support services to reduce risks and to enhance health.

- Evidence that members of targeted groups are engaging in health-enhancing and risk-reducing practices.

- Evidence of work done by Health Canada in collaboration with other federal government departments to develop tools and mechanisms to assess the health impacts of federal government policies and programs.

- Improved health status indicators (morbidity, mortality and self-reported health) for targeted groups.

## Accountability for Key Results:

**Primary Responsibility:**
Assistant Deputy Minister – Health Promotion and Programs Branch

**Co-Responsibility:**
Assistant Deputy Minister – Information, Analysis and Connectivity Branch

## Business Line 3: Aboriginal Health (AH)

### Objective

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

### Priority

To improve the level of Aboriginal health and increase control and management of community-based health services by First Nations and Inuit.

### Financial Spending Plan*

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 1,091,382 | **1,137,747** | 1,163,915 | 1,193,311 |
| Expected revenue | (10,496) | **(9,083)** | (9,083) | (9,083) |
| Net expenditures | 1,080,886 | **1,128,664**** | 1,154,832 | 1,184,228 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 59.2 percent of the Department's total net planned spending.

### Background

The Aboriginal Health business line provides health-related services to First Nations individuals and to Inuit. These services include programs in community and public health, prevention and treatment of substance abuse, children's programs, disease prevention and control, environmental health services, non-insured health benefits, and hospital services.

As part of the federal self-government initiative, Health Canada's plan is for First Nations people to take control over programs and services through transfer and integrated agreements, and to support the creation of a sustainable First Nation and Inuit health care system. The Department's Self-Government Secretariat coordinates all departmental activity related to the federal policy on Inherent Right to Self-Government, including direct involvement in negotiations and implementation, and the development of policy to guide negotiators and regional officials.

Health Canada supports the government-wide agenda in *Gathering Strength - Canada's Aboriginal Action Plan*, which calls for partnerships among Aboriginal people, governments, and all Canadians as fundamental to address the needs of Aboriginal people and communities. A discussion paper on Partnerships and New Relationships is being used as a catalyst for consideration to stimulate increasing partnerships with First Nations and Inuit people.

There are serious health inequalities between Aboriginal people and other Canadians. Diabetes, tuberculosis, suicide and smoking rates, for example, are much higher in aboriginal populations. Health Canada will provide a number of key programs aiming at reducing the serious health gap.

*Non-Insured Health Benefits:* the Department provides Non-Insured Health Benefits (NIHB) to registered Indians, recognized Inuit, and Innu clients for medical goods and services not provided by provincial services or other health plans. These include dental services, eyeglasses, pharmaceuticals and medical transportation. The contract to administer the pharmacy, medical supplies and equipment and dental claims processing system has been awarded to First Canadian Health Management Corporation Inc. This is the largest contract yet awarded under the Federal government's Aboriginal Procurement Strategy.

The NIHB program is under fiscal pressure because the First Nations annual population growth rate is 3% and because of other factors such as benefits' price increase, serious health problems in the communities and lack of appropriate infrastructure that contribute to rising program costs. As well, provincial health care reforms have tended to shift costs away from insured services. In order to control costs without decreasing services, the Department will continue to manage with strategies which have brought the annual growth to 3.8% in 1997-1998 from an annual growth in excess of 20% in 1991. These efforts will include the continued review and modifications of benefit schedules, the consistent enforcement of National Directives, the predetermination of dental services and the further introduction of special authority requirements for certain high-cost drugs.

*Aboriginal Head Start (AHS):* this program is intended to address the intellectual, emotional, spiritual and physical needs of young Aboriginal children (up to age six) in order to enhance their preparedness for school. It is intended to help parents to develop parenting skills, increase confidence and improve family relationships. The AHS will strive to curb the negative health effects experienced by many First Nations, Inuit and Métis children due to high rates of poverty and lack of social supports in Aboriginal communities.

*Home and Community Care:* health reform has placed greater demands on community health systems for care. Pilot projects, through the Health Transition Fund and the development of a Framework for Home and Community Care will help to guide further work in this area. Adequate home and community care for First Nations and Inuit people will have the additional benefit of keeping elders in remote communities, where they can pass on traditions, language, and culture, instead of moving them long distances into institutional care.

*Aboriginal Diabetes Strategy:* Aboriginal people are three times more likely to suffer from Type 2 (non-insulin dependent) diabetes than the general population, and the disease is epidemic in some communities. In addition, Aboriginal people are prone to develop diabetic complications earlier and with greater severity. A Framework and Discussion paper have been developed to look at ways of addressing this.

**Issues**

Despite major gains in the past 15 years, Aboriginal people still suffer more health problems and have a lower life expectancy than non-Aboriginal Canadians. Health indicators for Aboriginal people and communities still fall well below national norms. The Aboriginal birth rate is twice the Canadian average, and the on-reserve population is expected to grow by 3% annually for the next several years. This is placing tremendous pressure on health services provided by both the federal and provincial governments.

Meanwhile, provincial health-care reforms have led to the closure of small hospitals and the early discharge of patients from institutions. These changes have put even greater strains on First Nations health services, which are already stretched to the limit by serious health problems in their communities, lack of appropriate infrastructure and an increasing population.

The challenge for Health Canada is to address the health inequalities among Aboriginal peoples, build sustainable health systems, and transfer control of health care to First Nations and Inuit. At the same time, the Department must continue to manage the federal government's residual responsibilities for First Nations and Inuit health, which are to provide prevention, health promotion and capacity-building services to foster healthier living.

The 1999 Federal Budget introduces a number of new First Nations and Inuit health initiatives that will be developed with First Nations and the Inuit. The First Nations and Inuit Home and Community Care program will aim to fill gaps in the continuum of care by providing improved care for the elderly, disabled and chronically ill and those requiring short-term acute care services. It will include a spectrum of components from client assessment and case management to professional services. The Aboriginal Diabetes Initiative will provide culturally-appropriate prevention, education, treatment and care and improved lifestyle supports. The additional investment in the First Nations Health Information System will provide a health information system to over 600 First Nations communities which will allow them to monitor health trends, plan for appropriate strategies and detect trends in chronic and reportable diseases. The increased funding in the Canada Prenatal Nutrition Program - First Nations and Inuit Component will improve the health outcomes of pregnant women, mothers and infants at risk with an emphasis on Fetal Alcohol Syndrome/Fetal Alcohol Effect (FAS/FAE). It will build on current programs with a focus on building partnerships, long-term prevention and sustainability.

## Strategies and Plans

**Strategy 1)** Health Canada will work to reduce the health inequalities of Aboriginal peoples.

In this planning period, Health Canada will undertake the following initiatives regarding NIHB:

- a policy framework will be implemented in 1999-2000 to enable First Nations and Inuit groups to take control of the NIHB program through transitional arrangements. The framework will also include a strategy to evaluate the current pilot transfer projects and increase First Nations and Inuit participation in national benefit review processes;

- the Department will focus its activities on improved auditing of the service provider, enhanced drug utilization reviews, and a national review of the medical transportation benefit; and

- the contract allocated to First Canadian Health Management Corporation Inc. to administer the pharmacy, medical supplies and equipment and dental claims processing system will be enhanced by a system which will alert pharmacists to problems related to patients' drug therapy and will improve treatment outcomes, improve prescribing and dispensing habits, and alter prescription drug consumption patterns. The new system will also offer First Nations and Inuit organizations that chose to manage the NIHB program the opportunity to continue processing claims for their members via the national system.

With respect to the Aboriginal Head Start (AHS) program, over the next three years Health Canada will:

- develop a national AHS research program;
- complete the pilot phase and evaluation of the urban and Northern AHS program, which will become an ongoing program; and
- implement the AHS program in on-reserve communities. The first steps will be to distribute the evaluation framework and to complete work on baseline data requirements.

Regarding home care, in this planning period, the Department, in collaboration with First Nations and the Inuit, will:

- implement and evaluate home care pilot projects; and
- develop a First Nations and Inuit Home Care Framework.

Over the next three years, Health Canada will complete a national consultation on an Aboriginal Diabetes Strategy and implementation plan. The strategy will focus on four key areas:

- prevention, education and training;
- care and support at the community level;
- development of an aboriginal diabetes research program; and
- a comprehensive surveillance program.

With respect to mental health, through a joint partnership approach, the Department and First Nations and Inuit representatives will identify mental health issues as the basis for a comprehensive mental health framework. This will include:

- an environmental scan;
- a survey of current programs containing mental health components, in order to determine their effectiveness; and
- an exploration of new programs to address gaps in current mental health services.

Overall, in order to improve the effectiveness of Aboriginal health programs and demonstrate their outcomes, evaluation activities will be enhanced over this next planning cycle. The programs to be evaluated include the First Nations and Inuit component of the Canada Prenatal Nutrition Program, Aboriginal Head Start, and the HIV /AIDS program.

**Strategy 2)** Health Canada will continue to work in partnership with First Nations and the Inuit to build a cost-effective, sustainable and Aboriginally- controlled health care system. The following programs will contribute to this goal:

*Transfers and other health funding agreements:* Health Canada is working to enhance First Nations and Inuit control of health services and resources through transfers, integrated and other health funding agreements, and through capacity building and training. Over the next three years, the Department will:

- work with Indian and Northern Affairs Canada to implement the Canada-First Nations Agreement, which is a common mechanism to transfer funding from federal departments to First Nations;

- work with First Nations and Inuit communities to enhance their capacity to manage health programs and services through various types of health funding agreements, including monitoring mechanisms and assessment processes;

- transfer federal hospitals and services to local health boards, First Nations organizations, or joint provincial/First Nation ventures, at a pace to be determined by First Nations, subject to obtaining appropriate authorities; and

- transfer the administration of health facilities to First Nations and Inuit organizations, at a pace to be determined by First Nations, subject to obtaining appropriate authorities.

*First Nations Health Information System:* the Department will look at issues connected with extending the system to all First Nations, as well as its long-term sustainability, and its possible integration into a First Nation Intelligence Network.

*Aboriginal Health Institute:* the Aboriginal Health Institute will be established in 1999-2000. It will provide a national focus for aboriginal health issues and foster more effective approaches to aboriginal health, including:

- capacity building in strategic areas;

- an information and communication system;

- strategic frameworks for the implementation of priorities;

- partnerships with provinces and private sectors to establish long term funding opportunities; and

- options for future activities in Aboriginal health issues.

*TeleHealth Research Project:* the Department will undertake a pilot project to test the use of telehealth services and technology as a way of improving health services access, delivery and outcomes by linking five Aboriginal communities with provincial health delivery systems. The project will also seek to measure the cost-benefit and human impacts of introducing telehealth technology into First Nations communities.

*Health Surveillance:* the Department will continue to conduct health and program surveillance activities to identify trends and emerging issues to facilitate program design, implementation and evaluation, and to promote the concept of sustainability in all program areas.

*Accountability Framework:* an accountability framework will be implemented to more clearly define the roles and responsibilities of the Department and co-delivery partners, in the context of the transfer of health programs and services and self-government. It will involve discussions with First Nations and Inuit leadership. The framework will define which activities providers and stakeholders are accountable for, and provide pre-determined standards against which results are measured.

*Transition arrangements for Nunavut:* the new territory of Nunavut will come into being on April 1, 1999, under Inuit public governance. The Department will continue to work with the Office of the Interim Commissioner for Nunavut and the Government of the Northwest Territories to ensure a smooth transition in providing health programs and services.

**Planned Key Results**

- ❍ Life expectancy for First Nations to match the Canadian level.
- ❍ Rate of infant mortality to match the Canadian level.
- ❍ Rates of communicable disease, chronic disease, injury and suicide not exceeding Canadian rates.
- ❍ Effective and sustainable Aboriginal managed health services.

**Performance Measures**

- ❍ Comparison of long-term trends in life expectancy between First Nations and other Canadians.
- ❍ Comparison in long-term trends in the incidence of infant mortality between First Nations and other Canadians.
- ❍ Comparison in long-term trends in the incidence of tuberculosis, cardio-vascular disease, death from injury and suicide between First Nations and Inuit and other Canadians.
- ❍ Data which relates to First Nations empowerment and capacity building.

## Accountability for Key Results:

**Primary Responsibility:**
Assistant Deputy Minister — Medical Services Branch

**Co-Responsibility:**
Assistant Deputy Minister — Health Promotion and Programs Branch

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

### Objective

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

### Priority

Strengthening the Health Care System.

### Financial Spending Plan*

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 67,335 | **79,037**** | 40,416 | 4,331 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 4.1 percent of the Department's total net planned spending.

### Background

Rich or poor, in good health or ill, employed or unemployed, in major cities or rural, remote communities, all Canadians are covered by the national system of universal, publicly funded health care that is often referred to as "medicare". Medicare is one of Canada's crowning achievements as a nation:

- Medicare reflects Canadians' values, their deep sense of caring, fairness, solidarity and belief that the people of Canada should have access to the health care they need, regardless of individual wealth.

- Medicare is an outstanding example of Canada's strengths: A provincial government showed how health services insurance could be made to work. The federal government then demonstrated leadership by making programs possible across the country, with national standards and criteria, and substantial financial support. The provincial and territorial governments then designed their own programs based on their specific needs and circumstances.

- Medicare lowers the cost of delivering health care. Because health care bills are paid for centrally by provincial and territorial governments, paperwork is straightforward. Canadians, for example, pay less than half what Americans pay for health care administration and overhead. Employers in the United States pay from three to five times more than Canadian employers to fund employee health and social benefits. While the U.S. spends 14 percent of its GDP on health care, Canada spends just 9.3 percent.

- Medicare has contributed to making Canadians one of the healthiest people on the planet — Canada has one of the highest life expectancy rates and one of the lowest infant mortality rates in the world.

Three decades after the introduction of Medicare, health care in the late 1990s is being challenged to adjust and adapt to dramatic changes in social, technological and fiscal environments that have significantly affected the delivery of health care services and our understanding of human health. Regionalization in the health care system, hospital restructuring, shifts toward community-based care — these and other changes have created a climate of anxiety for Canadians. They worry about the ability of the system to provide universal access to comprehensive care when and where they need it. They worry that the quality of care is degrading.

Canada's health system is built on partnership between the federal, provincial and territorial governments, between health care providers and governments, between individuals and health care providers, and increasingly between individuals and their governments. It is natural, then, that Canadians look to their governments — federal, provincial and territorial — to deal with the problems that are affecting health care today — and to preserve their cherished health care system for tomorrow. The greatest public policy issue in Canada now is to restore the confidence of Canadians in their health care system.

Governments, health care providers, and community and voluntary organizations recognize the anxiety of Canadians. Individually and in concert, they have been studying, testing and implementing measures designed to strengthen health care.

Examples:

- In 1991, a National Task Force on Health Information criticized the severe fragmentation and lack of coordination among heath information systems in the country. In response, governments established the Canadian Institute for Health Information to coordinate the development of a comprehensive and integrated information system for Canada, and the provision of accurate and timely health information.

- In 1994, the Prime Minister established the National Forum on Health to advise the government on innovative ways to improve the health system and the health of Canada's people. What Canadians want, the Forum reported in 1997, is:

  > "A flexible health care system that maintains the five principles of the *Canada Health Act*, is integrated, is supportive of community action, and is driven by information. They will accept change to the system as long as it is accompanied by a plan, and they understand what this change is to accomplish."

  In its report, the Forum provided many valuable suggestions for improving health care.

- Provincial and territorial governments and service providers have been in the forefront of health system reform efforts. Almost all provincial governments have taken steps to focus hospitals on the role they play best — dealing with cases of acute illness. And across the country, provincial governments, public health departments, regional health boards, medical associations, community health centres and other members of the health community are examining, reorganizing and improving the delivery of health services.

- The federal government has supported provincial and territorial government efforts to develop innovative approaches to health care through its Health Transition Fund, introduced in 1997 in response to a recommendation of the National Forum on Health. The $150 million fund is financing projects in such areas as home care, primary care, pharmacare and integrated health services.

These are all steps in the right direction and much has been accomplished. But more is needed to provide Canadians with the assurance that short-term problems, such as waiting lists, crowded emergency rooms and diagnostic services are addressed and long term system sustainability and robustness is provided for.

Canada's governments, health care community and people are ready to restore confidence in the quality of their health care system — to accept and capitalize on the need for change, and to work together in a continuing partnership toward shared objectives. Specifically:

- In 1997, the provincial and territorial governments, with the exception of Quebec, articulated their vision for a health system that integrates the full range of health services to better meet the needs of patients. A system that integrated prevention of illness, promotion of healthy lifestyles, as well as assessment, diagnosis and treatment services so they are better matched to people's needs. A system with improved quality, access, efficiency and accountability.

- In September 1998, all federal, provincial and territorial Ministers of Health agreed on future directions and shared priorities for health and health care services, stressing the importance of a financially sustainable, publicly funded health care system with high quality integrated acute, continuing and community-based health services. Priority issues were identified as health human resources, home care/continuing care, pharmaceutical issues, aboriginal health, funding, public health protection and children.

- In January 1999, Canada's ten premiers and two territorial leaders reaffirmed their commitment to the principles of the *Canada Health Act.* They also undertook to devote additional funds for health care made available by the Government of Canada through existing funding arrangements fully to health care spending.

- In February 1999 in *A Framework to Improve the Social Union for Canadians*, First Ministers, with the exception of the Premier of Quebec, agreed to provide Canadians with information on the performance of social programs, including the health care system, and to work cooperatively on future directions.

Budget 1999 clearly signalled the federal government's intention to further advance this progress by working with provincial and territorial governments and other health stakeholders, injecting $11.5 billion in new transfer payments to provinces and territories over the next five years, and taking action in its own areas of responsibility.

**Issues**

The major challenge facing the system is how to provide a fuller range of integrated, high quality health services to all Canadians based on their individual health needs. Meeting this challenge will require continued support for, and encouragement of efforts to improve the integration of health services across the continuum of care, innovations which help improve quality and access as well as contain costs, and enhancement of presently underdeveloped sectors such as home and community care and access to pharmaceuticals, and to anticipate and respond appropriately to the rapid expansion and wider availability of medical technology. In addition, the system must adapt progressively to the realities of an aging population.

Integrated care requires a system in which all parts work together to meet the health needs of individuals — that is, the right care, by the right provider, at the right time and in the right place.
A significant impediment to the seamless integration of health care services is the fact that the

Canada Health Act requires only that hospital and physician services be publicly-insured, while other necessary services even where they are provided on a publicly-insured basis may involve co-payments or deductibles or be available on a first-dollar basis only to certain population groups.

One of the key challenges and opportunities in this business line is finding means through which to develop mutual agreed priorities and work on them in close collaboration and partnership with the provinces and territories who are each responsible for the delivery of health care services in their respective jurisdictions.

**Strategies and Plans**

**Strategy 1:** Strengthening health care services in Canada to deal immediately with existing problems in the health care system and, over the longer term, providing a full range of high quality, integrated, patient-centred services by:

- promoting and supporting the development of standards and methodology for the identification and analysis of key system problems for resolution, such as waiting lists, emergency services, and diagnostic services;

- conducting research into privatization issues and the best means to address them;

- collaborating with the provinces, territories, other federal government departments, and other health stakeholders to promote and foster the work necessary to integrate such areas as home and community-based care, access by Canadians to necessary drugs and to make such access affordable to governments, private insurers and individual Canadians; and

- collaborating with provinces, territories and Aboriginal communities to test new applications such as telehealth and telehomecare to improve health care delivery.

**Strategy 2:** Improving knowledge, practices and the development of standards for integrated quality care in key sectors, including:

**a) Home and Community Care**

Work will focus on three closely linked streams of activity: policy development; knowledge development; and infrastructure development. The Department will work closely with provincial and territorial officials, with national organizations and other key stakeholders to support and strengthen the home and community sector as part of a fully integrated continuum of health care. This includes exploring with other federal departments the identification and promotion of policies which support the necessary community and social supports which make home care feasible, such as adaptive and alternative housing and availability of appropriately modified transportation.

- Priorities for *policy development* will include common definitions and terminology; costing models, various funding mechanisms and allocation decisions; self-managed care; and the policies associated with the needs of special population groups such as Aboriginals and persons with disabilities.

- Knowledge development will focus on data repositories for key information, such as utilization, level of family care giving, numbers and types of home care workers and mix of public and private home care providers. A research agenda will assist research funding decisions.

- Priorities in the area of *infrastructure development* will focus follow up on the recommendations of the Advisory Council on Health Infostructure with a particular emphasis on telehomecare; a Labour Home Care Sector study; the potential and implications of technological innovations for home care; and performance indicators and improved accountability.

b) **Access to Pharmaceuticals**

Steps are being taken to improve Canadians' access to prescription drugs and drug therapies.

- Health Canada is collaborating with the provinces and territories through the Federal/Provincial/Territorial Pharmaceutical Issues Committee (PIC) to address a range of pharmaceutical concerns including access to drugs, drug prices, utilization (prescribing and compliance), system efficiencies, and drug information. PIC will report to Ministers of Health in 1999 on the progress made in each of these areas and prepare action areas for further collaborative work.

- Recognizing that there are significant gaps in our understanding of various aspects of pharmaceutical issues, Health Transition Fund projects related to pharmacare will also serve to generate information and evidence and help to integrate drugs into Canada's health care system.

- Additional funding in the 1999 federal Budget will help to improve the quality and accessibility of health care and prescription drugs and drug therapies. Initiatives will also be supported to develop and assess ways of enhancing the effectiveness of drug therapies administered in home and community settings.

c) **Rural Health**

Supporting the development of a strategy to improve access by people living in rural and remote areas across Canada to a broader range of health services by:

- promoting the integration and accessibility of a full range of primary care services in rural and remote areas;

- exploring ways to address workforce issues in rural and isolated areas, such as gaps in the supply of doctors and nurses; and

- supporting ways to integrate new information technologies into improved delivery of health services in rural and remote areas.

d) **Integrated Care, including Primary Care**

The 1997 Budget established a Health Transition Fund to support innovative demonstration and evaluation projects in the areas of primary care, home care, pharmacare and integrated services delivery. Building on insights from this work, and recognizing ongoing issues and challenges in moving toward a seamless, patient-centred health system, work will be undertaken in collaboration with provinces/territories, the voluntary sector, professional and citizens' groups to:

- identify and promote the use of performance indicators and best practices in integrated health services delivery, to improve public accountability for system-wide performance;

- identify and help address issues related to the adequate supply, availability, training and support for both professional health providers —particularly nurses, and informal, non-remunerated care-givers;

- assess and promote the potential of the voluntary sector to effectively complement and extend services provided through the more formal health system; and

- promote and support analytical studies and further evaluations of promising new models and strategies for improving the responsiveness and appropriateness of a range of primary and continuing care services based on client's health needs.

e) **Improving Quality and Access to Care**

Strategies and activities aimed at developing consensus among governments, health providers, health care and voluntary sector organizations and citizens' groups, on key issues will be pursued along with strategies and mechanisms for improving access to a range of appropriate, high quality services, based on need not ability to pay. Areas for cooperative work would include:

- development of selected, nationally comparable health system performance indicators, and benchmarks or standards associated with current best practices;

- further work to promote the development, acceptance and uptake of standardized protocols for managing waiting lists/waiting times for medically necessary services;

- development/dissemination of information, tools and strategies to support patient-centred health care decision-making, using available evidence of effectiveness/appropriateness; and

- initiatives to identify and respond to emerging issues and the impact of demographic, epidemiologic and health system reform trends on the sustainability of a high quality, publicly-financed health system.

**Strategy 3:** Improving accountability and reporting in health care (for more information see the Health Policy, Planning and Information Business Line on page 65.

- collaborating with provinces and territories, health care providers and institutions, and Canadians to develop objectives, performance indicators, assessment criteria and standards, and accountabilities for the health system. Over the longer term, best practices and benchmarks will be used to promote ongoing quality improvement;

- developing an accountability framework to facilitate regular reporting to Canadians on federal contributions to the health care system;

- monitoring health services for compliance with the principles underlying the *Canada Health Act*;

- compiling and disseminating information on federal activities in health, including the administration on the *Canada Health Act*; the regulation of food, drugs and medical devices; community-based project funding; national population health strategies; responsibilities for health services for First Nations and Inuit; disease surveillance and prevention; and research; and

- creating, in collaboration with provincial and territorial governments, citizen engagement mechanisms that will allow Canadians to influence the future directions for improving Canada's health system.

**Planned Key Results**

- Facilitate access to health services consistent with the principles of the *Canada Health Act*.
- Innovations to improve the Medicare system.
- National collaboration and initiatives on health system issues.

**Performance Measures**

- Extent of provincial/territorial health services in compliance with the principles of the Canada Health Act.
- Support for pilot and evaluation projects, including national conferences, in key areas of health system modernization and, dissemination of results.
- National strategies and activities to support an integrated, evidence-based, modernized health system.

**Accountability for Key Results:**

**Primary Responsibility:**

Assistant Deputy Minister - Policy and Consultation Branch
Assistant Deputy Minister - Home Care Development

**Co-Responsibility:**

Assistant Deputy Minister - Health Promotion and Programs Branch
Assistant Deputy Minister - Information, Analysis and Connectivity Branch

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

### Objective

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

### Priority

To enhance the availability and quality of health information and knowledge for decision-making.

### Financial Spending Plan*

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Net expenditures | 253,431 | **110,331**** | 97,047 | 85,977 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 5.8 percent of the Department's total net planned spending.

### Background

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

- it helps develop national and major health programs, policies and strategic plans;
- it helps promote the wide-ranging research needed to support Canada's health needs;
- it promotes the development and application of innovative information systems and technologies in the health sector; and
- it makes health policy decision makers accountable for the effectiveness of their decisions in effectively promoting better health.

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

In its promotion of health research, HPPI focuses on both support for research in all spheres of health, ranging from the purest medical research to appropriate measures of health status, and the means of integrating the diverse health policy research efforts in support of greater overall effectiveness and better decisions.

In its development of health information systems, HPPI coordinates the networks, infrastructures and partnerships needed to help make the health sector (including the Department) a more effective

user of modern information-processing technologies, for the purposes of better health system management, better health policy decisions, and to improve the access of both health professionals and individual Canadians to high-quality health information.

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

**Issues**

Health research is key to better health outcomes. Canada must be a strong supporter of health research. The federal government funds health research through numerous channels: departmental operations, the Medical Research Council, the Health Services Research Foundation, the National Health Research and Development Program, the Health Transition Fund, and other departments and agencies. Research is also funded by provincial governments, academia, philanthropic organizations, and the private sector, as well as a number of international organizations.

But funding research is no longer enough. It has become clear that Canada's health research system has not kept up with the evolution of health care from an activity largely focused on health treatment by physicians and hospitals to a 'health continuum' covering health promotion, prevention of health problems, early detection of health problems, diagnosis, treatment, care and rehabilitation. As health problems are increasingly best approached from such a system-wide perspective, the fragmentation of Canada's health research efforts along discipline lines (e.g., purely medical) rather than health problem lines (e.g., childhood nutrition) has meant that the research efforts have not been as effective in leading to better health outcomes as they should be. As a result, action is needed to better integrate health research in Canada.

Health information is a strategic resource in helping the people of Canada maintain and improve their health. It feeds into Canadians' own personal decisions about health, as well as those of their professional health care providers. And, it is essential for good policy making. Equally important, it is an essential ingredient for many aspects of health research. However, the health system has not kept up with modern, information-processing technologies. The system does not do a good enough job of providing decision makers at all levels with the information needed to manage health care resources for the best outcomes. Neither does the system generate enough core information needed for effective health and health policy research. Nor does it do a good enough job of effectively communicating the ever-growing knowledge about what best contributes to health to both busy health professionals and to individual Canadians.

That is because, in the past, the information required for making decisions in each of the fundamental areas of the health system (i.e. health protection, health promotion, and health care) was developed in relative isolation by the various organizations (the Department, provincial and territorial governments, universities, hospitals, public health units, and international organizations), much of it more for purely administrative purposes than to help make better decisions. Integrating these sources of information can achieve efficiencies and increase their value for research and decision making immensely.

There are also major gaps in health information, ranging from the micro level data about the effectiveness of particular medical procedures to the macro level information about system costs and effectiveness. Filling these gaps will improve research quality, health system efficiency, and

lead to better health policy decisions. A key challenge will be to improve the quantity and quality of data while respecting legal and ethical concerns, such as privacy.

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

Modern research tools and the wealth of new health data sources that are or will soon be available will permit much greater quantitative analysis of health policy issues. Health Canada needs to develop its capacity to use these tools and data, as well as to monitor the expanding research into health policy issues throughout Canada and the world. This will help fill the major information gaps that decision-makers now face and help better analyze issues in the allocation of health resources along the health-care continuum. Health Canada itself also needs to better integrate its own policy research capacity, both within the Department and within the overall federal government research community, to ensure that its efforts are directed towards the policy issues that will arise in the future and coordinated with other policies. Health Canada also needs to strengthen its own information- and data-sharing capabilities.

**Recent Developments**

The Department has created a new Information, Analysis and Connectivity Branch. The overall focus of the branch will be on pushing forward the Health Info*way* strategy and enhancing the Department's own use of modern informatics technologies. The Branch's responsibilities will also include a newly-created directorate for Applied Research and Analysis. There, the initial focus will be on working with other branches to strengthen the health policy analytical capacity of the Department and lengthen the policy research planning horizon to better meet strategic, long-term research needs. This will help identify policy research gaps, associated data gaps, and contribute to the development of the Department's accountability capacity. The new directorate will also add to the Department's contributions to the government-wide Policy Research Initiative (PRI) work, including identifying data limitations to be addressed through subsequent PRI gaps exercises.

In September 1998, the Advisory Council on Health Infostructure, established in August 1997 to provide the Minister of Health with recommendations and advice on developing a national health infostructure strategy, released its interim report entitled *Connecting for Better Health: Strategic Issues*. Reflecting ongoing consultations and responses to the interim report, the final report – *Canada Health Infoway: Paths to Better Health* – was presented to the Minister and released to the public in February 1999. In total, the Council made 39 recommendations encompassing elements such as health information for the general public, telehealth, ensuring access, key legislative mechanisms for ensuring privacy, and recommendations relating to an Aboriginal Health Infostructure.

The 1999 Budget then provided funding for significant new initiatives to improve the quality and quantity of health information. First, it provided additional funding for the Canadian Institute for Health Information (CIHI), an arms-length body governed by a board with private, provincial, and federal representation, to strengthen its capacity to report regularly on the health of Canadians and the functioning of Canada's health care system. CIHI will, over the next three years, build a consensus on which key health indicators should be used to measure, develop data standards, fill key data gaps, and build the capacity to analyze data and disseminate information. Second, the Budget provided funds to foster the use of modern information technology in communicating health information

to both professional health-care providers and individual Canadians. Among these will be pilot projects to develop new technologies such as 'Telehealth' and 'Telehomecare'.

The federal government and its provincial and territorial counterparts have worked together so that all Canadians have access to high-quality health services. Recent developments reflect a revitalized partnership and shared commitment by governments to safeguard Medicare and to strengthen the health system. The Social Union agreement, signed February 4, 1999 by all first ministers, with the exception of the Premier of Quebec, provides a collaborative framework for social policy in Canada. With this agreement, governments recognized the importance of being accountable to Canadians for the health system, including measuring progress on both the performance of the system and the health of Canadians. In addition, governments agreed to ensure effective mechanisms for Canadians to participate in developing social priorities and reviewing outcomes.

The 1999 Budget also took the next steps to creating a more-integrated approach to Canada's health research needs by announcing the Government's intention to establish the Canadian Institutes for Health Research (CIHR) in the year 2000. The CIHR will comprise networks which would draw together investigators and institutions to coordinate and provide national focus to Canada's research efforts, and to better integrate research into Canada's health care system. It would be an umbrella for 10 to 15 institutes each dedicated to a particular theme. This initiative is one means of ensuring that Canada continues to offer opportunities for its best medical scientists and other health researchers, and attracts the best scientists from abroad. It has the potential to move Canada to the forefront of the global health research community. An Interim Governing Council has been appointed to undertake the groundwork necessary to put in place the CIHR. Legislation to establish CIHR will be introduced as soon as this Fall.

**Strategies and Plans**

**Strategy 1):** To improve the effectiveness of Canada's health research by:

- transforming the structure that supports much of Canada's health research. The CIHR will offer a modern framework to bring together all fields of health research. It will build on the research base in our universities, health and research centres, teaching hospitals, federal and provincial governments, voluntary and private sectors by supporting and linking researchers in new ways.

**Strategy 2):** To develop, in collaboration with provinces, territories and stakeholders, an integrated approach to organizing and disseminating health information and knowledge by:

- continuing to develop a national strategy for a Canadian Health Infostructure, including:
  - working with the Canadian Institute for Health Information (CIHI), Statistics Canada, and the provinces and territories, and other stakeholders, including the public, on an Information Roadmap designed to improve data gathering and information exchange;
  - continuing to develop new systems for quickly providing the health care system with timely information about health developments;
  - stimulating the development, piloting and implementation of initiatives that have the potential to accelerate the use of advanced information and communications technologies in the health system;

- strengthening a National Health Surveillance Network;

- continuing to fund pilot and evaluation projects through the Health Transition Fund that will generate information and knowledge that decision makers can use for health program and policy decisions;

- chairing the federal-provincial-territorial Health Chief Information Officers' Forum with a focus on privacy, security and standards;

❍ developing new means of communicating health information to Canadians, including:

- providing Canadians with "one-stop shopping" and easy access to credible, timely health information through the Canadian Health Network (CHN). The CHN, an Internet-based service, will link existing health networks with different modes of service, such as a fact sheet fax-back service, interactive voice response, or a 1-800 line to make it as accessible as possible to all Canadians;

- continuing development of Health Canada On-line by focusing on the development of a seamless health information network that connects all those involved or interested in the Canadian health system;

- developing more outcome-oriented performance measures and associated data collection, analysis and system capacity leading to the production of a series of reports to the public on federal activities in health, based on consultations with Canadians about their expectations and health information needs;

- supporting the Canadian Women's Health Network, which disseminates information on advancing women's health issues and the findings of the Centres of Excellence for Women's Health Program through a clearinghouse, newsletter and Internet web site; and

- extending the First Nations Health Information System to all First Nations, as well as how to ensure the system's long-term sustainability and its possible integration into a First Nations Health Intelligence Network.

**Strategy 3):** To expand the policy research capacity of the Department by:

❍ better integrating applied research and analysis, as well as research information, knowledge development and management, across the Department, with the rest of the health policy research community, and with stakeholders;

❍ improving the strategic and long-term alignment of the policy research function of the Department with federal research initiatives within and beyond the health portfolio;

❍ identifying data limitations and research gaps to be addressed through a subsequent Policy Research Initiative exercise;

❍ using the Department's Risk Management Framework to examine emerging and re- emerging health issues and at-risk populations, and develop policy options to fill the gaps in information;

- developing cost-effective and efficient policy levers to improve the health system in Canada (e.g., surveillance, research, legislation, consultation, planning and review);

- establishing communication and consultation mechanisms to ensure inclusion of key stakeholders in the policy process; and

- analyzing and addressing the impact of federal policies and programs on women's health and using the Centres of Excellence for Women's Health to conduct policy-relevant research on such impacts.

**Strategy 4):** To improve the quality and use of performance information across the Department, including improving linkages between planned key results, actual performance, resource utilization and health outcomes for and accountability to Canadians by:

- developing assessment categories, criteria and standards for measuring the performance of the health care System in concert with other governments, stakeholders and citizens;

- developing and updating key performance indicators for the Department as a whole as well as for each business line and lower level organizations; and

- reviewing and updating the departmental Planning, Reporting and Accountability Structure.

**Strategy 5):** To improve public involvement in developing accountability frameworks relative to the effectiveness of health policy decisions, health system performance and the results of direct federal expenditures in health by:

- exploring with provincial and territorial counterparts and the voluntary sector, ways in which to involve Canadians in developing mechanisms to promote accountability and to gather information relevant to their needs and interests relative to health and the health system; and

- developing and implementing a Departmental policy on principles and expectations for public involvement in the design and assessment of the policies, programs and activities of Health Canada in the areas of health protection, health promotion and health care.

**Planned Key Results**

- Legislation to establish the new Canadian Institutes for Health Research which will help create a much more coordinated national health research capacity.

- Creation of more highly-skilled jobs in the health sector.

- Increased funding from the CIHR will help expand opportunities for individual researchers to ensure that their skills and expertise remain in Canada.

- A well functioning national health information and health research infrastructure contributing to improving the health of Canadians.

- Establishment of a functioning Health Canada Applied Research and Analysis Directorate to help generate and integrate health policy research.

- Improvements to the Departmental decision-making system to make better use of the best available knowledge and relevant health information.

- Development of an accountability framework to facilitate regular reporting to Canadians on federal contributions to the health care system.

- The first of annual reports cards on the progress and success of Health Canada's health initiatives.

- Collaborative efforts with key stakeholders, including provinces and territories, on major initiatives associated with telehealth, the privacy of health information, and electronic patient record systems.

- A public response reporting on the progress in implementing the recommendations of the Minister's Advisory Council on Health Infostructure.

- Putting in place new health infostructure development and implementation programs.

- Development and implementation of a Departmental policy on public involvement, including inputting to the design and directions of federal health policies and programs and the assessment of the results of federal health expenditures.

**Performance Measures**

- A series of virtual institutes ready to operate under a permanent CIHR by April 1, 2000.

- The extent to which health research in Canada is becoming more multi-discplinary and inclusive.

- Change in the number of health scientists emigrating from Canada.

- Support for pilot and evaluation projects, including national conferences, in key areas of health system modernization and, dissemination of results.

- National strategies and activities to support an integrated, evidence-based, modernized health system.

- The quality and extent of utilization of strategic analyses and advice in Health Canada's priority setting and decision processes and policy documents.

- The role of Health Canada as a key player in health information and its contribution to a national health information structure.

- The extent of integrated health information and health research infrastructures in Canada.

- Extent to which Health Canada's programs are improved or changed as a result of its annual report cards.

- Extent to which departmental policy and program decisions can be linked to an evidence-base.

- Advisory Council on Health Infostructure (ACHI) members to evaluate progress made in following up on ACHI's 39 recommendations via a report to the ACHI in one year.

- Developed a plan to assess the effectiveness of, and satisfaction of Canadians with, vehicles for public involvement relative to directions and outcomes of federal expenditures in health.

**Accountability for Key Results:**

**Primary Responsibility**

Assistant Deputy Minister - Information, Analysis and Connectivity Branch
Assistant Deputy Minister - Policy and Consultation Branch

**Co-Responsibility**

Assistant Deputy Minister - Health Promotion and Programs Branch
Assistant Deputy Minister - Health Protection Branch
Assistant Deputy Minister - Medical Services Branch
Regional Directors General

## Business Line 6: Corporate Services (CS)

### Objective

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

### Priority

To enhance administrative and resource management services across the Department.

### Financial Spending Plan*

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| Gross expenditures | 109,812 | **131,979** | 119,440 | 109,083 |
| Expected revenue | (1,283) | **(1,201)** | (682) | (682) |
| Net expenditures | 108,529 | **130,778**** | 118,758 | 108,401 |

* Budget 1999 funds are not shown in the above table. They are shown by initiative on page 17.
** This represents 6.9 percent of the Department's total net planned spending.

### Background

The Corporate Services business line provides a complete line of administrative services across the Department:

- financial planning, systems, and administration;
- human resource planning, development, and operations;
- information management, including information technology;
- asset management, including acquisition of goods and services; and
- occupational health, safety, and security services.

In addition, the Corporate Services business line supports the overall management of the Department's resources by:

- providing functional direction and advice to program managers;
- integrating resource options, assessments, plans and reports;

- promoting modern comptrollership practices; and
- undertaking internal audits.

**Issues**

Given ongoing changes in Health Canada's programs and services, the nature of its workforce, and the range of information technologies and best practices available, new opportunities continue to arise for delivering administrative services efficiently and for supporting the development of the Department's information management role. At the same time, these changes demand enhanced capabilities for managing the Department's resources effectively.

Key priorities for the Corporate Services business line over the planning period include changes which will:

- support the timely implementation of the health-related initiatives in the 1999 Budget;
- provide a focal point for managing Year 2000 activities in Health Canada and for liaising with National Defence in the development of national contingency plans (see also page 82);
- strengthen the Department's workforce;
- enhance program and expenditure management capabilities;
- make more effective use of information and information technologies; and
- rejuvenate Health Canada's physical assets and improve its asset management capabilities.

## Strategies and Plans

**Strategy 1):** A key goal of the Corporate Services business line is to build and sustain a highly qualified and competent workforce. To this end, Health Canada plans to:

- strengthen the Department's leadership capabilities at all levels through management development activities such as mentoring programs, developmental assignments, and participation in public service programs (e.g. Management Trainee Program, Career Assignment Program, and Interchange Canada);
- develop a motivated, proud, and productive workforce by continuing its substantial investments in employee learning, career counselling, self-development, and performance reviews;
- promote an enabling work environment that embraces employment equity values, is free of harassment or discrimination, and encourages employees to work to their full potential; and
- implement the Universal Classification Standard (UCS) and a focused recruitment campaign for key groups.

**Strategy 2):** In order to further enhance its capabilities for utilizing modern comptrollership practices and managing its programs, expenditures, and assets effectively, the Department plans to:

- develop stronger business planning and management capabilities, linked to central agency processes, including key measures for each of its service lines, especially output measures;

- implement the SAP R/3 integrated financial and materiel management system (including enhanced procurement, inventory and disposition capabilities) in 1999-2000; and

- work closely with central agencies to implement the reduced allocation of subsidized office and other space in the National Capital Region in a realistic fashion.

**Strategy 3):** In order to rejuvenate its assets, strengthen its asset management capabilities, and reduce the adverse impacts of its physical operations on the environment, the Department plans to:

- develop and implement a systematic approach to repairing and reviewing its physical assets and to minimizing the impacts of Departmental operations on the environment;

- upgrade its fuel storage systems and remediate its fuel-impacted soil to ensure compliance with the *Canadian Environmental Protection Act*; and

- make various improvements to the management of its laboratory facilities, including improved housing facilities for non-human primates.

**Strategy 4):** The Corporate Services business line is continuing to seek effective ways to manage corporate information and support knowledge management in the Department utilizing information technologies. To this end, Health Canada plans to:

- invest in information and knowledge management practices and in new information technologies that will support program delivery across the Department;

- strengthen Departmental capabilities for providing leadership and expertise on the development and implementation of integrated information infrastructures and use of information management tools that contribute to an effective national health infostructure; and

- make the investments required to successfully adapt information technologies, including those embedded in buildings and equipment, to the year 2000 (see also page 82).

**Planned Key Results**

- Services that are effective in supporting Health Canada's programs.

- Efficient utilization and control of resources and assets.

**Performance Measures**

- Extent to which established standards of performance are met.

- Evidence that processes, systems and other measures are in place that encourage efficient utilization of authorized Departmental resources.

## Accountability for Key Results

**Primary Responsibility:**
Senior Assistant Deputy Minister - Corporate Services Branch

**Co-Responsibility:**
Assistant Deputy Minister - Information, Analysis, and Connectivity Branch
Regional Directors General
Director Internal Audit

## C. Consolidated Reporting

**Summary of Proposed Major Legislative/Regulatory Initiatives**

***Table I: Major Regulatory initiatives that will be published in Canada Gazette Part II between April 1st 1999 and March 31st 2000***

| Regulations | Expected Results |
|---|---|
| Regulations for Natural Health Products. | Establishment of a regulatory framework for natural health products to ensure appropriate control of the safety, quality and effectiveness of these products. |
| Consumer Chemicals and Containers Regulations — Revision.<br><br>Introduces a criteria-based regulatory system to prescribe precautionary labelling and child-resistant containers for various chemical products used by the general public. Provides a framework for categorizing new products. | Reduce the number and severity of incidents involving consumer chemical products by 25%, resulting in a possible four lives saved per year with a reduction in expenditures by society related to these incidents (health care services and emergency response). The net present value of benefits over costs has been estimated in the range of $41 to $73 million over 25 years. |
| Tobacco (Reporting) Regulations.<br><br>To oblige the tobacco industry to disclose detailed information on tobacco products constituents, manufacturing, sales and distribution. | This information once obtained will allow Health Canada to better inform Canadians on the tobacco associated health risks. It may also be used to establish standards, thus reducing the toxicity of the products. |
| Tobacco (Labelling) Regulations.<br><br>To establish the most effective usage and placement of health messages on packages of tobacco products. | Package warnings second only to television as a source of health information regarding tobacco. |
| Tobacco (Access) Regulations.<br><br>To define documents for proof of age to access tobacco products. Provide specifications for age signs. | Assist retailers in the application of the *Tobacco Act* and further limit access by Canadian youth to tobacco products and their related adverse health effects. |
| Tobacco (Seizure and Restoration) Regulations.<br><br>To provide owners with procedures when contesting a seizure. | Provide a fair and equitable process for owners to recover seized goods. |

| Regulations | Expected Results |
| --- | --- |
| Tobacco (Promotion) Regulations.<br><br>To regulate product display at retail, availability signs, advertising and packaging options. | Will contribute in eliminating appealing information that incites young Canadian to start smoking. |
| Regulations requiring Non Medicinal Ingredient labelling. | Provision to Canadians of additional information on the ingredients contained in drugs, so they can avoid exposure to substances to which they are sensitive. |
| Clinical Trial Framework. | Revised procedures for approvals of clinical trials in Canada, designed to ensure that appropriate safety nets are in place, and, to provide an environment which is more conducive to the promotion of research and development in Canada. |
| Regulations for Novel Foods. | Establishment of a regulatory framework for novel foods,which includes foods derived through genetic modification, to require pre-market notification. This mechanism would ensure that such foods have undergone a safety assessment prior to being sold in Canada. |

***Table II: Major Regulatory initiatives that will be published in Canada Gazette Part I between April 1 1999 and March 31 2000***

| Regulations | Expected Results |
|---|---|
| Revised Regulatory Framework for Food Additives | Establishment of a stream-lined, more flexible framework which still ensures human safety concerns are fully addressed with government oversight. This will decrease the regulatory burden on industry and ensure government resources are appropriately directed. |
| Regulations concerning Nutrition Labelling | An improved system which will make the nutrition label on foods more useful to consumers, providing basic, objective information, make the label more available, and link nutrition labelling to public health priorities, national dietary guidelines and education programs. |
| Regulations on Nutrient Content Claims | Revised regulations which will ensure that: such claims support consumers in choosing a healthy diet; they are responsive to industry developments; and they are not misleading. |
| Regulations permitting Health Claims on Foods | New regulations which will allow certain types of health claims on foods. They will ensure that: such claims are supported by appropriate science; they help consumers choose a healthy diet; they are responsive to industry developments. |

***Table III: Legislative initiatives that are or may be tabled in Parliament in 1999-2000***

| Legislative Initiatives | Expected Results |
|---|---|
| Amendments to the *Pest Control Products Act.*<br><br>The primary objectives of the new legislation are to enhance health and environmental protection and to significantly increase openness and transparency. | Greater certainty that marketed pesticides do not pose unacceptable risks. Enhanced public confidence in the pesticide regulatory system. Cost-effective regulation. |
| *Drinking Water Materials Safety Act.*<br><br>It will require manufactures of materials to certify their products before they go on the market. The Act was tabled in Parliament on October 30, 1997, and Second Reading was begun on November 5th, 1998. | Bill C-14 is a measure to protect the health of all Canadians. The legislation will ensure the safety of all materials that come into contact with our drinking water by requiring them to be certified to health-based performance standards before being sold in or imported into Canada. All consumers will be reassured that products available on the Canadian market are safe and effective from a health perspective. |
| *Canadian Institutes for Health Research.* | The 1999 Budget announced the Government's intention to introduce legislation as soon as this fall to establish the Canadian Institutes for Health Research (CIHR) in the year 2000. An Interim Governing Council has been appointed to undertake the groundwork necessary to put in place the CIHR. The CIHR will comprise networks which would draw together investigators and institutions to co-ordinate and provide national focus to Canada's research efforts, and to better integrate research into Canada's health care system. It would be an umbrella for 10 to 15 institutes each dedicated to a particular theme. This initiative is one means of ensuring that Canada continues to offer opportunities for its best medical scientists and other health researchers, and attracts the best scientists from abroad. It has the potential to move Canada to the forefront of the global health research community. |
| The Human Reproductive and Genetic Technologies Act | The Act is designed for the regulation of human reproductive technologies and the use of human genetic materials. The Act would authorize the creation of a regulatory agency with objectives that include: the protection and promotion of human dignity and human rights; the health and safety of Canadians; and the promotion of the resolution of ethical issues in the use of human reproductive materials and fetal tissue. |

**Sustainable Development**

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

Health Canada's Sustainable Development Strategy begins to explore the relationship between sustainable development and health, and presents an action plan for the Department to make progress on both of these concepts. In this, its first Sustainable Development Strategy, Health Canada has identified four strategic themes for its action plan:

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

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

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

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

For the planning period, Health Canada's Office of Sustainable Development, in collaboration with all branches and the Pest Management Regulatory Agency, has identified the following as priorities:

- address all commitments contained in the 1997 Sustainable Development Strategy;

- identify and collaborate on horizontal issues with other government departments; and

- respond to initiatives of the Office of the Commissioner of the Environment and Sustainable Development to promote sustainable development in the government.

The Department has placed on its web site a document entitled "Targets for Health Canada's 1997 Sustainable Development Strategy" which responds to the recommendation of the Commissioner in his May 1998 Report to the House of Commons.

## Year 2000

### Year 2000 Issues at Health Canada

Health Canada is committed to achieving Year 2000 preparedness by the established target of June 1999. Health Canada branches are working diligently with our partners to ensure that essential services to Canadians are not interrupted. The Year 2000 project is a complex undertaking and the Department is following a thorough and systematic implementation plan.

Health Canada maintains several government-wide mission-critical systems (GWMCS) for the health and safety of Canadians. The Department is currently renovating its systems to address complications which could surface as a result of the Year 2000. Corrective measures have been implemented in the following program-specific GWMCS in an effort to mitigate potential Year 2000 problems:

- Laboratory Centre for Disease Control;
- Therapeutic Products Programme;
- Food Program;
- Environmental Health Program; and
- Medical Services Branch.

### Health Canada's Year 2000 Governance Structure

Health Canada has established a committee, organization and working structure that extends to all management levels. This structure facilitates and reports on the progress of Year 2000 projects across the Department to the Departmental Executive Subcommittee on Year 2000 (DEC-2000). Medical Services Branch and Health Protection Branch Year 2000 Offices, as well as the Pest Management Regulatory Agency also report directly to the DEC-2000. The DEC-2000 acts as the Department's key decision-making body.

### Strategic Objectives

Due to the immense scope of the Year 2000 initiatives being implemented by Health Canada, the Year 2000 issues which have the greatest potential impact on the Department have been divided into four principal streams, and provide the framework for the Year 2000 project GWMCS compliance activities:

i. Information Systems and Technology

ii. Embedded Systems

iii. Health Canada's Regulatory Role

iv. Federal/Provincial/Territorial Readiness Assistance

### i. Information Systems and Technology

Information systems and technology refers to telecommunications, networks, personal computers and computer applications. The objective is to ensure that all of these systems within Health Canada undergo six key Year 2000 project management and activity phases, based on the Treasury Board model, which will help Health Canada achieve its Year 2000 compliance goals. They are: awareness, inventory, risk assessment and contingency planning, code conversion, testing, and implementation. Health Canada's Information Systems and Technology Subcommittee is working to coordinate remedial work on these systems to ensure they are Year 2000 ready by the end of June 1999.

### ii. Embedded Systems

Embedded systems are those products and systems with microprocessors and associated control software or "firmware" embedded directly in a manner that the user cannot easily effect changes due to accessibility and design. Within Health Canada, embedded systems primarily affect facilities, laboratories, hospital equipment, and security systems. The objective is to ensure that these systems undergo the following key phases, based on the Treasury Board model, which will help Health Canada achieve its Year 2000 compliance goals: awareness, inventory, risk assessment/prioritization, remediation testing or replacement, and contingency planning. Health Canada's Embedded Systems Subcommittee is actively monitoring progress in these areas. Inventories and risk assessments have been completed, and the preparation/implementation of contingency plans is underway.

### iii. Health Canada's Regulatory Role

Health Canada administers several statutes and regulatory programs that deal with the manufacture, sale and use of pharmaceutical drugs, medical devices, food, cosmetics, pesticides, radiation emitting devices, blood and other products. Health Canada's regulatory objective is to protect Canadians by identifying, evaluating and managing the health risks associated with such products. Health Canada is diligently working with manufacturers, vendors, other levels of government and health care partners to help mitigate potential Year 2000 risks that could surface in the products we regulate.

### iv. Federal/Provincial/Territorial Readiness Assistance

To address the need for enhanced information exchange initiatives among governments, the Department has co-operated with the provincial and territorial governments to establish the Canadian Year 2000 National Clearinghouse for Health (CYNCH) to enable the sharing of information on compliance initiatives. The role of CYNCH is to disseminate information and coordinate initiatives across Canada that will address the Year 2000 compliance requirements of equipment and systems used in provincial and territorial health services.

As a means of tracking the status of medical devices, an Internet site has been established by the Therapeutic Products Programme in the Health Protection Branch to provide Year 2000 compliance information to the users of medical devices and it is updated regularly as new information is received from manufacturers and importers of such devices. This site has been designed to provide information to the provinces, health care professionals, associations, and the public on Year 2000 issues related to medical devices.

**Planned Activities: 1999**

*National Contingency Planning:* Health Canada has been requested to collect information on the Year 2000 readiness of hospitals and health care services across the nation. This information is needed to ascertain the level of national contingency preparedness required should the arrival of Year 2000 cause systems to shut down or malfunction. The Department will work with the National Contingency Planning Group to support their work towards an overall national contingency plan. Also, Departmental contingency and business resumption plans will be developed for all department-wide mission critical operations and systems.

# SECTION IV: SUPPLEMENTARY INFORMATION

## A. Tables

### Authorities for 1999-2000

***Table 1: Spending Authorities***

| Vote | (thousands of dollars) | 1999-2000 Main Estimates | 1998-1999 Main Estimates |
|---|---|---|---|
| | **Health Department** | | |
| 1 | Operating expenditures | **999,252** | 867,573 |
| 5 | Grants and contributions | **822,677** | 717,993 |
| (S) | Minister of Health — Salary and motor car allowance | **49** | 49 |
| (S) | Contributions to employee benefit plans | **60,686** | 59,752 |
| | **Total Department** | **1,882,664** | 1,645,367 |

**Note:** Budget 1999 information is on page 16.

## *Table 2: Organization Structure*

**Responsibility for Planned Spending by Business Line for 1999-2000**

| **Business Line** (**thousands of dollars**) | **Health Protection Branch** | **Occupational Health and Safety Agency** | **Pest Management Regulatory Agency** | **Health Promotion and Programs Branch** | **Medical Services Branch** | **Information* Analysis and Connectivity Branch** | **Policy and Consul-tation Branch** | **Home Care Develop-ment** | **Corporate Services Branch and Departmental Executive** | **Total** |
|---|---|---|---|---|---|---|---|---|---|---|
| Management of Risks to Health | 203,720 | 24,383 | 14,770 | 9,062 | | | | | | **251,935** |
| Promotion of Population Health | | | | 206,519 | | | | | | **206,519** |
| Aboriginal Health | | | | 22,082 | 1,106,582 | | | | | **1,128,664** |
| Health System Support and Renewal | | | | 2,576 | | | 73,561 | 2,900 | | **79,037** |
| Health Policy, Planning and Information | 14,638 | | | | | 37,009 | 44,161 | | 14,523 | **110,331** |
| Corporate Services | | | | | | 16,785 | | | 113,993 | **130,778** |
| **Net Planned Spending** | **218,358** | **24,383** | **14,770** | **240,239** | **1,106,582** | **53,794** | **117,722** | **2,900** | **128,516** | **1,907,264** |
| Budget 1999* | | | | | | | | | | **87,500** |
| **Total Net Planned Spending** | | | | | | | | | | **1,994,764** |

*Budget 1999 information is on page 16.

## Personnel Information

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

| (full time equivalents) | Forecast 1998-1999 | **Planned 1999-2000** | Planned 2000-2001 | Planned 2001-2002 |
|---|---|---|---|---|
| Management of Risks to Health | 2,762 | **2,708** | 2,644 | 2,625 |
| Promotion of Population Health | 489 | **509** | 509 | 509 |
| Aboriginal Health | 1,304 | **1,398** | 1,398 | 1,396 |
| Health System Support and Renewal | 120 | **64** | 64 | 54 |
| Health Policy, Planning and Information | 425 | **435** | 433 | 432 |
| Corporate Services | 814 | **845** | 839 | 839 |
| **Departmental Total** | 5,914 | **5,959** | 5,887 | 5,855 |

## Additional Financial Information

***Table 3: Departmental Summary by Standard Objects of Expenditure***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| **Personnel** | | | | |
| Salary and wages | 318,299 | **306,167** | 303,939 | 301,928 |
| Contributions to employee benefit plans | 66,104 | **61,225** | 60,885 | 60,483 |
| **Sub-total** | 384,403 | **367,392** | 364,824 | 362,411 |
| **Goods and services** | | | | |
| Transportation and communications | 145,148 | **143,030** | 140,092 | 143,474 |
| Information | 7,604 | **7,484** | 7,330 | 7,507 |
| Professional and special services | 294,095 | **291,063** | 285,109 | 291,963 |
| Rentals | 6,316 | **6,269** | 6,141 | 6,288 |
| Purchased repair and maintenance | 32,943 | **33,147** | 32,480 | 33,248 |
| Utilities, materials and supplies | 268,164 | **266,722** | 261,293 | 267,542 |
| Other subsidies and payments | 4,723 | **11,648** | 4,552 | 4,663 |
| Controlled capital | 2,957 | **4,057** | 4,057 | 4,057 |
| **Sub-total** | 761,950 | **763,420** | 741,054 | 758,742 |
| **Total operating** | 1,146,353 | **1,130,812** | 1,105,878 | 1,121,153 |
| **Transfer payments Voted** | 927,935 | **831,677** | 776,858 | 727,453 |
| **Gross budgetary expenditures** | 2,074,288 | **1,962,489** | 1,882,736 | 1,848,606 |
| **Less: Revenues Credited to the Vote** | (63,635) | **(55,225)** | (49,513) | (49,513) |
| **Net budgetary expenditures** | 2,010,653 | **1,907,264** | 1,833,223 | 1,799,093 |
| **Budget 1999** | 155,000 | **87,500** | 241,500 | 356,500 |
| **Total net budgetary expenditures** | 2,165,653 | **1,994,764** | 2,074,723 | 2,155,593 |

**Note 1:** Budget 1999 information is on page 16.

### *Table 4: Program Resources by Business Line for the Estimates Year*

| (thousands of dollars) | Budgetary | | | | | | |
|---|---|---|---|---|---|---|---|
| **Business Line** | **FTE** | **Operating** | **Capital** | **Transfer Payments** | **Planned Spending** | **Less: Revenue credited to the Vote** | **Net Planned Spending** |
| **Health** | | | | | | | |
| Management of Risks to Health | 2,708 | 251,965 | — | 44,911 | 296,876 | (44,941) | **251,935** |
| Promotion of Population Health | 509 | 68,979 | — | 137,540 | 206,519 | — | **206,519** |
| Aboriginal Health | 1,398 | 614,104 | — | 523,643 | 1,137,747 | (9,083) | **1,128,664** |
| Health System Support and Renewal | 64 | 7,504 | — | 71,533 | 79,037 | — | **79,037** |
| Health Policy, Planning and Information | 435 | 75,520 | — | 34,811 | 110,331 | — | **110,331** |
| Corporate Services | 845 | 108,683 | 4,057 | 19,239 | 131,979 | (1,201) | **130,778** |
| **Total Department** | 5,959 | 1,126,755 | 4,057 | 831,677 | 1,962,489 | (55,225) | **1,907,264** |
| **Budget 1999** | | | | | | | **87,500** |
| **Total planned spending** | | | | | | | **1,994,764** |

**Note 1:** Budget 1999 information is on page 16.

***Table 5: Indian and Inuit Health Services Envelope by Business Line (see note)***

| (thousands of dollars) | Medical Services Branch | Corporate Services Branch and Departmental Executive | Total |
|---|---|---|---|
| **Aboriginal Health** | | | |
| **1999-2000** | **1,051,792** | | **1,052,970** |
| 2000-2001 | 1,084,458 | | 1,085,637 |
| 2001-2002 | 1,118,106 | | 1,119,285 |
| **Corporate Services** | | | |
| **1999-2000** | | **36,573** | **36,573** |
| 2000-2001 | | 36,570 | 36,570 |
| 2001-2002 | | 36,570 | 36,570 |
| **Total 1999-2000** | **1,052,792** | **36,573** | **1,088,365** |
| Total 2000-2001 | 1,084,458 | 36,570 | 1,121,028 |
| Total 2001-2002 | 1,118,106 | 36,570 | 1,154,676 |

**Note 1:** Budget 1999 information is on page 16.

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

| (full time equivalents) | Medical Services Branch | Corporate Services Branch | Total |
|---|---|---|---|
| **1999-2000** | **1,291** | **166** | **1,457** |
| 2000-2001 | 1,291 | 166 | 1,457 |
| 2001-2002 | 1,291 | 166 | 1,457 |

***Table 6: Details of Transfer Payments by Business Line***

| (thousands of dollars) | Forecast Spending 1998-1999 | **Planned Spending 1999-2000** | Planned Spending 2000-2001 | Planned Spending 2001-2002 |
|---|---|---|---|---|
| **Grants** | | | | |
| Management of Risks to Health | 31,420 | **37,120** | 5,120 | 5,120 |
| Promotion of Population Health | 16,650 | **16,950** | 16,950 | 16,950 |
| Aboriginal Health | 500 | **—** | — | 183 |
| Health System Support and Renewal | 60,000 | | | |
| Health Policy, Planning and Information | 107,607 | **11,867** | 11,532 | 11,532 |
| **Total Grants** | 216,177 | **65,937** | 33,602 | 33,785 |
| **Contributions** | | | | |
| Management of Risks to Health | 12,494 | **7,791** | 9,346 | 7,841 |
| Promotion of Population Health | 120,048 | **118,590** | 116,940 | 117,920 |
| Aboriginal Health | 509,459 | **523,643** | 540,408 | 534,874 |
| Health System Support and Renewal | — | **71,533** | 34,527 | — |
| Health Policy, Planning and Information | 48,470 | **24,944** | 22,796 | 13,794 |
| Corporate Services | 21,287 | **19,239** | 19,239 | 19,239 |
| **Total Contributions** | 711,758 | **765,740** | 743,256 | 693,668 |
| **Total Grants and Contributions** | 927,935 | **831,677** | 776,858 | 727,453 |

Note 1: Budget 1999 figures are not included in this table since the distribution between operating funds and grants and contributions funds has yet to be determined. Budget 1999 information is on page 16.

Note 2: Additional detail on transfers by business line can be found in the Estimates.

***Table 7: Details of Revenue by Business Line***

| (thousands of dollars) | Forecast Revenue 1998-1999 | **Planned Revenue 1999-2000** | Planned Revenue 2000-2001 | Planned Revenue 2001-2002 |
|---|---|---|---|---|
| **Revenue Credited to the Vote** | | | | |
| Management of Risks to Health | | | | |
| Food Safety, Quality and Nutrition | 1,347 | **1,347** | 1,347 | 1,347 |
| Therapeutic Product Regulation | 34,713 | **34,713** | 34,713 | 34,713 |
| Environmental Health | 3,253 | **3,253** | 3,253 | 3,253 |
| Occupational Health and Safety Agency | 4,722 | **5,307** | 250 | 250 |
| Emergency Services | 136 | **136** | — | — |
| Pest Management* | 7,685 | **185** | 185 | 185 |
| Aboriginal Health | 10,496 | **9,083** | 9,083 | 9,083 |
| Corporate Services | 1,283 | **1,201** | 682 | 682 |
| **Total Credited to the Vote** | 63,635 | **55,225** | 49,513 | 49,513 |
| **Revenue Credited to the Consolidated Revenue Fund (CRF)** | | | | |
| Management of Risks to Health | | | | |
| Food Safety, Quality and Nutrition | 151 | **218** | 218 | 218 |
| Therapeutic Product Regulation | 2,950 | **3,606** | 3,606 | 3,606 |
| Environmental Health | 116 | **116** | 116 | 116 |
| Occupational Health and Safety Agency | — | **—** | — | — |
| Emergency Services | — | **—** | — | — |
| Pest Management | 900 | **900** | 900 | 900 |
| Aboriginal Health | 2,834 | **2,834** | 2,834 | 2,834 |
| Corporate Services | 100 | **100** | 100 | 100 |
| **Total Credited to the CRF** | 7,051 | **7,774** | 7,774 | 7,774 |
| **Total Revenue** | 70,686 | **62,999** | 57,287 | 57,287 |

* The difference in expected revenue between 1998-1999 and 1999-2000 is due to Vote netting authority not being available to PMRA in 1999-2000. Approval for Vote netting authority is being sought from Treasury Board. This authority, if approved, would lead to additional estimated revenue of approximately $7.5 million in 1999-2000 and subsequent years.

***Table 8: Net Cost of Program for 1999-2000***

| (thousands of dollars) | Health Program |
|---|---|
| **Planned Spending** | **1,962,489** |
| **Budget 1999** | **87,500** |
| **Gross Planned Spending** | **2,049,989** |
| **Plus:** | |
| *Services Received without Charge* | |
| Accommodation provided by Public Works and Government Services Canada (PWGSC) | 18,431 |
| Contributions covering employee's share of insurance premiums and costs paid by the Treasury Board Secretariat (TBS) | 20,206 |
| Workman's compensation payments provided by Human Resources Canada | 743 |
| Salary and associated costs of legal services provided by Justice Canada | 611 |
| **Total Cost of Program** | **2,089,980** |
| **Less:** | |
| Revenue Credited to the Vote | (55,225) |
| Revenue Credited to the CRF | (7,774) |
| **1999-2000 Estimated Net Program Cost** | **2,026,981** |

**Note 1:** Budget 1999 information is on page 16.

## B. Other Information

### Listing of Statutes and Regulations

### Statutes and Regulations Currently in Force

1) Canada Health Act, R.S.C. 1985, c. C-6
2) Canadian Environmental Protection Act, R.S.C. 1985, c. 16 (4th Supp.)
3) Controlled Drugs and Substances Act, S.C. 1996, c. C-19
4) Department of Health Act, S.C. 1996, c. C-8
5) Financial Administration Act, R.S.C. 1985, c. F-11
6) Food and Drugs Act, R.S.C. 1985, c. F-27
7) Hazardous Products Act, R.S.C. 1985, c. H-3 as amended
8) Patent Act, R.S.C. 1985, c. P-4
9) Pest Control Products Act, R.S.C. 1985, c. P-9
10) Quarantine Act, R.S.C. 1985, c. Q-1
11) Tobacco Act, R.S.C. 1985, c. T-11.5
12) Canadian Centre on Substance Abuse Act, R.S.C. 1985, c. 49 (4th Supp.)
13) Regulation under the Department of National Health and Welfare Act repealed and replaced by Department of Health Act, R.S.C. 1985, c. C-6
    - Potable Water on Common Carriers, C.R.C. 1978, c. 1105
14) Regulation under the Department of National Health and Welfare Act repealed and replaced by Department of Health Act, R.S.C. 1985, c. C-6
    - Human Pathogens Importation Regulations, SOR/94-558
15) Fitness and Amateur Sport Act, R.S.C. 1985, c. F-25
16) Medical Research Council Act, R.S.C. 1985, c. M-4
17) Queen Elizabeth II Canadian Research Fund Act, R.S.C. 1970, c. Q-1
18) Radiation Emitting Devices Act, R.S.C. 1985, c. R-1
19) Hazardous Materials Information Review Act, R.S.C. 1985, c. H-2.7
20) Pesticide Residue Compensation Act, R.S.C. 1985, c. P-10

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

21) Atomic Energy Control Act, R.S.C. 1985, c. A-16
22) Broadcasting Act, R.S.C. 1985, c. B-9.01
23) Canada Labour Code, R.S.C. 1985, c. L-2
24) Canada Medical Act, R.S.C. 1952, c. 27
25) Canada Shipping Act, R.S.C. 1985, c. S-9
    - Ships Crews Food and Catering Regulations, C.R.C. 1978, c. 1480
26) Canadian Food Inspection Agency Act, R.S.C. 1985, c. C-16.5
27) Emergency Preparedness Act, R.S.C. 1985, c. 6 (4th Supp.)
28) Energy Supplies Emergency Act, R.S.C. 1985, c. E-9
29) Excise Tax Act, R.S.C. 1985, c. E-15
30) Federal-Provincial Fiscal Arrangements Act, R.S.C. 1985, c. F-8
31) Feeds Act, R.S.C. 1985, c. F-9
32) Immigration Act, R.S.C. 1985, c. I-2
33) National Parks Act, R.S.C. 1985, c. N-14
34) Trade Marks Act, R.S.C. 1985, c. T-13

**Bills Pending**

35) Act respecting Drinking Water Materials Safety (Bill C-14)
36) Act respecting Pollution and Prevention and the Protection of the Environment and Human Health in order to Contribute to Sustainable Development (Bill C-32)
37) Act to Amend the *Tobacco Act* (Bill C-42)
38) Act to Amend the *Tobacco Act* (Content Regulations) (Bill S-8)
39) An Act to Incorporate and Provide for the Tobacco Manufacturers Community Responsibility Foundation (Bill S-13)

## Proposed Regulations

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

| Regulatory | Expected Results | Status |
|---|---|---|
| Health Protection Legislation. | Respond to contemporary and future public health and safety issues. | Policy development that may lead to regulation. |
| New Risk-Based Regulatory Framework for Therapeutic Products. | The establishment of better risk management tools for the approval of all therapeutic products or processes, including blood, managed by the Therapeutic Products Program. | Policy development that may lead to regulation. |
| “Light” Cigarettes and Tobacco. Validating the “light” qualifier used by the tobacco industry. | Reduce the delivery of toxic or additive substances in tobacco products. | Policy development that may lead to regulation. |
| Tobacco Product Modification. | Reduce constituent levels in tobacco products and in the smoke produced by tobacco products; to impact environmental control measures; and to reduce the delivery of toxic or addictive substances. | Policy development that may lead to regulation. |

| Regulatory | Expected Results | Status |
|---|---|---|
| Amendments to the Pest Control Products Regulations.<br><br>Passage of the amended *Pest Control Products Act* will require changes to the regulations in the areas of public participation, access to information supporting pesticide registrations, registration types, protection of proprietary rights to data, reporting of adverse effects and a national pesticide database. | Greater certainty that marketed pesticides do not pose unacceptable risks.<br><br>Enhanced public confidence in the pesticide regulatory system.<br><br>Cost-effective regulation. | Policy development that may lead to regulation. |
| Lead Strategy.<br><br>Strategy for reducing lead in children's and other consumer products. | Reduce health risks associated with potential sources of excessive lead. | Policy development that may lead to regulation. |
| Controlled Drugs and Substances Regulations. | Compliance with International Agreements and that reflect the new authorities approved by Parliament. | Policy development that may lead to regulation. |
| Bilingual labelling.<br><br>Options are being considered to increase the use of bilingual labels on pest control products. | Greater certainty that users are able to understand and follow labels. | Policy development that may lead to regulation. |
| *Therapeutic Products Act.*<br><br>Framework for the regulation of therapeutic products. | A risk framework will include: product licensing, establishment licensing and fee structures. | Policy development that may lead to legislation. |
| Good Manufacturing Practices Regulations for Foods. | Provide a basis for integration and harmonization of domestic regulatory requirements across federal, provincial and territorial jurisdictions and with the General Principles of Food Hygiene elaborated by the Codex Alimentarius Commission.<br>The onus will be on manufacturers and importers to control the manufacturing and distribution process considered essential for health. | Policy development that may lead to regulations. |

| Regulatory | Expected Results | Status |
|---|---|---|
| Food & Drug Regulations – Nutrient Content Claims. | New and updated regulations for nutrient content claims will give Canadians the nutritional information they need to choose a healthy diet and will influence manufacturers to produce more nutritious foods. | Legal review. |
| Food & Drug Regulations – Nutrition Labelling. | A contemporary, efficient and flexible nutrition labelling framework. | Anticipate publication in Canada Gazette, Part I. |
| Food & Drug Regulations – Revision of Division 16 – Food Additive Tables. | Regulatory system for food additives based on food classes or categories, not standardized and unstandardized food products. The new approach will give industry greater choice in the use of food additives while continuing to ensure public safety. | Anticipate publication in Canada Gazette, Part I. |
| Controlled Products Regulations.<br><br>Provide for labelling, transmissions of Material Safety Data Sheets' and small quantity exemptions for controlled product carrier materials in radioactive nuclide mixtures. | This amendment will coincide with the coming into force of the Nuclear Safety Control Act – Winter 1998-1999 – which will redefine radioactive nuclides to exclude carrier materials. | Anticipate publication in Canada Gazette, Part I. |
| Revised Cosmetics Regulations | Comprehensive risk-based cosmetic product surveillance and monitoring with an injury prevention focus. | Policy development that could lead to changes in existing regulations. |
| New Regulations for Precursors of substances regulated by the *Controlled Drugs and Substances Act.* | Compliance with International Agreements.<br>Provide added security measure to control abuse of these substances. | Anticipate publication in Canada Gazette, Part I. |
| Regulatory Framework for tissues and for Organs. | Establishment of specific safety standards for tissues and organs used for therapeutic purposes. | Anticipate publication in Canada Gazette, Part I. |

| Regulatory | Expected Results | Status |
|---|---|---|
| Regulatory Framework for Blood and Blood Products. | Establishment of specific safety standards to strengthen regulatory controls imposed on the production of blood or blood products. | Anticipate publication in Canada Gazette, Part I. |
| Regulations for Natural Health Products. | Establishment of a regulatory framework for natural health products to ensure appropriate control of the safety, quality and effectiveness of these products. | Policy development that may lead to regulation. |
| Special Access Program. Replaces Emergency Drug Release Program. | Facilitate patient access to unapproved drugs when the access is recommended by a physician. | Anticipate publication in Canada Gazette, Part I. |
| Fee Regulations for Industrial Hemp.<br><br>Fees would be collected to cover the cost of the service provided or right and privilege granted to industrial hemp licence applicants. | Fees will ensure the Therapeutic Products Program has adequate resources to provide a service designed to ensure that the commercial production of industrial hemp is facilitated without contributing to a drug abuse problem. | Policy development that may lead to regulation. |

## References

Health Canada documents can be ordered from:

Publications
Health Canada
Ottawa, Ontario
K1A 0K9

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

The following are examples of documents available.

***Reports:***

Aboriginal Health in Canada
Canada Health Action: Building on the Legacy
Canada Health Infoway
Canada's Alcohol and Other Drugs Survey: Preview 1995
Horizons One — Older Canadian's Alcohol and Other Drug Use
Horizons Two — Canadian Women's Alcohol and Other Drug Use
Horizons Three — Young Canadian's Alcohol and Other Drug Use
How Effective are Alcohol and Other Drug Treatment Programs
Survey on Smoking Cycle
Various reports on Mental Health

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

AIDS
Alcohol and Drug Abuse
Children
Family Violence
Fitness
Health and the Environment
Heart Health
Maternity and Newborn Care
Mental Health
Native Issues
Nutrition and Food Safety
Product Safety
Seniors
Tobacco

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