Health Canada Santé Canada

REALIGNING HEALTH CANADA TO BETTER SERVE CANADIANS

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Canada

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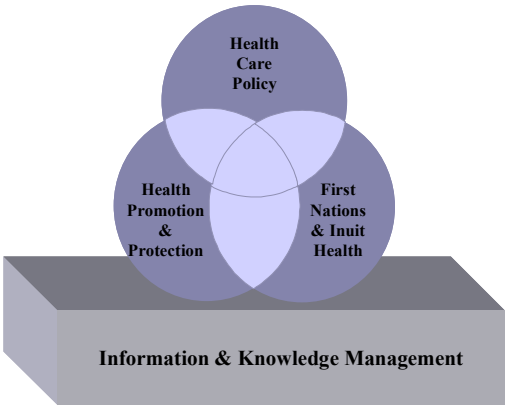
INTRODUCTION

Health Canada's mission is to help the people of Canada maintain and improve their health. Our mandate covers three broad areas:

- national health policy and systems – including health care;
- health promotion and protection, including disease, illness and injury prevention; and
- First Nations and Inuit health.



They are underpinned by a solid information and knowledge base.

Our Departmental objective is to improve health outcomes.

Health Canada is operating in a rapidly changing and increasingly complex environment. Our responsibilities have grown and evolved over time. In addition, the federal budgets of 1999 and 2000 have injected significant investment into the Department.

We need to move from a 1970s organization to one that's better positioned to meet the challenges of the new millennium.

However, the Department is still operating with a structure that was essentially built in and designed for the 1970s[1].

[1] Health Canada has undergone structural change -- e.g., 1993 government-wide reorganization; transfer of the Product Safety Bureau from the former Department of Consumer and Corporate Affairs in 1994; creation of the Pest Management Regulatory Agency in 1995 out of elements from four different departments; and creation of the Information, Analysis and Connectivity Branch in 1998 to add new information and knowledge management capability to the Department. These changes did not significantly alter the organizational structure of existing branches.

We need to assess, rejuvenate and strengthen our organizational and management structure to:

- better align ourselves to work more effectively with our collaborators and partners, particularly other departments and the provinces and territories;
- improve service – including sound and timely health information – to the people of Canada;
- strengthen our ability to work cohesively within the Department to better focus our resources on areas where Health Canada can contribute most effectively to health outcomes; and
- strengthen our capacity to be innovative, continuously learning, flexible, accountable and driven by a focus on performance and results.

Realignment objective:
- **improved service**
- **better aligned to collaborate externally and internally**
- **strengthened organizations**

This document outlines why our organization needs adjustment, and our plans for realigning our structure to meet the challenges we face.

OUR CHALLENGES

The 1990s were challenging years for the health and other sectors as resource constraints forced organizations to "do more with less." Now, with federal and provincial government deficits largely under control, the focus is shifting to rebuilding and moving forward to meet the challenges of the twenty-first century.

For Health Canada, those challenges arise from three broad environmental trends.

Advances in Health Knowledge and Technology

The last half of the twentieth century witnessed unprecedented advances in scientific knowledge and technology.

We can expect even more spectacular advances in the twenty-first century. Scientific developments, coming one upon another at a breathtaking pace, will vastly increase our knowledge about risks to health. Innovative health intervention approaches, analytical methods and medical technologies will provide numerous new ways to address those risks.

Rapid advances in health knowledge and technology –>

- **new ways to protect and improve health**
- **strengthened capacity to produce and use evidence**
- **new products, new health risks**
- **increased scope, diversity and complexity of health issues**

These developments will also bring new risks to health – such as from new products and the application of new technologies.

These and similar changes will require the Department to develop greater capacity to respond rapidly to the increasing number, scope and complexity of evolving health issues.

Health Canada needs to augment the size and diversity of its scientific capacity, core human resources competencies, and access to knowledge.

The Department will need to increase the size and diversity of scientific and other disciplines in which it maintains capabilities. They will be needed to properly understand, assess, select, integrate and apply available tools and evidence in the extremely complex environment of contemporary and future health issues.

We will also require access to leading-edge research and knowledge in support of our health surveillance and health promotion and protection roles. We will have to rely not only on our own internal capabilities, but also on our participation in national, regional and local networks, the Canadian Institutes of Health Research, and their international equivalents.

Changing Public Expectations

In the information age, the Canadian public is increasingly demanding to be informed about and to participate in government decision-making. Canadians want government decisions to be made openly, based on evidence and in accordance with the shared values of Canadians. They want government to be accountable – to deliver effectively on expected results.

Canadians expect:
- **to participate in decision-making**
- **open, transparent, accountable government**
- **higher standard of care and ethics**
- **equity in and access to health and health care**

Canadians also want to be more involved in decisions about their own personal health.

Advances in information technology will expand the ability of organizations to obtain and share health knowledge, both domestically and internationally. This will put enormous pressure on governments to make decisions quickly and effectively – to be more responsive.

Advances in information technology will
- **expand capacity and speed to generate and share knowledge**
- **increase capacity outside government to generate and access knowledge and alternative evidence and policy positions**

New information technology will also increase the capability of non-government sectors to generate health information, thereby enhancing citizen access to alternative evidence. We can expect individuals and interest groups to increasingly challenge government policy.

Canadians are also concerned about health inequities, access to health and health care, and the balance between individual and societal rights and values. An aging population, increased life expectancies, and developments such as the manipulation of genes, research using embryonic materials, and biotechnology in general will add to these challenges.

Health Canada needs to
- **be more responsive, cohesive, integrative**
- **measure our performance and apply our efforts to areas of greatest impact**
- **strengthen our policy, consultative and outreach capacity**

The ability to measure (and make public) the results of our work to ensure that resources are applied where our impact is greatest will be critical in this environment. We must be aligned to bring a more cohesive, integrative culture and

the required skill sets to quickly make effective and coordinated decisions. We will also need to improve our ability to consult, listen, persuade, and reframe issues so that the results of our work better meet citizens' expectations and needs. This will require a strengthened outreach capacity to inform, educate and involve the public – and to get feedback on how we are doing.

Increasing Need for Partnership, Collaboration and Horizontality

Governments are learning that they can better serve the needs of citizens by moving away from centralized decision-making and hierarchical control toward a decentralized and interactive approach that emphasizes cooperation, horizontal linkages and a focus on collective results. They increasingly work through partnerships and reciprocal obligations with a multiplicity of stakeholders. In Canada, at the federal, provincial and territorial levels, our governments are guided in their relationships by the Social Union Framework Agreement.

Health is a shared responsibility. No single organization can hope to possess all the requisite capacity or knowledge to address health issues. Improved health outcomes requires collaboration, horizontal linkages and collective results.

Cooperation and collaboration pay particular benefits in the health sector.

Health is more than the absence of illness or injury. It is affected by a wide range of factors such as education, income, lifestyle and biological endowment. No single organization or jurisdiction can hope to possess all the capacity and knowledge needed to address health issues. A broad-based and comprehensive approach is needed to ensure that decision-makers, especially health practitioners and individuals, have timely access to sound information and knowledge.

Consequently, partnership and collaboration between Health Canada and other federal departments, other levels of government, regional health boards, non-government organizations, and other sectors and disciplines nationally and internationally, are essential.

Our organization must be tailored to maximize our potential in this area. Of particular importance are Health Canada's regional operations, which are in daily contact with our stakeholders.

We need to align ourselves to maximize opportunities for collaboration internally and externally, and to create critical mass in expertise.

Internally, our people need to think, link and work together better across the organization, across disciplines and across regions. We need to concentrate resources on priorities and be able to adjust quickly when priorities change.

Organizationally, Departmental programs that address similar health issues should be brought together for greater flexibility, efficiency, impact and accountability. This will not only strengthen the Department internally but also support stronger synergy between Health Canada and the many external health groups with whom we work.

SUCCESS IS...

Our objective for the realignment is to build an organization that is:

Aligned for stronger collaboration externally and internally, through:
- **stronger teamwork culture**
- **improved program coherence, appropriate critical mass, expertise, resources**

- aligned to work effectively with our external collaborators and partners as well as internally with each other;
- continuously improving service to the people of Canada;
- focused on ensuring that we are devoting our resources to areas where we can make the biggest difference to the health of Canadians; and
- innovative, continuously learning, flexible, accountable, and performance and results driven.

Our goals and our indicators of success are:

- Working together
  - a stronger teamwork culture that facilitates information sharing, joint continuous learning, integrated planning and program delivery, and avoidance of artificial boundaries;

- better coherence of our programs and activities, ensuring program components have the critical mass and spectrum of disciplines they require;

- better coherence and integration of Health Canada programs and activities with those of provinces, territories, other government departments, and other collaborators;

- increased opportunity to demonstrate our commitment to the spirit of the Social Union Framework Agreement in our dealings with the provinces and territories;

• Improving service

- increased ability to focus effort and resources on areas in which the Department is most effective;

- enhanced capacity to address health risks before they arise, or to respond quickly if necessary;

- increased integration and cohesiveness in our relationships with the provinces and territories, and with other partners and stakeholders;

Better service through improved
- **focus on areas of greatest effectiveness**
- **proactiveness, responsiveness, excellence, transparency**
- **integration, cohesiveness**
- **departmental profile**
- **health outcomes and objective, excellent science and evidence**

- clearer and increased Health Canada profile– Canadians know what services they receive from us as distinct from others;

- strengthened Departmental responsiveness and transparency in decision-making and service delivery;

- improved objectivity and excellence in science and evidence in support of the Department's work; and

- improved health and safety for Canadians.

- Improving management
  - organizational structures and mandates that are based on health outcomes and supported by appropriate accountability and performance frameworks;
  - reasonable organizational size and span of control so that important policy, program and other management issues receive sustained management attention;
  - clearer accountabilities and reporting relationships;
  - increased simplicity and cost-effectiveness; and
  - enhanced working environment and increased management support for our employees, to make Health Canada a preferred place of employment.

Better management through
- **focus on outcomes**
- **reasonable size and span of control**
- **clear accountabilities, relationships**
- **simplicity, cost effectiveness**
- **enhanced work environment**

OUR RESPONSE TO DATE

We have already made some progress in responding to the challenges in our environment. For example:

- through Program Review, we internally reallocated resources to strengthen our surveillance, monitoring and disease prevention and control capacity to address public health blind spots;
- in health promotion, we adopted an approach that focuses on populations (as opposed to individuals), shared responsibility for health, and the root causes of health;

Health Canada has made some progress in responding to its challenges:
- **strengthened surveillance**
- **population health approach**
- **Health Transition Fund**
- **Health Protection Transition**
- **Tobacco program consolidation**
- **departmental policy focus for health care, horizontal coordination and ethics**
- **strengthened First Nations and Inuit Health Program**
- **CIHR creation**
- **health infostructure**
- **IACB creation**
- **OCAPI creation**

- we implemented the Health Transition Fund, which supports pilot projects designed to develop innovative methods for the delivery of health care;
- through Health Protection Transition, we consulted stakeholders and the Science Advisory Board on our health protection science platform, surveillance, legislation, and program delivery;
- we consolidated the Department's Tobacco Program in one organization, enhancing its flexibility so it could better achieve program results;
- we established new departmental policy functions for health care, for horizontal coordination and for ethics to improve Health Canada's capacity and policy coherence in these areas; and
- we implemented new or expanded initiatives in the First Nations and Inuit Health Program.

As well, the Department is collaborating with the Medical Research Council to establish the Canadian Institutes of Health Research (CIHR). The CIHR will transform health research funding by linking projects and programs more directly to the health needs of Canadians.

The Department has also made important headway in harnessing the power of information technology 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 health decisions; and
- test new applications, such as telehealth and telehomecare, to improve health care delivery and access to health information, particularly for the one-third of Canadians who live in rural and remote areas.

Our new Information, Analysis and Connectivity Branch (IAC) leads our work in this area. Through IAC, Health Canada is better able to provide sound and timely information and make decisions based on evidence. IAC also plays a leading role in our accountability and performance measurement and management efforts.

The Department also recently created the Office of Consumer Affairs and Public Involvement (OCAPI) to keep citizens informed, engage them in health issues of interest to them, and address their concerns in a timely way.

MOVING TO THE NEXT LEVEL OF PERFORMANCE

The steps taken to date have made Health Canada more effective and efficient in fulfilling its mission. However, we have much more to do, particularly in the health protection and the population and public health areas and in horizontal management.

... We have, however, much more to do.

Health protection

The Health Protection Program is immensely complex. It spans the spectrum of health risks, from therapeutic products, to food safety, to environmental safety (from toxins and radiation), to product safety, and to disease risks – nationally and internationally. All of the departmental capacity to deal with this immense range of risks is concentrated within just one branch of the Department.

The Health Protection Program is too complex and its responsibilities too diverse to be managed effectively in a single branch.

Within this large branch, responsibilities of organizational units have evolved and new ones have been added over time with little significant change to the branch's structure. As a result, we are not aligned to best bring management attention and resources to bear on major program issues. Scientific capacity is fragmented across program units. Infrastructure is duplicated. Programs are inordinately difficult to manage and coordinate for maximum impact. Concentrating resources on health priorities is difficult.

In many other jurisdictions, several distinct organizations manage the health components found in our Health Protection Branch (e.g., in the United States: Centers for Disease Control, Food and Drug Administration, Environmental Protection Agency, National Institutes of Health). These organizations are able to concentrate their efforts on a narrower band of responsibilities, establish needed science infrastructure and provide adequate senior management attention to all components of their programs. This is not possible here when we are managing, within one branch, so many major programs. The result is a less than optimal ability to provide the services required by the 12 pieces of legislation under which the branch functions.

A realigned health protection program with increased science capacity, better focused programs, increased management attention and clearer accountabilities is the logical next step in moving Health Canada to more effectively protect the safety of the public.

Population health and public health

We need greater integration and cohesion among health promotion, community action, health surveillance and disease prevention and control.

One of the weaknesses of the Department's approach to population health and public health has been the separation of health promotion and community action from health surveillance and disease prevention and control. Program areas that should be working together to achieve mutual objectives are often organizationally far apart, operating in isolation or in an uncoordinated fashion.

Canada's federal, provincial and territorial deputy ministers of health have identified the strengthening of population and public health as one of their priorities for action. They have noted the need for greater linkages between disease prevention and control and health promotion strategies.

Health Canada's 1999 Program Impact Assessment Project also recognized the need for increased coordination between the two program areas, with common tools, analytical processes and priority-setting frameworks that would contribute to the achievement of shared goals.

Management challenges

We need to better align ourselves and develop more cohesive and broad-based approaches to strengthen collaboration and collaborative opportunities with others, particularly the provinces and territories. We also need to strengthen horizontal linkages and coordination within the Department.

Because of the increasing importance of partnerships with a multiplicity of collaborators, we need to develop cohesive, coherent, consistent and horizontal approaches that transcend organizational boundaries. This is essential to strengthening our linkages with other federal departments in contributing to government priorities. They are also crucial in improving our work with the provinces and territories.

Our regional directors general and regional offices will play a much more active role in horizontal management. We need to better harness our capabilities in the regions so we can more clearly focus on and support areas where Health Canada is most effective.

We have grown ... but unevenly across the Department. This has added to the stress and strains on the current structure.

Furthermore, Health Canada has grown in responsibilities and size. The 1999 federal budget, for example, invested $840 million in the Department over four years (1998-99 to 2001-02). This year's budget added another $398 million[2] (1999-2000 to 2002-03). These investments are spread unevenly across the Department. As a result, they have added to our organizational and management challenges as organizations that were initially established in a different era strive to meet new demands and new ways of working.

We need to further rejuvenate and strengthen, with special attention to the health protection and health promotion programs, and our regional operations.

As a result of further work in Health Protection Transition, the increased focus on population health, our policy and operational discussions related to Budget 1999 and Budget 2000 initiatives, and the Program Impact Assessment initiative, Health Canada is ready to build on the steps we have already taken to further rejuvenate and strengthen the Department.

While the entire Department will be affected, the primary focus will be on our health protection and health promotion programs, and on how we align our regional operations to better deliver programs across Canada.

REALIGNMENT[3]

Our realignment initiatives can be grouped into two categories: those directed toward improving horizontal management within and outside the Department, and those that will strengthen our organization in delivering on our mandate. These measures are described below.

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2 Includes $46 million for biotechnology.

3 The realignment described in this paper is subject to the approval of Treasury Board Ministers. Health Canada will seek the appropriate authorities after taking realignment discussions/comments into account.

Improving Horizontal Management

a) Strengthening DEC Sub-Committees

A strengthened DEC sub-committee structure is critical to better managing cross-branch planning, cross-cutting issues and departmental decision-making.

Greater coordination and sharing of knowledge across branches and between branches and regions are critical to improving the way we work. Many departmental issues cross branches and/or regions and require expert leadership, horizontal policy coordination and strategic decision-making in a team environment at the senior management level. This will be achieved through a strengthened system of sub-committees of the Department Executive Committee (DEC)[4].

Sub-committee work will be based on teamwork across the Department and focused on achieving collective results and priorities. DEC will assign primary accountability for each issue to a lead-Assistant Deputy Minister (ADM) or Regional Director General (RDG). The management structure and process for each sub-committee will be spelled out in the group's terms of reference, and the sub-committee's work will be integrated with the Department's strategic, policy and operational planning processes.

DEC sub-committees already exist in the following areas: policy and analysis, communications, finance, human resources, assets management, and information management / information technology. This realignment establishes two new sub-committees to address risk management and regulatory affairs, which cut across all functional areas[5].

The Department will also need other linkages across branches – such as expert committees and working relationships between areas that share common objectives.

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[4] This will be supplemented by formal and informal committees or by agreements between branches and/or regions on issues outside the purview of DEC sub-committees, such as the sharing of special expertise and functions that are best consolidated in one branch or region.

[5] The DEC Sub-Committee on Risk Management ensures that the Deputy Minister (DM) and, if appropriate, the Minister receive timely information and advice on emerging issues that require a risk management response. The risk management function is critical in our health protection role and needs to be managed across all branches.
Given its exceptional importance, primary responsibility for the risk management function must rest with one ADM. This ADM will have delegated authority from and clear accountability to the DM for the management of this function. All other ADMs and the Regional Directors General will be held accountable by the DM for cooperation with the lead-ADM and for managing their branch or regional responsibility for this function.

b) Working Better Across Government

Health Canada also needs to collaborate more closely with other federal departments to strengthen horizontal management across the federal government. The November 1999 restructuring of the Policy and Consultation Branch created a departmental function to manage and coordinate these efforts. This realignment will help the Department bring a more streamlined and coherent approach when working with other departments.

c) Strengthening the Regional and RDG Roles

Health Canada does its work through international, national, regional and local networks. Regional offices are strategic focal points for Health Canada to link with regional and local networks, including provincial and territorial governments, Federal Regional Councils, non-governmental organizations, the private sector and the Canadian public. Regional functions include tailoring departmental programs to suit local conditions; providing regional intelligence on trends, issues and stakeholder perspectives; and, in general, providing local Health Canada leadership in support of the Department's mandate.

Regional program delivery involves public education, information dissemination, communications, community capacity building, research and knowledge development, policy analysis and development, intersectoral collaboration, federal-provincial-territorial relations, and forging new relationships and new approaches to local collaboration.

RDGs are and will continue to be the Department's senior representatives in the regions. They liaise with senior officials at all levels of government and in other sectors on a day-to-day basis.

RDGs will become the Department's focal point in their region. They will be responsible for ensuring departmental coherence – for ensuring, in their region, horizontal coordination and cohesion among departmental programs and with provinces, territories, other external partners and collaborators, and the public – such that the Department comes across as one entity. They will be responsible for developing regional business plans, which will include all Departmental programs delivered in their region. They will also be responsible for managing strategic human resources matters in their regions, such as regional human resources plans, Universal

Classification System, employment equity, official languages and follow-up on the public service employee survey. In addition, they will be responsible for managing strategic or horizontal files in their regions, such as information management, "corporate" services, and programmatic issues[6] that cut across branches.

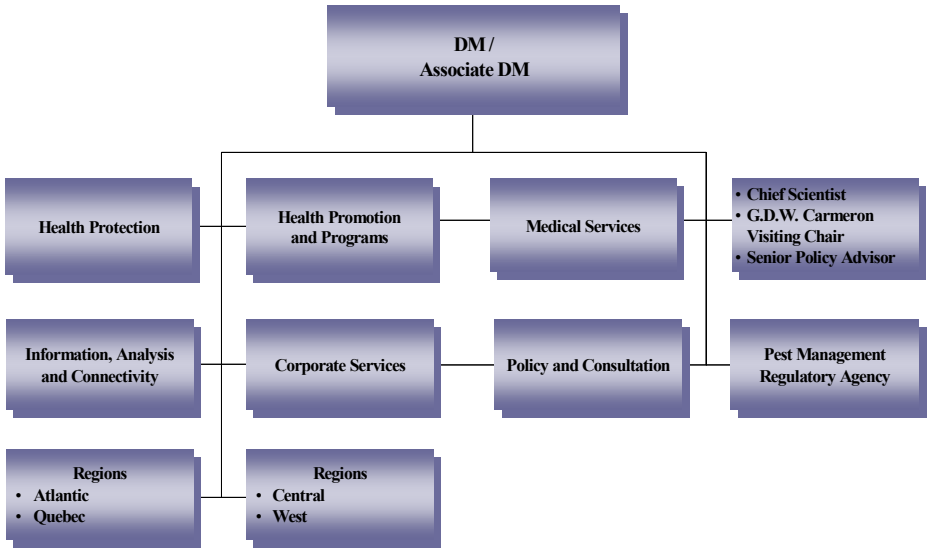
The enhanced role of the RDG will be set out through a departmental management protocol and through performance agreements among the Deputy Ministers, RDGs, program or functional ADMs and, as appropriate, regional directors (RDs).[7]

ADMs and RDGs will be accountable for ensuring that the teamwork culture to sustain the strengthened internal and external relationships is developed and maintained.

Strengthening Our Branches and Regional Operations

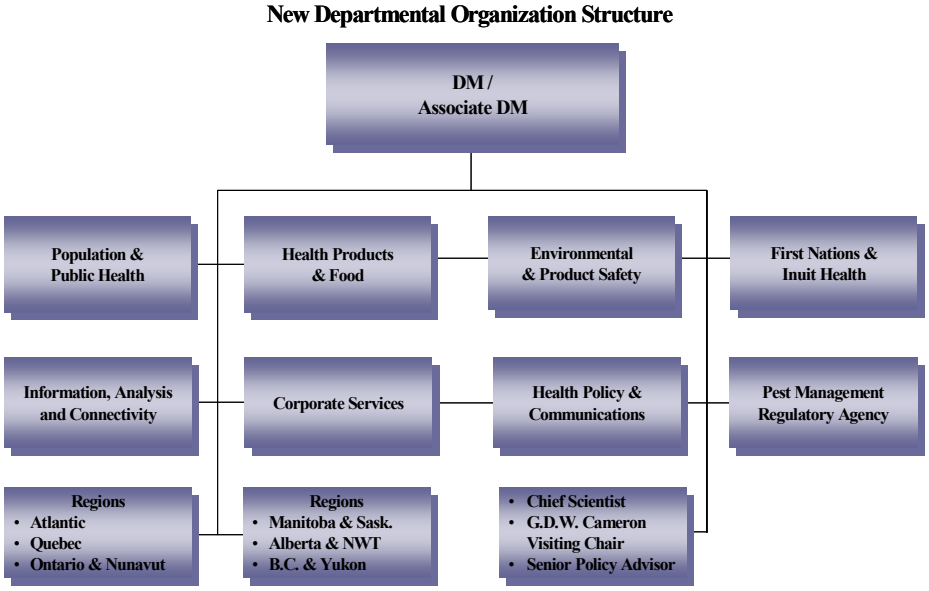
Currently, Health Canada is organized into six branches, four regions and two agencies. We will realign into seven branches, six regions and two agencies. A description of the broad thrust of the realignment follows.

Current Organization Structure



6 Examples: Sections 41 and 42 of the *Official Languages Act* and sustainable development.

7 The Senior Assistant Deputy Minister, CSB, has the responsibility for managing this process. The term "regional director" is used to refer to an employee who has that as his or her job title or who is the most senior person responsible for managing the delivery of a specific program or service in their region.



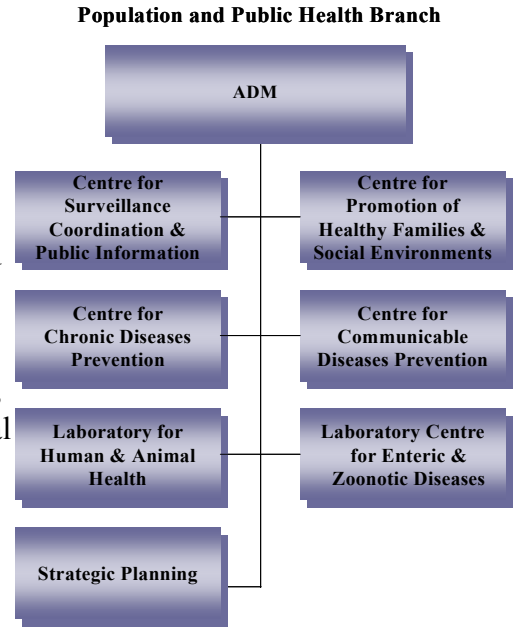
Population and Public Health Branch (PPH)

This branch will be primarily responsible for maintaining systems for and carrying out surveillance and health interventions to promote health and reduce risk factors or change individual or group behaviour so as to avoid or mitigate injury, illness or disease. It consolidates most elements of the current Health Promotion and Programs Branch (HPPB)[8] with Health Protection Branch's Laboratory Centre for Disease Control and Laboratory Centre for Enteric and Zoonotic Diseases (formerly the Health of Animals Laboratory).

The integration of the Department's responsibility for the promotion of the health of the population with our work related to national disease surveillance, risk assessment, and disease control will lead to a closer relationship among evidence, outcomes and health interventions. It will also lead to more effective programming and improved service to the Canadian public. Integration will strengthen the synergy within Health Canada and between Health Canada and our many external partners, such as other departments, the provinces and territories, voluntary organizations, universities and regional health units.

[8] The major exceptions are: tobacco, injury, safe physical environment and workplace health (all to Environmental and Product Safety); nutrition (to Health Products and Food); the media and communications elements of partnerships and marketing, and health services (to Health Policy and Communications).

Major program subdivisions in the Population and Public Health Branch will be:



- Centre for Surveillance Coordination and Public Information – to include surveillance methodologies and systems, data collection and warehousing, risk and intervention assessment, outreach coordination (e.g., National Health Surveillance Network), field epidemiology, departmental mobilization and outbreak coordination, global response and emergency services;
- Centre for the Promotion of Healthy Families and Social Environments – to include prenatal and perinatal health, healthy child development, healthy families (including family violence), healthy aging, healthy communities, rural health, healthy lifestyles, and Canadian Health Network;
- Centre for Chronic Diseases Prevention – to include mental health and neural diseases, addiction, cardiovascular and respiratory diseases, cancer and cell disorders, muscular and skeletal diseases, and metabolism diseases (e.g., diabetes);
- Centre for Communicable Diseases Prevention – to include HIV/AIDS, hepatitis, viral diseases, bacterial diseases, fungal and parasitic diseases;
- the national microbiology laboratory (Laboratory for Human and Animal Health, in Winnipeg) and National Centres[9];
- Laboratory Centre for Enteric and Zoonotic Diseases (in Guelph); and
- branch strategic planning.

Health promotion programs delivered in the regions are currently managed by the program branch, through a regional director who reports directly to the ADM/HPPB. The programs, however, work closely with local community groups and provincial and territorial governments. To increase their effectiveness and the Department's local profile in prevention and health promotion, these programs will be placed under the management of the RDGs.

9 The National Centres are partnerships with the provinces.

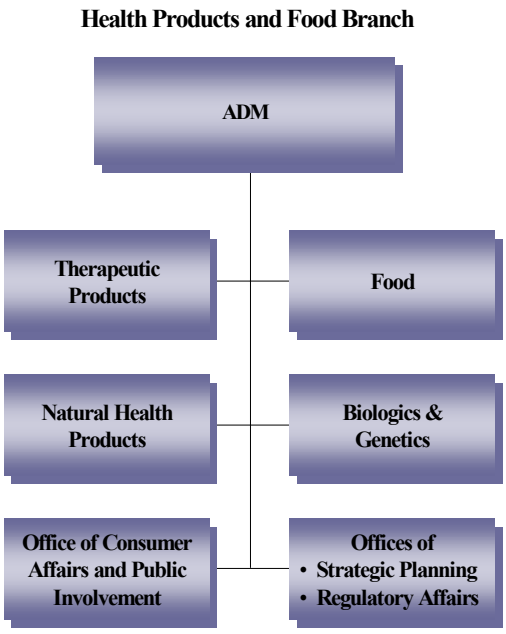
Health Canada is currently linked into provincial health care and disease surveillance systems through our Laboratory Centre for Disease Control's field epidemiology program and public health network. Although public health surveillance and public health activities are normally conducted at the local level, the results become more meaningful when they are brought together and shared through networks, nationally and internationally.

While public health surveillance and public health activities will continue to be managed by the program ADM, RDGs must be connected to this work to ensure regional requirements are met and to enhance regional input and collaboration. Therefore, a new regional public health coordination function reporting directly to the RDG will work closely with the Department's public health areas. To strengthen the linkage to regions, the ADM/PPH will designate a coordinator at the branch or directorate level for regional operations coordination.

Health Products and Food Branch (HPF)

This new branch's mandate will be:

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



The branch will consolidate program elements that address health determinants and risks associated with products that are ingested or put into the human body. It will consist mainly of components of the current Food, Office of Natural Health Products and Therapeutic Products programs in the Health Protection Branch (HPB), and the nutrition program in HPPB.

Major program subdivisions of the branch will be:

- therapeutic products (medical devices and drugs);
- food, including all Health Canada nutrition activities;

- natural health products;
- biologics and genetics (blood and blood products, viral and bacterial vaccines, genetic therapies and diagnostics, tissues, organs, xenotransplants, radiopharmaceuticals, reproductive technologies, Blood Secretariat);
- Office of Consumer Affairs and Public Involvement (OCAPI)[10];
- branch strategic planning; and
- branch regulatory policy.

This branch's regulatory responsibilities will be supported by inspection and laboratory operations in the regions, which are currently managed by the program branch.

National focus, coordination and the application of common standards or practices are critical to achieving our desired health objectives for these programs. Consequently, this branch's regional operations will continue to be managed directly by the program branch. They will, however, work closely with RDGs to strengthen local communications and to enhance linkages with other Health Canada activities in the region and with local communities, provincial governments and other stakeholders.

Environmental and Product Safety Branch (EPS)

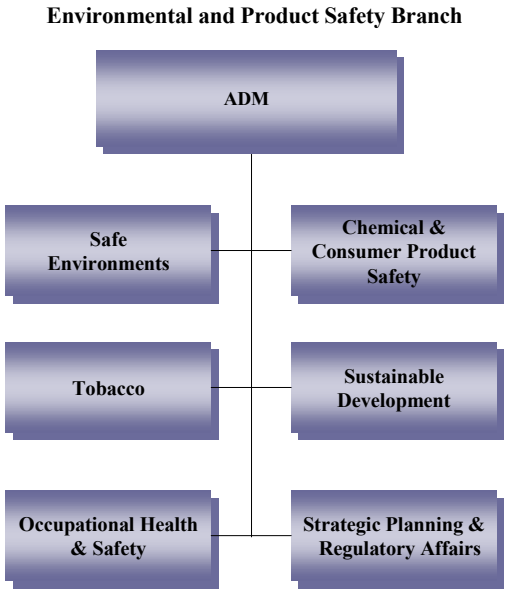
This new branch will promote safe living, working and recreational environments, and maximize the safety and efficacy of producer and consumer products in the Canadian marketplace. It consolidates those program elements that address health determinants and risks associated with products and threats that act on (normally externally or implanted) the human body. It will consist mainly of HPB's Environmental Health program, and HPPB's tobacco, injury, safe physical environment, and workplace health elements.

Also included in this branch will be the Occupational Health and Safety Agency (OHSA), which provides occupational health and safety services for government organizations (federal, provincial and municipal), quarantine services to protect the health of the Canadians public, public health inspection service on common carriers (including international cruise vessels) and in federal parks, and Very Important Person (VIP) health services. OHSA currently reports to the ADM, Medical Services Branch (MSB).

[10] This Office was created to better engage citizens in the Department's health protection responsibilities, particularly in the therapeutic and natural health products and food programs. It could eventually be called upon to play a broader department-wide role, at which time its organizational location might need to be re-examined.

Major program subdivisions of this branch will be:

- safe environments (including man-made and natural radioactive products and radioactivity, safe physical environments and workplace health);
- chemical and consumer product safety (including cosmetics), and injury;
- tobacco;
- sustainable development;
- Occupational Health and Safety Agency; and
- branch regulatory policy and strategic planning.



Currently, elements of this branch directly deliver and manage bioregional, product safety and tobacco programs in the regions. These programs tend to require collaboration with provinces, territories, other federal departments (particularly Environment Canada) and other stakeholders at the regional level. They also conduct significant outreach activities in such areas as product safety and injury prevention.

Regional delivery of these programs and activities will be enhanced by placing them under RDG management. To improve Health Canada's effectiveness, particularly in the bioregional programs, the regions will need a strengthened scientific capacity. The branch and RDGs will determine jointly how best to achieve this.

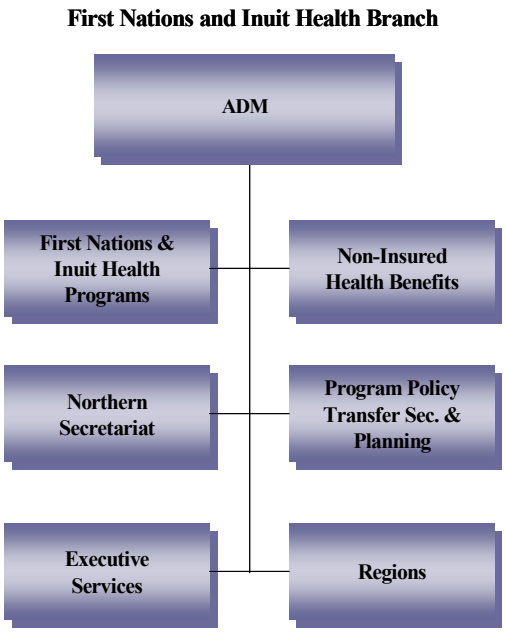
The Occupational Health and Safety Agency maintains a network of occupational health and safety specialists across Canada. The status of the Agency is currently under review with Treasury Board Secretariat. Pending the outcome of this review, its regional operations will continue to be managed by the Chief Executive Officer, but the Agency's RDs will work closely with RDGs and with Regional Federal Councils through the RDG.

Office of the Chief Scientist

Health Canada is creating this Office to bring greater leadership, coherence and expertise to the overall strategic direction of the Department's scientific responsibilities, activities and needs. The Chief Scientist will report directly to the Deputy Minister.

First Nations and Inuit Health Branch (FNIH)

The Medical Services Branch (MSB) works with a unique clientele that has special needs and relationships with government. The nature of the work, however, is shifting from a focus on health service delivery to devolution, First Nations and Inuit health surveillance, program coordination, and population health. The branch is also increasingly supporting First Nations and Inuit communities and organizations to develop, plan, deliver and evaluate health programs and to expand health capacity in communities.



Consequently, to better identify the mandate of the branch to Canadians, its name will change to First Nations and Inuit Health Branch.

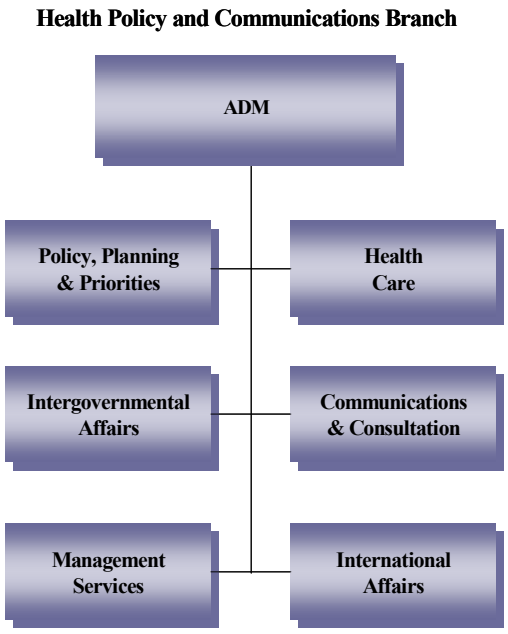
Program elements that are not directed at First Nations and Inuit people will be transferred to other branches. Emergency Response will be transferred to the Population and Public Health Branch, and the Occupational Health and Safety Agency, to the Environmental and Product Safety Branch.

These changes will better focus the work of the branch. They will not, however, affect First Nations and Inuit Health funding or other resources.

Currently, First Nations and Inuit Health regional operations are managed through regional directors by the ADM/MSB. Because of the special relationship between the branch and the communities it serves, and because of the need to stabilize program funding and ensure that crucial health care needs are not disrupted, regional delivery of First Nations and Inuit Health programs will continue to be managed by the program ADM. However, the RDGs will be mandated to enhance these programs' linkage with provincial and territorial governments as well as with related Health Canada regional programs, in close cooperation with the RD. The RDGs and the ADM/FNIH will develop a framework to manage this relationship.

Health Policy and Communications Branch (HPC)

This branch will be renamed from Policy and Consultation Branch (PCB) to Health Policy and Communications Branch to emphasize its role as the departmental lead in health policy, communications and consultations.



The health policy and planning components of this branch were reorganized in November 1999. The branch is still, however, a "work in progress", and further refinements might be necessary.

A major change was the creation, for the first time, of a Departmental functional policy area to address health care. Other health care related areas in the Department that are not currently in the Health Care Directorate – such as the Health Systems Division in HPPB – will move to the new Directorate.

The Communications and Consultation Directorate was not affected by the November PCB realignment. The Program Impact Assessment initiative demonstrated strong links between communications and social marketing. Consequently, the media and communications elements of HPPB's Partnerships and Marketing unit will move to PCB's Communications and Consultation Directorate.

Health Canada's communications offices in the regions currently report to the Director General, Communications and Consultation Directorate. This arrangement helps ensure national consistency in the Department's messages. However, as the Department's voice and face in the regions, these offices would benefit from increased linkage with other regional programs and activities.

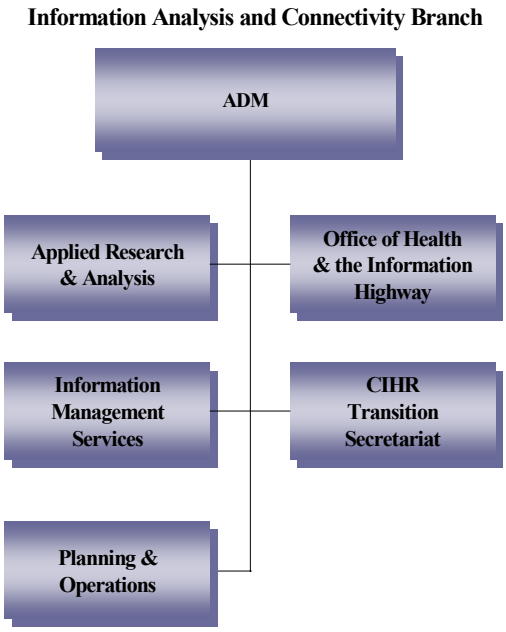
The regional communications and consultation units will, therefore, be transferred to RDG management. As with all other regional operations, the RDG, the DG/Communications and Consultation Directorate, and the ADM/HPC, will develop working arrangements to ensure the Department can best balance the regional and national perspectives in our communications and consultation activities.

Leadership for the policy and strategic planning functions rests with the ADM/HPC. In the regions, RDG offices conduct some policy and intelligence analysis activities to enhance Health Canada's effectiveness. These include:

- assessments of the impact of Health Canada policies, programs and legislation on provinces and territories; and
- analysis of provincial and territorial developments and trends as they relate to health policy, legislation, and fiscal and program issues, and their impact on Health Canada.

Health Canada's effectiveness will be enhanced by a stronger regional capacity in these areas. RDGs and the ADM/HPC will determine how this will be accomplished. Our regional policy and planning resources could also work with provinces and territories to share health knowledge and information.

Information, Analysis and Connectivity Branch (IAC)

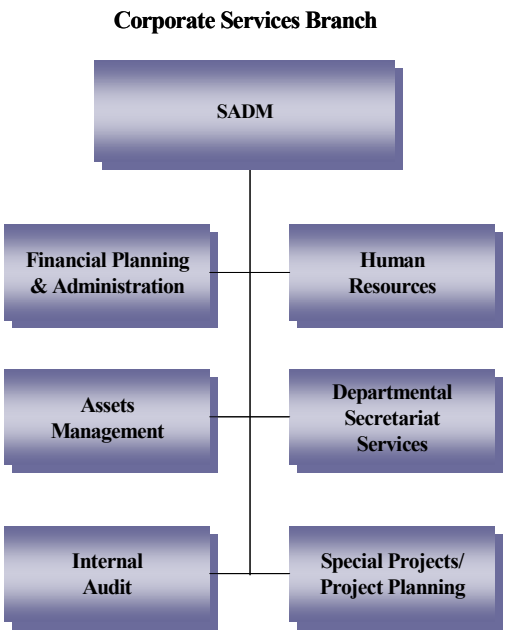


This new branch was created in 1998 to strengthen Health Canada's applied research and analysis, information, knowledge management and info-structure functions. This area may undergo refinements as its development progresses.

IAC currently provides information management and information technology (IM/IT) services to regional operations. National standards, policies and connectivity for these services are the responsibility of the ADM/IAC. Management of regional IM services will be transferred to RDGs. Management of the regional IT function will be reassessed once IAC and RDGs have evaluated the implications of decentralization and decided on elements that should be managed locally and by the functional directorate. This is expected to take about six months.

The ADM/IAC has functional responsibility for the analytical work that must underpin Departmental policy development. As with policy and strategic planning, RDG offices now have some capacity in policy analysis. With their increased responsibilities for Departmental coherence and coordination, these offices will need to strengthen their analytical capacity. RDGs and the ADM/IAC will determine the manner in which this is to be achieved.

Corporate Services Branch (CSB)



CSB provides financial planning and administration, human resources planning and operations, assets management, occupational health and safety, security operations, and Ministerial and Deputy Ministerial correspondence services to the Department. Only the branch's regional operations will change under this realignment.

The current reporting relationships for corporate services in the regions are fragmented. Finance, administration, and human resources services are under the RDG. Facilities management is under the functional directorate in CSB.

On the effective date of this realignment, all CSB services delivered in the regions will be managed by the RDG to facilitate faster decision-making in these areas and to bring a higher level of team work across the functions in the regions. Here also, the balance between regional and national coherence needs to be maintained through accountability frameworks between RDGs and the Senior ADM.

Pest Management Regulatory Agency (PMRA)

PMRA is responsible for protecting human health and the environment by minimizing the risks associated with pest control products. It is an agency within Health Canada that reports to the Deputy Minister.

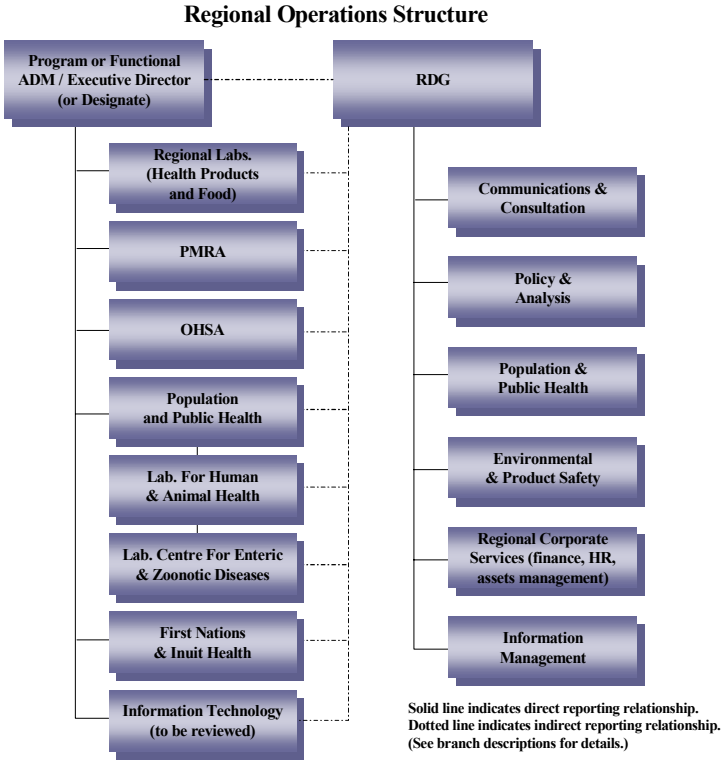
No change in PMRA's structure is proposed but its health activities need to be strongly linked to those of other branches. Of particular importance are: PPH in surveillance activities that monitor disease trends to provide a signal of potential health effects from pesticide exposure, HPF in monitoring the impact of pesticide use on the quality of the Canadian food supply, and EPS in the regulation of pesticides that are no longer registered but find their way into the environment as contaminants.

PMRA also needs to maintain close collaboration with external organizations, particularly Environment Canada, Agriculture and Agri-Food Canada, and the Canadian Food Inspection Agency (CFIA) in environmental and pesticide research and monitoring, including sustainable pest management.

PMRA regional operations consist of staff located in CFIA offices in six cities across Canada. They are responsible for compliance and inspection under the *Pest Control Products Act*.[11] As is the case for the regulatory activities of HPF, PMRA's regional operations will continue to report to the Executive Director (or her designate) but will work closely with the RDG to strengthen local communications and enhance linkages with other Health Canada activities in the region.

Regional Directors General

Because of the expanded mandate of regional operations and the geographical expanse and diversity of social, political and economic conditions that influence program delivery across Canada, regional operations will be strengthened and some will be reshaped geographically to implement this organizational realignment. An important change will be the creation of six Regions in place of the current four. They will be BC and the Yukon, Alberta and NWT, Saskatchewan and Manitoba, Ontario and Nunavut, Quebec, and Atlantic Canada[12].



As noted in this section, the RDG role will expand not only in terms of horizontal management responsibilities but also in terms of program delivery. The chart to the right summarizes these changes.

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11 Inspections are conducted by CFIA staff working in collaboration with PMRA's regional officers.

12 Our approach to working with the territories will be guided by how these jurisdictions want to work with Health Canada. An alternative to the option proposed above would be the creation of a "Northern Secretariat" that functions as the window on Health Canada for the territories. The Secretariat could be located in Edmonton, Toronto, or Ottawa.

OUR PEOPLE

Health Canada's senior management have thought through the changes outlined above and devoted considerable time to the human resources implications. We have established a set of principles that will guide us in addressing human resources issues:

HR management principles:
- **no lay-offs**
- **open, transparent**
- **time and help to acquire new skills, knowledge**
- **employees kept informed**

- Job security, status and tenure

  - there will be no involuntary layoffs of indeterminate employees as a result of this realignment;

  - operational needs will continue to determine term employment requirements;

  - positions will be transferred with incumbents to the new organization;

  - employees will receive the time and training to acquire any needed new skills and knowledge.

- Openness

  - employees and bargaining agents will be actively engaged so that the Department can benefit from their understanding and contribution to realignment;

  - regular communication in a variety of fora will be the norm;

  - employees who are on leave of absence or assignment to another organization will be informed of the realignment by their home manager.

- Classification of work

  - after the realignment, positions for which the work requirements have changed will be reviewed to determine whether reclassification action is required;

  - where classification evaluation results in upgrading of the level of the position, the normal staffing procedures for upgrades will apply;

- where classification results in the upgrading or downgrading of an encumbered position, the established human resource policies and procedures will apply.

- Staffing

  - new positions created as a result of realignment will be subject to the normal staffing processes.

INVITATION

The foregoing outlines the strategic direction for a realignment of Health Canada. We have laid out the major program elements that will form the branches and the regional structure that will support the Department's program delivery across Canada.

Our ADMs and RDGs still have work to do to complete the final elements of the realignment.

We would appreciate your comments and help in:

- identifying approaches and additional steps we should consider to further strengthen our ability to face our challenges as an organization;

- identifying issues that we should consider further as we move forward with this realignment; and

- how the activities and functions that are outlined for each directorate can be best organized.

How to get in touch with us:

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  Brooke Claxton Building
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  Ottawa, Ontario
  K1A 0K9

We invite you to forward your comments by mail, e-mail or fax between now and the end of May 2000 to the addresses/locations shown in the box to the right.

We will also be organizing discussion sessions with employees. Further information will be made available as they are set up.

We will review all input, report back to employees, and seek the necessary authorities. The goal is to implement this realignment around July 1, 2000. Until the official realignment announcement, all organizations will operate as at present.