



Health  
Canada

Santé  
Canada

*Your health and  
safety... our priority.*

*Votre santé et votre  
sécurité... notre priorité.*

# ***Health Canada***

***2014-15***

## **Report on Plans and Priorities**

---

The Honourable Rona Ambrose, PC., M.P.  
Minister of Health

---

© Her Majesty the Queen in Right of Canada,  
represented by the President of the Treasury Board, 2013

Catalogue No. H1-9/7-2014E-PDF  
ISSN 2292-5031

This document is available on the Treasury Board of Canada Secretariat  
website at <http://www.tbs-sct.gc.ca><sup>i</sup>

This document is available in alternative formats upon request.

---

# 2014-15

## ESTIMATES

---

### PART III – Departmental Expenditure Plans: Reports on Plans and Priorities

---

#### **Purpose**

Reports on Plans and Priorities (RPP) are individual expenditure plans for each Department and agency. These reports provide increased levels of detail over a three-year period on an organization's main priorities by strategic outcome, program and planned/expected results, including links to related resource requirements presented in the Main Estimates. In conjunction with the Main Estimates, Reports on Plans and Priorities serve to inform members of Parliament on planned expenditures of Departments and agencies, and support Parliament's consideration of supply bills. The RPPs are typically tabled soon after the Main Estimates by the President of the Treasury Board.

#### **Estimates Documents**

The Estimates are comprised of three parts:

Part I - Government Expenditure Plan - provides an overview of the Government's requirements and changes in estimated expenditures from previous fiscal years.

Part II - Main Estimates - supports the appropriation acts with detailed information on the estimated spending and authorities being sought by each federal organization requesting appropriations.

In accordance with Standing Orders of the House of Commons, Parts I and II must be tabled on or before March 1.

Part III - Departmental Expenditure Plans - consists of two components:

- Report on Plans and Priorities (RPP)
- Departmental Performance Report (DPR)

DPRs are individual Department and agency accounts of results achieved against planned performance expectations as set out in respective RPPs.

The DPRs for the most recently completed fiscal year are tabled in the fall by the President of the Treasury Board.

Supplementary Estimates support Appropriation Acts presented later in the fiscal year. Supplementary Estimates present information on spending requirements that were either not sufficiently developed in time for inclusion in the Main Estimates or have subsequently been refined to account for developments in particular programs and

services. Supplementary Estimates also provide information on changes to expenditure forecasts of major statutory items as well as on such items as: transfers of funds between votes; debt deletion; loan guarantees; and new or increased grants.

For more information on the Estimates, please consult the [Treasury Board Secretariat website](#).<sup>ii</sup>

### **Links to the Estimates**

As shown above, RPPs make up part of the Part III of the Estimates documents. Whereas Part II emphasizes the financial aspect of the Estimates, Part III focuses on financial and non-financial performance information, both from a planning and priorities standpoint (RPP), and an achievements and results perspective (DPR).

The Management Resources and Results Structure (MRRS) establishes a structure for display of financial information in the Estimates and reporting to Parliament via RPPs and DPRs. When displaying planned spending, RPPs rely on the Estimates as a basic source of financial information.

Main Estimates expenditure figures are based on the Annual Reference Level Update which is prepared in the fall. In comparison, planned spending found in RPPs includes the Estimates as well as any other amounts that have been approved through a Treasury Board submission up to February 1<sup>st</sup> (See Definitions section). This readjusting of the financial figures allows for a more up-to-date portrait of planned spending by program.

### **Changes to the presentation of the Report on Plans and Priorities**

Several changes have been made to the presentation of the RPP partially to respond to a number of requests – from the House of Commons Standing Committees on Public Accounts (PAC - [Report 15](#)<sup>iii</sup>), in 2010; and on Government and Operations Estimates (OGGO - [Report 7](#)<sup>iv</sup>), in 2012 – to provide more detailed financial and non-financial performance information about programs within RPPs and DPRs, thus improving the ease of their study to support appropriations approval.

- In Section II, financial, human resources and performance information is now presented at the Program and Sub-program levels for more granularity.
- The report's general format and terminology have been reviewed for clarity and consistency purposes.
- Other efforts aimed at making the report more intuitive and focused on Estimates information were made to strengthen alignment with the Main Estimates.

### **How to read this document**

RPPs are divided into four sections:

#### Section I: Organizational Expenditure Overview

This Organizational Expenditure Overview allows the reader to get a general glance at the organization. It provides a description of the organization's purpose, as well as basic financial and human resources information. This section opens with the new

Organizational Profile, which displays general information about the Department, including the names of the minister and the deputy head, the ministerial portfolio, the year the Department was established, and the main legislative authorities. This subsection is followed by a new subsection entitled Organizational Context, which includes the *Raison d'être*, the Responsibilities, the Strategic Outcomes and Program Alignment Architecture, the Organizational Priorities and the Risk Analysis. This section ends with the Planned Expenditures, the Alignment to Government of Canada Outcomes, the Estimates by Votes and the Contribution to the Federal Sustainable Development Strategy. It should be noted that this section does not display any non-financial performance information related to programs (please see Section II).

## Section II: Analysis of Program(s) by Strategic Outcome(s)

This Section provides detailed financial and non-financial performance information for strategic outcomes, Programs and sub-programs. This section allows the reader to learn more about programs by reading their respective description and narrative entitled “Planning Highlights”. This narrative speaks to key services or initiatives which support the plans and priorities presented in Section I; it also describes how performance information supports the Department’s strategic outcome or parent program.

## Section III: Supplementary Information

This section provides supporting information related to Departmental plans and priorities. In this section, the reader will find future-oriented statement of operations and a link to supplementary information tables regarding transfer payments, as well as information related to the greening government operations, internal audits and evaluations, horizontal initiatives, user fees, major crown and transformational projects, and up-front multi-year funding, where applicable to individual organizations. The reader will also find a link to the *Tax Expenditures and Evaluations Report*, produced annually by the Minister of Finance, which provides estimates and projections of the revenue impacts of federal tax measures designed to support the economic and social priorities of the Government of Canada.

## Section IV: Organizational Contact Information

In this last section, the reader will have access to organizational contact information.

### **Definitions**

#### *Appropriation*

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

#### *Budgetary Vs. Non-budgetary Expenditures*

Budgetary expenditures – operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to crown corporations.

Non-budgetary expenditures – net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

*Expected Result*

An outcome that a program is designed to achieve.

*Full-Time Equivalent (FTE)*

A measure of the extent to which an employee represents a full person-year charge against a Departmental budget. FTEs are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

*Government of Canada Outcomes*

A set of high-level objectives defined for the government as a whole.

*Management Resources and Results Structure (MRRS)*

A common approach and structure to the collection, management and reporting of financial and non-financial performance information.

An MRRS provides detailed information on all Departmental programs (e.g.: program costs, program expected results and their associated targets, how they align to the government's priorities and intended outcomes, etc.) and establishes the same structure for both internal decision making and external accountability.

*Planned Spending*

For the purpose of the RPP, planned spending refers to those amounts for which a Treasury Board (TB) submission approval has been received by no later than February 1, 2014. This cut-off date differs from the Main Estimates process. Therefore, planned spending may include amounts incremental to planned expenditure levels presented in the 2014-15 Main Estimates.

*Program*

A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results, and that are treated as a budgetary unit.

*Program Alignment Architecture*

A structured inventory of a Department's programs, where programs are arranged in a hierarchical manner to depict the logical relationship between each program and the Strategic Outcome(s) to which they contribute.

*Spending Areas*

Government of Canada categories of expenditures. There are [four spending areas](#)<sup>v</sup> (social affairs, economic affairs, international affairs and government affairs) each comprised of three to five Government of Canada outcomes.

*Strategic Outcome*

A long-term and enduring benefit to Canadians that is linked to the Department's mandate, vision, and core functions.

*Sunset Program*

A time-limited program that does not have on-going funding or policy authority. When the program is set to expire, a decision must be made as to whether to continue the program. (In the case of a renewal, the decision specifies the scope, funding level and duration).

*Whole-of-Government Framework*

A map of the financial and non-financial contributions of federal organizations receiving appropriations that aligns their Programs to a set of high level outcome areas defined for the government as a whole.





## Table of Contents

Minister's Message.....	1
Section I: Organizational Expenditure Overview .....	3
Organizational Profile .....	3
Organizational Context.....	4
Raison d'être .....	4
Responsibilities .....	4
Strategic Outcome(s) and Program Alignment Architecture (PAA).....	5
Organizational Priorities .....	7
Risk Analysis.....	11
Planned Expenditures.....	14
Alignment to Government of Canada Outcomes.....	16
Departmental Spending Trend.....	18
Estimates by Vote .....	18
Contribution to the Federal Sustainable Development Strategy (FSDS) ...	19
Section II: Analysis of Program(s) by Strategic Outcome(s).....	20
Strategic Outcome 1: A health system responsive to the needs of Canadians	20
Program 1.1: Canadian Health System Policy .....	20
Sub-Program 1.1.1: Health System Priorities .....	21
Sub-Program 1.1.2: Canada Health Act Administration.....	23
Program 1.2: Specialized Health Services .....	24
Program 1.3: Official Language Minority Community Development .....	25
Strategic Outcome 2: .....	27
Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians .....	27
Program 2.1: Health Products .....	27
Sub-Program 2.1.1: Pharmaceutical Drugs .....	28
Sub-Program 2.1.2: Biologics and Radiopharmaceuticals .....	29
Sub-Program 2.1.3: Medical Devices.....	31
Sub-Program 2.1.4: Natural Health Products.....	32
Program 2.2: Food Safety and Nutrition .....	34
Sub-Program 2.2.1: Food Safety .....	35
Sub-Program 2.2.2: Nutrition Policy and Promotion .....	37
Program 2.3: Environmental Risks to Health .....	38
Sub-Program 2.3.1: Climate Change and Health.....	39
Sub-Program 2.3.2: Air Quality .....	41
Sub-Program 2.3.3: Water Quality .....	42
Sub-Program 2.3.4: Health Impacts of Chemicals .....	44
Program 2.4: Consumer Product and Workplace Chemical Safety .....	46
Sub-Program 2.4.1: Consumer Product Safety .....	48
Sub-Program 2.4.2: Workplace Chemical Safety.....	50
Program 2.5: Substance Use and Abuse .....	51
Sub-Program 2.5.1: Tobacco .....	52
Sub-Program 2.5.2: Controlled Substances.....	54
Program 2.6: Radiation Protection .....	55
Sub-Program 2.6.1: Environmental Radiation Monitoring and Protection..	57

Sub-Program 2.6.2: Radiation Emitting Devices .....	58
Sub-Program 2.6.3: Dosimetry Services .....	59
Program 2.7: Pesticides .....	61
Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status .....	63
Program 3.1: First Nations and Inuit Primary Health Care .....	63
Sub-Program 3.1.1: First Nations and Inuit Health Promotion and Disease Prevention .....	64
Sub-Program 3.1.2: First Nations and Inuit Public Health Protection .....	66
Sub-Program 3.1.3: First Nations and Inuit Primary Care .....	68
Program 3.2: Supplementary Health Benefits for First Nations and Inuit .	69
Program 3.3: Health Infrastructure Support for First Nations and Inuit ...	71
Sub-Program 3.3.1: First Nations and Inuit Health System Capacity .....	72
Sub-Program 3.3.2: First Nations and Inuit Health System Transformation	74
Sub-Program 3.3.3: Tripartite Health Governance .....	76
Internal Services .....	77
Section III: Supplementary Information .....	80
Future-Oriented Statement of Operations .....	80
List of Supplementary Information Tables .....	82
Tax Expenditures and Evaluations .....	83
Section IV: Organizational Contact Information .....	84
Endnotes .....	84

## Minister's Message

I am pleased to present Health Canada's *2014–15 Report on Plans and Priorities* to both Parliament and Canadians. The priorities outlined in this report directly support the Department's mandate to help the people of Canada maintain and improve their health, and its goal of a Canadian population that is among the healthiest in the world.

Recognizing the importance of a modern, productive and sustainable healthcare system that meets the needs of Canadians, the Government of Canada will actively ***promote health system innovation***. To ensure our public system is sustainable, governments must collectively explore the important role of innovation and technology as means to improve its efficiency and responsiveness to patients. We will work within the health portfolio and strengthen collaboration with partners, to harness the potential for research, technology and innovation to make real improvements in healthcare. The Government of Canada will also address challenges in priority areas through its support for pan-Canadian organizations and through programs that build capacity, test new approaches, and foster knowledge exchange.

The Government of Canada will continue to focus on protecting the health and safety of Canadians by ***modernizing health-protection legislation and programs***. Using the best science and research available, we will continue to review and update our regulatory frameworks. Health Canada will also contribute to federal efforts to reduce regulatory compliance burden and support co-operation with major trading partners, such as through the Regulatory Cooperation Council.

In addition, we will take steps to increase transparency and openness by communicating clearly with citizens, the private sector, and other partners and making *relevant, timely* and *useful* information available to the public. By integrating transparency and openness in Departmental regulatory decisions, Health Canada will remain a credible and reliable source of health information for Canadians.

Furthermore, the Government of Canada will continue its efforts towards ***strengthening First Nations and Inuit health programming***. We will collaborate with provinces, territories, other government Departments and First Nations and Inuit partners to ensure quality service and improved access across the continuum of health services. Health Canada will also focus on the quality and availability of mental health and addictions services, as well as the effective access to Non-Insured Health Benefits by First Nations and Inuit.

I am confident that by carrying out the plans described in this report, we will have a positive impact on the health system and ultimately the overall health of Canadians.



**The Honourable Rona Ambrose, PC., M.P.**  
**Minister of Health**



## Section I: Organizational Expenditure Overview

### Organizational Profile

**Minister:** The Honourable Rona Ambrose, PC., M.P.

**Deputy Head:** George Da Pont

**Ministerial Portfolio:** Health

**Year Established:** 1913

**Main Legislative Authorities:** *Canada Health Act, Assisted Human Reproduction Act, Canada Consumer Product Act, Canadian Environmental Protection Act, Controlled Drugs and Substances Act, Food and Drug Act, Tobacco Act, Hazardous Products Act, Hazardous Materials Information Review Act, Department of Health Act, Radiation Emitting Devices Act, Pesticide Residue Compensation Act, Pest Control Products Act, Patent Act, Financial Administration Act.*

<http://www.hc-sc.gc.ca/ahc-asc/legislation/acts-reg-lois/acts-reg-lois-eng.php><sup>vi</sup>

**Other:** Canadian Food Inspection Agency joined the Health Portfolio in October 2013.

## Organizational Context

### Raison d'être

Health Canada regulates specific products and controlled substances, works with partners to support improved health outcomes for First Nations and Inuit, supports innovation and information sharing in Canada's health system to help Canadians maintain and improve their health, and contributes to strengthening Canada's record as a country with one of the healthiest populations in the world.

The Minister of Health is responsible for this organization.

### Responsibilities

First, as a **regulator**, Health Canada is responsible for the regulatory regimes governing the safety of products including food, pharmaceuticals, medical devices, natural health products, consumer products, chemicals, radiation emitting devices, cosmetics and pesticides. It also regulates tobacco products and controlled substances and helps manage the health risks posed by environmental factors such as air, water, radiation and contaminants.

Health Canada is also a **service provider**. For First Nations and Inuit, Health Canada supports: basic primary care services in remote and isolated communities and public health programs including communicable disease control (outside the Territories); home and community care; and, community-based health programs focusing on children and youth, mental health and addictions. Health Canada also provides a limited range of medically-necessary, health-related goods and services to eligible First Nations and recognized Inuit when not otherwise provided through other public programs or private insurance plans.

Health Canada is a **catalyst for innovation, a funder, and an information provider** in Canada's health system. It works closely with provincial and territorial governments to develop national approaches to health system issues, and promotes the pan-Canadian adoption of best practices. It administers the *Canada Health Act*, which embodies national principles for a universal and equitable, publicly-funded health care system. It provides policy support for the federal government's Canada Health Transfer to provinces and territories, and provides funding through grants and contributions to various organizations to help meet overall health system objectives. Health Canada draws on leading-edge science and policy research to generate and share knowledge and information to support decision-making by Canadians, the development and implementation of regulations and standards, and health innovation.

## Strategic Outcome(s) and Program Alignment Architecture (PAA)

- 1 **Strategic Outcome:** A health system responsive to the needs of Canadians
  - 1.1 **Program:** Canadian Health System Policy
    - 1.1.1 **Sub-Program:** Health System Priorities
    - 1.1.2 **Sub-Program:** *Canada Health Act* Administration
  - 1.2 **Program:** Specialized Health Services
  - 1.3 **Program:** Official Language Minority Community Development
- 2 **Strategic Outcome:** Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians
  - 2.1 **Program:** Health Products
    - 2.1.1 **Sub-Program:** Pharmaceutical Drugs
    - 2.1.2 **Sub-Program:** Biologics & Radiopharmaceuticals
    - 2.1.3 **Sub-Program:** Medical Devices
    - 2.1.4 **Sub-Program:** Natural Health Products
  - 2.2 **Program:** Food Safety and Nutrition
    - 2.2.1 **Sub-Program:** Food Safety
    - 2.2.2 **Sub-Program:** Nutrition Policy and Promotion
  - 2.3 **Program:** Environmental Risks to Health
    - 2.3.1 **Sub-Program:** Climate Change and Health
    - 2.3.2 **Sub-Program:** Air Quality
    - 2.3.3 **Sub-Program:** Water Quality
    - 2.3.4 **Sub-Program:** Health Impacts of Chemicals
  - 2.4 **Program:** Consumer Product and Workplace Chemical Safety
    - 2.4.1 **Sub-Program:** Consumer Product Safety
    - 2.4.2 **Sub-Program:** Workplace Chemical Safety
  - 2.5 **Program:** Substance Use and Abuse
    - 2.5.1 **Sub-Program:** Tobacco
    - 2.5.2 **Sub-Program:** Controlled Substances
  - 2.6 **Program:** Radiation Protection
    - 2.6.1 **Sub-Program:** Environmental Radiation Monitoring and Protection
    - 2.6.2 **Sub-Program:** Radiation Emitting Devices
    - 2.6.3 **Sub-Program:** Dosimetry Services
  - 2.7 **Program:** Pesticides
- 3 **Strategic Outcome:** First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status
  - 3.1 **Program:** First Nations and Inuit Primary Health Care
    - 3.1.1 **Sub-Program:** First Nations and Inuit Health Promotion and Disease Prevention
      - 3.1.1.1 **Sub-Sub Program:** Healthy Child Development
      - 3.1.1.2 **Sub-Sub Program:** Mental Wellness
      - 3.1.1.3 **Sub-Sub Program:** Healthy Living

- [illegible]



## Organizational Priorities

### Organizational Priorities

Priority	Type <sup>1</sup>	Strategic Outcomes Programs and Sub-Programs
<b>Priority I – Promote Health System Innovation</b>	Ongoing	1.1 1.1.1
<b>Description</b>		
<p><b>Why is this a priority?</b></p> <p>The health care system is vital to addressing the health needs of Canadians. Although health care delivery is primarily under provincial jurisdiction, the federal government has an ongoing role in providing financial support for provincial and territorial health insurance plans, maintaining the core principles of the <i>Canada Health Act</i>, and supporting health care innovation and collaboration across jurisdictions. Health Canada can contribute to improving the quality and sustainability of health care as the system continues to evolve in a context of technological change, demographic shifts and fiscal pressures.</p> <p><b>What are the plans for meeting this priority?</b></p> <ul style="list-style-type: none"> <li>• Work with provinces, territories and other health care partners on health system renewal, innovation and sustainability.</li> <li>• Address priority health issues through collaboration with key pan-Canadian organizations, and the management of contribution programs and grants.</li> </ul>		

<sup>1</sup>. Type is defined as follows: **previously committed to**—committed to in the first or second fiscal year prior to the subject year of the report; **ongoing**—committed to at least three fiscal years prior to the subject year of the report; and **new**—newly committed to in the reporting year of the RPP or DPR. If another type that is specific to the Department is introduced, an explanation of its meaning must be provided.

Priority	Type	Strategic Outcomes Programs and Sub-Programs
<b>Priority II</b> - Modernize Health Protection Legislation and Programs	Ongoing	2.1 2.1.1 2.1.2 2.1.3 2.1.4 2.2 2.2.1 2.4 2.4.1 2.4.2 2.7
<b>Description</b>		
<p><b>Why is this a priority?</b></p> <p>Health Canada is responsible for a regulatory regime for products in the everyday lives of Canadians, including consumer products, food, pharmaceuticals, medical devices, natural health products, chemicals, radiation emitting devices, cosmetics, pesticides, tobacco products and controlled substances. As well, Health Canada helps to manage the risks posed by environmental factors, and the health implications of air quality, water quality, radiation, and environmental contaminants. Rapid technological change, the advent of products that blur traditional definitions, and incorporate innovative components, challenge Health Canada's ability to carry out its health and safety mandate. To address this challenge, Health Canada will continue to modernize its regulatory programs.</p> <p><b>What are the plans for meeting this priority?</b></p> <ul style="list-style-type: none"> <li>• Protect the health and safety of Canadians while reviewing and updating our regulatory frameworks based on sound science and research.</li> <li>• Contribute to the Government of Canada's efforts to reduce regulatory compliance burden and support co-operation with major trading partners.</li> <li>• Provide citizens, and stakeholders with the information they need to make informed decisions, and foster an effective and transparent regulatory system for health protection as outlined in Health Canada's Regulatory Transparency and Openness Framework.</li> </ul>		

Priority	Type	Strategic Outcomes Programs and Sub-Programs
<b>Priority III – Strengthen First Nations and Inuit Health Programming</b>	Ongoing	3.1 3.1.1 3.1.2 3.1.3 3.2 3.3 3.3.1 3.3.2 3.3.3
<b>Description</b>		
<p><b>Why is this a priority?</b></p> <p>First Nations and Inuit continue to experience serious health challenges. Health Canada plays an important role in supporting the delivery of, and access to, health programs and services for First Nations and Inuit. Health Canada works with partners on innovative approaches to strengthening access to, and better integration of health services, as well as encourages greater control of health care delivery by First Nations and Inuit. Many Departmental strategies evolved to correspond to the health needs of First Nations and Inuit. In addition, Health Canada also continues to work with partners to further the implementation of a Strategic Plan which is intended to provide a stronger sense of coherence and direction for Health Canada's activities in this area, and demonstrate how the Department collectively contributes to improving health outcomes for First Nations and Inuit.</p> <p><b>What are the plans for meeting this priority?</b></p> <ul style="list-style-type: none"> <li>• Strengthen primary care and public health service models and strengthen access, quality and safety across the continuum of health services.</li> <li>• Advance collaborative effort with provinces/territories and First Nations and Inuit to ensure quality health services.</li> <li>• Improve quality and availability of comprehensive mental health and addictions services, including defining service levels, standards and indicators.</li> <li>• Emphasize collaborative/horizontal work with Aboriginal Affairs and Northern Development Canada, the Health Portfolio and other key partners.</li> <li>• Ensure access to Non-Insured Health Benefits to First Nations and Inuit.</li> <li>• Improve availability of and access to high quality data to better inform decision making and performance measurement and reporting.</li> </ul>		

Priority	Type	Strategic Outcomes Programs and Sub-Programs
<b>Priority IV</b> – Continue to build an efficient, interconnected and adaptable organization with improved processes, structures and systems	Ongoing	2.1 2.1.1 2.1.3 2.1.4 2.2 2.2.1 Internal Services
<b>Description</b>		
<p><b>Why is this a priority?</b></p> <p>The success of Health Canada depends on having processes, structures and systems that support its programs to excel in meeting their objectives. These foundations are critical to assist the Department to adapt to changing pressures, devise innovative approaches to problems, work collaboratively to address common issues, and provide efficient and cost-effective services to internal and external clients. Cutting edge public communications and engagement services and systems are vital to promote public health and provide relevant, accessible public health information. In 2014-15 the Department is focused on improving business approaches and streamlining services independently and in partnership with Government of Canada organizations.</p> <p><b>What are the plans for meeting this priority?</b></p> <ul style="list-style-type: none"> <li>Continue to implement transformative business changes to ensure an efficient, interconnected organization with innovative processes, structures and systems.</li> </ul>		

## Risk Analysis

At Health Canada, Integrated Risk Management informs and strengthens planning and performance. The identification and discussion of risk equips Health Canada to respond proactively to change and uncertainty by defining and understanding its operating environment and the factors that drive risks.

A key output of the integrated risk management approach at Health Canada is the Corporate Risk Profile (CRP). The CRP, which is aligned with the RPP, positions Health Canada to be able to report on its management of risks – including opportunities and threats – that have the potential to impact Health Canada’s ability to achieve results, deliver on its mandate, and meet Government of Canada priorities.

Senior management identifies and sets the direction of key risks and risk response strategies which are operationalized through the Department’s annual planning and reporting process. The criteria for selecting these areas are based on their high level of risk to the Department as measured by impact and likelihood. They are also chosen because of their complex nature in that they impact multiple areas within and outside the Department and require collaboration from both internal and external stakeholders and rigorous management of existing controls.

The following table includes examples of key risks found in Health Canada’s CRP. It also includes the factors that create the risk, the strategies to manage it and how it links to the PAA. These risks are highlighted on account of the external pressures they face and their direct link to the four organizational priorities.

### Key Risks

Risk	Risk Response Strategy Examples	Link to Program Alignment Architecture (PA) & Organizational Priority (OP)
<p>Risks exist with the ability to reform legislative and regulatory systems:</p> <ul style="list-style-type: none"> <li>Need to leverage international cooperation and alignment</li> <li>Meeting demand for openness and transparency</li> </ul>	<ul style="list-style-type: none"> <li>Using and integrating foreign regulatory information</li> <li>Contribute to international efforts to reduce tobacco use</li> <li>Align Health Canada with other international regulators</li> <li>Continue to engage and inform Canadians on key issues such as food labelling and chemical management</li> </ul>	<ul style="list-style-type: none"> <li>PA: 2.1, 2.2, 2.3, 2.4, 2.5, 2.7</li> <li>OP: II, IV</li> </ul>
<p>Risks exist with First Nations and Inuit Health System</p>		<ul style="list-style-type: none"> <li>PA: 3.1, 3.2, 3.3</li> </ul>

Risk	Risk Response Strategy Examples	Link to Program Alignment Architecture (PA) & Organizational Priority (OP)
<p>Innovation:</p> <ul style="list-style-type: none"> <li>• Differing regional circumstances and contextual environments</li> <li>• Varying capacity of partners</li> <li>• Alignment between Health Canada and local health needs</li> </ul>	<ul style="list-style-type: none"> <li>• Work with Provinces and Regional Health Authorities to increase local access to physicians for First Nations living in remote communities</li> <li>• Work with Inuit partners on an Inuit-specific mental wellness continuum framework</li> <li>• Advance a surveillance and information framework that is aligned with First Nations/Inuit/provincial /territorial surveillance strategies and relevant at the community and regional levels</li> </ul>	<ul style="list-style-type: none"> <li>• OP: III</li> </ul>
<p>Risks exist with the ability to deliver high quality health services to First Nations and Inuit:</p> <ul style="list-style-type: none"> <li>• Sustainability of primary care</li> <li>• Variable capacity of partners</li> <li>• Lack of program data</li> </ul>	<ul style="list-style-type: none"> <li>• Implement eHealth tools (such as electronic health records) in communities with community health professionals having access to a range of clinical and program support tools</li> <li>• Support the implementation of the British Columbia Tripartite Framework Agreement on First Nations Health Governance</li> <li>• Work with Provinces and First Nations to deploy Panorama, a public health surveillance system</li> </ul>	<ul style="list-style-type: none"> <li>• PA: 3.1, 3.2, 3.3</li> <li>• OP: III</li> </ul>
<p>Risks exist with implementing innovations in grants &amp; contributions delivery to Canadians:</p> <ul style="list-style-type: none"> <li>• Pressure to reduce administrative burden on clients</li> <li>• Meeting demand for openness and transparency</li> </ul>	<ul style="list-style-type: none"> <li>• Continue harmonization efforts with Aboriginal Affairs and Northern Development Canada</li> <li>• Develop mechanisms/tools for community level reporting</li> </ul>	<ul style="list-style-type: none"> <li>• PA: 1.1, IS.1.1</li> <li>• OP: I, IV</li> </ul>

Risk	Risk Response Strategy Examples	Link to Program Alignment Architecture (PA) & Organizational Priority (OP)
<ul style="list-style-type: none"> <li>Transitioning to new Grants and Contributions Information Management Systems (GCIMS)</li> </ul>	<ul style="list-style-type: none"> <li>Maintain existing system while allowing an orderly roll out of GCIMS as project readiness dictates</li> </ul>	

### Next Steps

Going forward, Health Canada will continue to promote the application of risk management in relevant areas and activities. The objective is to be comprehensive, systematic, pro-active and adaptive in response to strategic and operational uncertainties through effective risk management of Departmental priorities and program activity commitments.

## Planned Expenditures

### Budgetary Financial Resources (Planned Spending - dollars)

2014-15 (Main Estimates)	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
3,605,849,197	3,658,912,088	3,516,979,915	3,399,982,900

### Human Resources (Full-time equivalent – FTEs)

2014-15	2015-16	2016-17
9,081	8,954	8,383

### Budgetary Planning Summary for Strategic Outcomes and Programs (dollars)

Strategic Outcomes and Programs	2011-12 Expenditures	2012-13 Expenditures	2013-14 Forecast Spending	2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
<b>Strategic Outcome 1: A health system responsive to the needs of Canadians</b>							
1.1 Canadian Health System Policy	371,307,898	405,697,982	296,275,213	242,633,254	244,186,030	238,002,805	235,436,305
1.2 Specialized Health Services	22,342,044	19,926,803	22,652,601	18,728,166	18,728,166	18,840,212	18,323,474
1.3 Official Language Minority Community Development	38,954,051	39,011,188	28,212,220	37,527,825	37,527,825	37,527,598	38,090,498
<b>Strategic Outcome 1 Sub-Total</b>	432,603,993	464,635,973	347,140,034	298,889,245	300,442,021	294,370,615	291,850,277
<b>Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians</b>							
2.1 Health Products	177,232,253	164,654,898	165,299,197	152,060,884	152,060,884	149,855,419	146,201,680
2.2 Food Safety and Nutrition	67,876,527	69,655,161	55,667,362	59,175,139	59,175,139	59,092,172	54,377,304
2.3 Environmental Risks to Health	105,098,576	103,655,546	105,460,755	102,849,859	102,849,859	99,641,612	32,366,783
2.4 Consumer Product and Workplace Chemical Safety	27,660,103	28,148,044	35,839,541	37,725,014	37,725,014	37,287,118	32,556,249
2.5 Substance Use and Abuse	123,029,291	115,533,278	86,197,455	82,748,939	82,748,939	82,311,043	82,316,338



Strategic Outcomes and Programs	2011-12 Expenditures	2012-13 Expenditures	2013-14 Forecast Spending	2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
2.6 Radiation Protection	14,034,921	15,303,974	16,687,223	20,522,668	20,522,668	20,565,167	13,398,764
2.7 Pesticides	46,821,505	42,148,137	42,106,319	40,651,125	40,651,125	40,214,339	35,329,505
<b>Strategic Outcome 2 Sub-Total</b>	561,753,176	539,099,038	507,257,852	495,733,628	495,733,628	488,966,870	396,546,623
<b>Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status</b>							
3.1 First Nations and Inuit Primary Health Care	949,048,229	945,580,413	912,122,500	853,702,552	853,702,552	772,090,493	731,761,301
3.2 Supplementary Health Benefits for First Nations and Inuit	1,111,497,049	1,140,213,493	1,134,185,574	1,133,324,859	1,133,324,859	1,084,380,043	1,085,674,833
3.3 Health Infrastructure Support for First Nations and Inuit	351,559,090	356,715,000	501,446,396	604,177,779	604,177,779	612,878,547	642,251,531
<b>Strategic Outcome 3 Sub-Total</b>	2,412,104,368	2,442,508,906	2,547,754,470	2,591,205,190	2,591,205,190	2,469,349,083	2,459,687,665
<b>Internal Services Sub-Total</b>	379,838,149	374,914,169	409,707,526	271,484,025	271,531,249	264,293,347	251,898,335
<b>Total</b>	3,786,299,686	3,821,158,086	3,811,859,882	3,657,312,088	3,658,912,088	3,516,979,915	3,399,982,900

For the 2011-12 to 2016-17 periods, total spending includes all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, and funding from various Treasury Board votes. For the 2014-15 to 2016-17 periods, total spending corresponds to planned spending where funding through Supplementary Estimates and carry forward adjustments are not reflected and hence totals for these years are lower.

2012-13 expenditures are greater than future years' amounts primarily due to savings expected to be achieved through simplifying and streamlining operations and the expiration of certain time-limited spending authorities for which renewals may be sought.

However, significant increases in Strategic Outcome 3 in 2013-14 and future years is due to:

- The stabilization of First Nations Inuit Health programming funding as per Budget 2013 where the initiative is to help stabilize, renew, and/or expand important health programs and services for First Nations and Inuit individuals, families and communities.
- Increase in funding related to the implementation of the BC Tripartite Framework agreement on the First Nations Health Governance for the transfer of the responsibility for First Nations health programming in British Columbia to the First Nations Health Authority.

## Alignment to Government of Canada Outcomes

2014-15 Planned Spending by [Whole-of-Government-Framework Spending Area<sup>vii</sup>](#)  
(dollars)

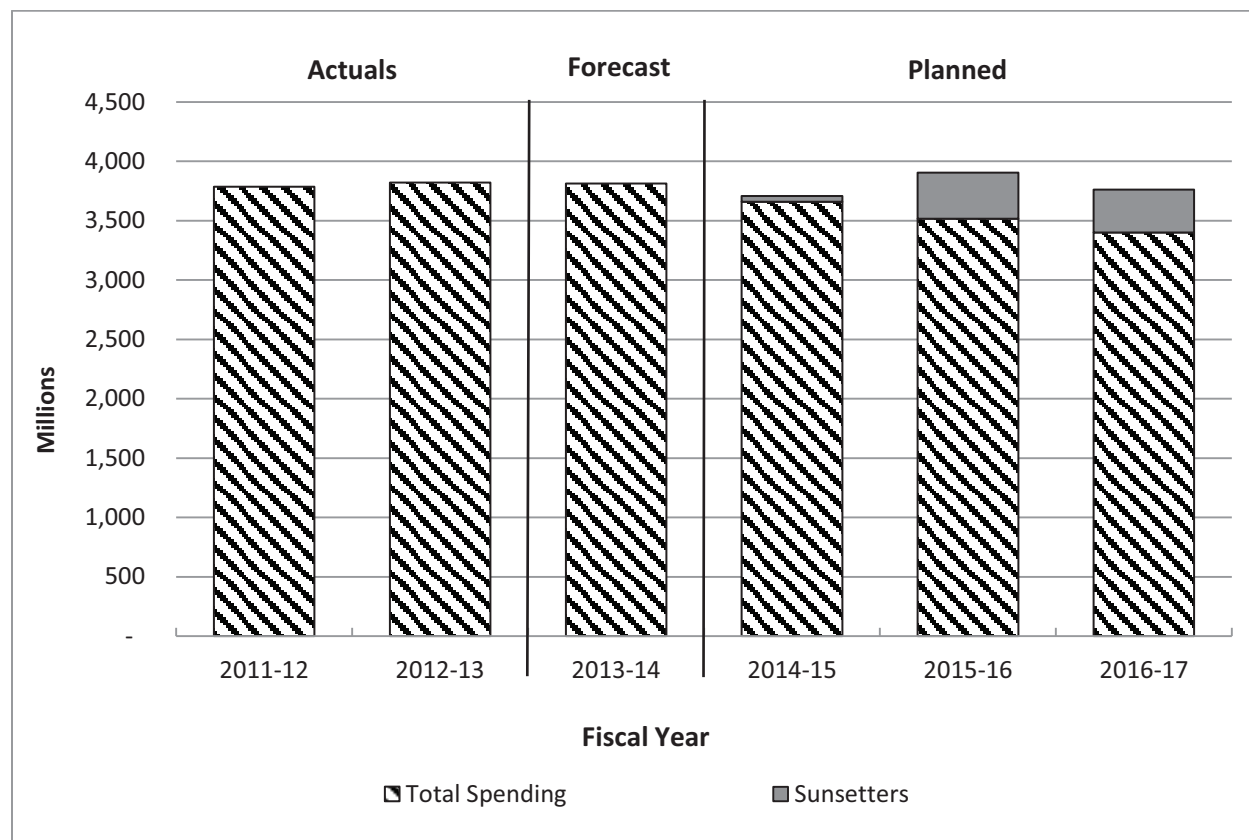
Strategic Outcome	Program	Spending Area	Government of Canada Outcome	2014-15 Planned Spending
<b>SO 1 A health system responsive to the needs of Canadians</b>	1.1 Canadian Health System Policy	Social Affairs	Healthy Canadians	244,186,030
	1.2 Specialized Health Services	Social Affairs	Healthy Canadians	18,728,166
	1.3 Official Language Minority Community Development	Social Affairs	Healthy Canadians	37,527,825
<b>SO 2 Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians</b>	2.1 Health Products	Social Affairs	Healthy Canadians	152,060,884
	2.2 Food Safety and Nutrition	Social Affairs	Healthy Canadians	59,175,139
	2.3 Environmental Risks to Health	Social Affairs	Healthy Canadians	102,849,859
	2.4 Consumer Product and Workplace Chemical Safety	Social Affairs	Healthy Canadians	37,725,014
	2.5 Substance Use and Abuse	Social Affairs	Healthy Canadians	82,748,939
	2.6 Radiation Protection	Social Affairs	Healthy Canadians	20,522,668
	2.7 Pesticides	Social Affairs	Healthy Canadians	40,651,125
<b>SO 3 First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status</b>	3.1 First Nations and Inuit Primary Health Care	Social Affairs	Healthy Canadians	853,702,552
	3.2 Supplementary Health Benefits for First Nations and Inuit	Social Affairs	Healthy Canadians	1,133,324,859
	3.3 Health Infrastructure Support for First Nations and Inuit	Social Affairs	Healthy Canadians	604,177,779

**Total Planned Spending by Spending Area (dollars)**

<b>Spending Area</b>	<b>Total Planned Spending</b>
Economic Affairs	
Social Affairs	3,387,380,839
International Affairs	
Government Affairs	

## Departmental Spending Trend

### Departmental Spending Trend Graph



The changes in planned spending are associated primarily with the renewal of certain sunseting programs which are under further review and consideration by the government which are partially offset by reductions in funding levels on specific Treasury Board submissions and continued savings identified as part of the Economic Action Plan 2012 which include:

- Refocusing government programs to better align spending with the priorities of Canadians; and
- Modernizing and streamlining back office administrative functions.

### Estimates by Vote

For information on the Health Canada's organizational appropriations, please see the [2014-15 Main Estimates publication](#).<sup>viii</sup>

## Contribution to the Federal Sustainable Development Strategy (FSDS)

The [2013-16 Federal Sustainable Development Strategy \(FSDS\)](#)<sup>ix</sup>, tabled on November 4, 2013, guides the Government of Canada's 2013-16 sustainable development activities. The FSDS articulates Canada's federal sustainable development priorities for a period of three years, as required by the *Federal Sustainable Development Act* (FSDA).

Health Canada contributes to all of the theme areas of the FSDS, namely: Theme(s) I - Addressing Climate Change and Air Quality; II - Maintaining Water Quality and Availability; III - Protecting Nature and Canadians; IV - Shrinking the Environmental Footprint – Beginning with Government as denoted by the visual identifiers below.



These contributions are components of the following Programs and Sub-Programs and are further explained in Section II:

- Sub-Program 2.3.1: Climate Change and Health
- Sub-Program 2.3.2: Air Quality
- Sub-Program 2.3.3: Water Quality
- Sub-Program 2.3.4: Health Impacts of Chemicals
- Sub-Program 2.6.1: Environmental Radiation Monitoring and Protection
- Program 2.7: Pesticides
- Sub-Program 3.1.2: First Nations and Inuit Public Health Protection
- Internal Services

Health Canada also ensures that its decision-making process includes a consideration of the FSDS goals and targets through the strategic environmental assessment (SEA) of policy, plan or program proposals. An SEA includes an assessment of the effects of the proposal on the environment, including on the FSDS goals and targets. If the assessment results in a Detailed Analysis, the outcome of the SEA is made public when the initiative is announced or approved, demonstrating that environmental factors were integrated into the decision-making process.

For additional details on Health Canada's activities to support sustainable development, please see Section II of this RPP and sustainable development section of the Department's reports and publication [webpage](#)<sup>x</sup> for a copy of the 2014-15 Departmental Sustainable Development Strategy. For complete details on the FSDS, please see the [Federal Sustainable Development Strategy](#)<sup>xi</sup> website.

## Section II: Analysis of Program(s) by Strategic Outcome(s)

### Strategic Outcome 1: A health system responsive to the needs of Canadians

#### Program 1.1: *Canadian Health System Policy*

The Canadian Health System Policy program provides strategic policy advice, research, and analysis to support decision-making on health care system issues, as well as program support to provinces and territories, partners, and stakeholders on health care system priorities.

Mindful of equity, sustainability, and affordability, Health Canada collaborates and targets its efforts in order to support improvements to the health care system such as improved access, quality, and integration of health care services.

Through the management of grants and contributions agreements with key pan-Canadian health partners, the Canadian Health System Policy program contributes to priority health issues requiring national leadership and strong partnership.

The program objective is to support innovative health care policy and programs to help Canadians maintain and improve their health.

#### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
242,633,254	244,186,030	238,002,805	235,436,305

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
238	238	238

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Acts as a catalyst to address current and emerging health issues and priorities.	# of actions taken (e.g. Grant and Contribution signed) to respond to current and emergent issues.	6	March 31, 2015

## Planning Highlights

In addition to the expected results identified above, efforts under this program will contribute to meeting the Department's priorities, in particular Priority I, described in the section [Organizational Priorities](#). The Department will also manage risks related to modernizing the delivery of grants and contributions system, as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following key initiatives in 2014-15:

- Engage stakeholders, including provincial and territorial governments, non-government organizations and Canadians on healthcare innovation, with a focus on the contribution that technology can make to the quality, efficiency and sustainability of the health system, to inform Health Canada's policy and program directions.
- Continue to modernize processes for the management of grants and contributions. This will include the implementation of an automatized system to improve data collection, analysis and reporting for performance measurement.
- Conduct research, analysis and policy work on health care system issues such as health expenditures, aging and health technology, while deepening understanding of price, efficiency and insurance in the Canadian healthcare system.
- Monitor and analyse emerging trends in pharmaceutical policy both in Canada and internationally and brief on the potential impact on pharmaceutical management in Canada.

### Sub-Program 1.1.1: *Health System Priorities*

Through the Health System Priorities program, Health Canada works closely with provincial and territorial governments, domestic and international organizations, health care providers, and other stakeholders to develop and implement innovative approaches, improve accountability, and responses to meet the health priorities and health services needs of Canadians. Key activities include increasing the supply of health professionals, timely access to quality health care services, and accelerating the development and implementation of electronic health technologies.

The program also manages grants and contributions agreements on a number of health care priorities, such as Canada Health Infoway, the Canadian Institute for Health Information, Mental Health Commission of Canada, and the Canadian Partnership Against Cancer, to support health care services for all Canadians.

The program objective is to ensure that Canadians have access to quality and cost-effective health care services.

This program uses funding from the following transfer payments: Brain Canada Foundation, Canadian Agency for Drugs and Technologies in Health, Canadian Institute for Health Information (CIHI), Canadian Partnership Against Cancer, Canadian Patient Safety Institute, Health Council of Canada, Health Care Policy Contribution Program, Mental Health

Commission of Canada, Mood Disorders Society of Canada, Canada Health Infoway, and Canadian Foundation for Health Care Improvement.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
242,297,543	236,114,276	233,547,776

### Human Resources (FTEs)

2014-15	2015-16	2016-17
219	219	219

\* Decreasing planned spending due to savings expected to be achieved through simplifying and streamlining operations.

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Improved and maintained strategic partnerships with key national P/T regional partners (e.g., through funding such as Grants & Contributions) to advance health system priorities.	# and type of new/ maintained and/or improved collaborative working arrangements and/or agreements between Government of Canada, Provinces/ Territories, and stakeholders to advance health system renewal.	10	March 31, 2015

### Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority I, described in the section [Organizational Priorities](#). The Department will also manage risks related to modernizing the delivery of grants and contributions as described in the section [Risk Analysis](#).

As part of this program, Health Canada will continue to support pan-Canadian health organizations contributing to health system improvements. For 2014-15, this will include:

- Continue to work with [Canada Health Infoway](#)<sup>xii</sup> in its collaboration with provinces and territories and other partners to support innovation in the health system by increasing the availability of electronic health records.
- Continue to manage the current [Canadian Institute for Health Information](#)<sup>xiii</sup> contribution agreement and support the Health Canada-led evaluation of the Health Information Initiative program activities.
- Strategic management of the [Canadian Agency for Drugs and Technologies in Health](#)<sup>xiv</sup> contribution agreement, including exploring options to expand the mandate of the Common Drug Review program and approaches to advance the translation of evidence into actions.



- Support to the [Canadian Patient Safety Institute's](#)<sup>xv</sup> efforts to improve the safety of healthcare as it enters the second year of a five-year funding agreement with Health Canada.
- Work with the [Canadian Foundation for Healthcare Improvement](#)<sup>xvi</sup> in its mandate to accelerate healthcare improvement and transformation and continue discussions on the possibility of renewed federal funding.
- Support to the [Canadian Partnership Against Cancer Corporation](#)<sup>xvii</sup> on key health issues on cancer control such as high-quality cancer screening, population health research, Canadians living in rural and remote areas, and First Nations, Inuit and Métis people.
- Support for innovative brain research in Canada, using a matched funding model where the federal government's contribution to the Canada Brain Research Fund is to be matched by resources raised by the [Brain Canada Foundation](#)<sup>xviii</sup>.
- Continued support for the [Mental Health Commission of Canada](#)<sup>xix</sup> and its priorities of fostering change in the mental health system, reducing the stigma associated with mental illness, combatting suicide, supporting mental health education and awareness, and promoting Changing Directions, Changing Lives - Canada's national mental health strategy.

The Department will also support and enhance collaborative working relationships through the management of contribution agreements, and through a variety of stakeholder engagement activities to advance the objectives of the Health Care Policy Contribution Program.

## Sub-Program 1.1.2: *Canada Health Act Administration*

The administration of the *Canada Health Act* involves monitoring a broad range of sources to assess the compliance of provincial and territorial health insurance plans with the criteria and conditions of the Act, working in partnership with provincial and territorial governments to investigate and resolve concerns which may arise, providing policy advice and informing the Minister of possible non-compliance with the Act, recommending appropriate action when required, and reporting to Parliament on the administration of the Act.

The program objective is to facilitate reasonable access to insured health care services without financial or other barriers.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
1,888,487	1,888,529	1,888,529

### Human Resources (FTEs)

2014-15	2015-16	2016-17
19	19	19

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Provincial and territorial compliance with the requirements of the <i>Canada Health Act</i> .	% of <i>Canada Health Act</i> compliance issues concluded.	100	March 31, 2015

### Planning Highlights

Health Canada will continue to work with provinces and territories to investigate and resolve compliance issues and pursue activities that encourage compliance with the principles of the *Canada Health Act*.

## Program 1.2: *Specialized Health Services*

The Specialized Health Services program supports the Government of Canada's obligation to protect the health and safety of its employees and the health of visiting dignitaries.

Health Canada delivers counselling, organizational development and critical incident support services to federal government Departments through a network of contracted mental health professionals and also provides immediate response to employees following traumatic incidents in the workplace.

Health Canada delivers medical services to federal public servants who may be exposed to specific health risks due to their type of work. By providing occupational and psycho-social health services to federal public servants, Health Canada pro-actively contributes to reducing the number of work days lost to illness across the federal government.

Health Canada also arranges for the provision of health services for Internationally Protected Persons (IPP) who have come to Canada for international events, such as meetings or official visits by government leaders or the Royal Family. An IPP is a representative of a State, usually Heads of State and/or Government, members of the Royal Family, or officials of an international organization of an intergovernmental character.

The program objective is to ensure continuity of services and the occupational health of federal public servants who can deliver results to Canadians in all circumstances and to arrange health services for IPPs.

### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
18,728,166	18,728,166	18,840,212	18,323,474

**Human Resources (FTEs)**

2014-15	2015-16	2016-17
263	266	260

**Performance Measurement**

Expected Results	Performance Indicators	Targets	Date to be Achieved
Federal employees are able to manage their psycho-social issues during and immediately following, stressful or traumatic events.	% of psycho-social cases that are closed within 8 Employee Assistance Program sessions.	70	March 31, 2015
Reduced absenteeism in the workplace for employees who access employee assistance services.	% reduction in absenteeism in the 30 days that follow an employee's last Employee Assistance Program session versus the 30 days prior.	25	March 25, 2015
Internationally Protected Persons have access to health services and medical treatment they might require when they are in Canada for regular visits or to participate in major International events.	% of cases examined in which support provided was rated as acceptable or strong (client assessment).	100	March 31, 2015

**Planning Highlights**

In addition to the expected results identified above, as part of this program, Health Canada will support the Government of Canada's obligation to protect the health of its employees and Internationally Protected Persons visiting Canada in 2014-15.

### **Program 1.3: *Official Language Minority Community Development***

The Official Language Minority Community Development program involves the administration of Health Canada's responsibilities under Section 41 of the *Official Languages Act*. This Act commits the federal government to enhancing the vitality of official language minority communities and fostering the full recognition and use of English and French in Canadian society.

This program includes: consulting with Canada's official language minority communities on a regular basis; supporting and enabling the delivery of contribution programs and services for official language minority communities; reporting to Parliament and Canadians on Health

Canada's achievements under Section 41; and, coordinating Health Canada's activities and awareness in engaging and responding to the health needs of official language minority communities.

The program objectives are to improve access to health services in the minority official language communities and to increase the use of both official languages in the provision of health care services.

This program uses funding from the following transfer payment: Official Languages Health Contribution Program.

#### **Budgetary Financial Resources (dollars)**

<b>2014-15 Main Estimates</b>	<b>2014-15 Planned Spending</b>	<b>2015-16 Planned Spending</b>	<b>2016-17 Planned Spending</b>
37,527,825	37,527,825	37,527,598	38,090,498

#### **Human Resources (FTEs)**

<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
10	10	10

#### **Performance Measurement**

<b>Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>	<b>Date to be Achieved</b>
Official Language Minority Communities have access to health care services in the official language of their choice.	# of health professionals who have successfully completed training programs (funded by Health Canada).	1900	March 31, 2015
	% of program trained health professionals who are retained.	86	March 31, 2015

#### **Planning Highlights**

In addition to the expected results identified above, as part of this program, Health Canada will undertake the following key initiative in 2014-15:

- Support the implementation and management of its programs and services to Canadians taking into account the diversity and geographic distribution of official language minority communities across Canada. Funding is provided to community-based organizations and academic institutions to improve access to health services for English-speaking communities in Quebec and French-speaking communities elsewhere in Canada.

## Strategic Outcome 2:

Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians

### Program 2.1: *Health Products*

The *Department of Health Act*, and the *Food and Drugs Act* and *Regulations* provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with a broad range of health products that affect the everyday lives of Canadians, including pharmaceutical drugs, biologics and radiopharmaceuticals, medical devices, and natural health products.

Health Canada verifies that the regulatory requirements for the safety, quality, and efficacy of health products are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities.

In addition, Health Canada provides evidence-based, authoritative information to Canadians and key stakeholders, including health professionals such as physicians, pharmacists and natural health practitioners, to enable them to make informed decisions.

The program objective is to ensure that health products are safe, effective, and of high quality for Canadians.

#### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
152,060,884	152,060,884	149,855,419	146,201,680

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
2,089	2,098	2,091

\* Reduced level of collective agreement funding to be received in 2015-16 and 2016-17.

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Health products available to Canadians on the Canadian market are safe and effective.	% of regulated parties who are deemed to be in compliance with the <i>Food and Drugs Act</i> and its associated Regulations.	95	March 31, 2015

## Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priorities II and IV as described in the section [Organizational Priorities](#). The Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following key initiatives in 2014-15:

- Enhancing patient safety by advancing new legislative authorities for the reporting of adverse drug reactions by health institutions, mandatory recall of unsafe drugs and increased fines and penalties.
- Enhancing the integrity of the health product supply chain in Canada by educating stakeholders and improving the oversight of the ingredients found in health products as per the new Active Pharmaceutical Ingredients regulations.
- Progress will also be made on modernizing the Department's information technology infrastructure in support of compliance and enforcement activities across all health product lines and on improving access to information on health products to better inform Canadians on healthy choices.

### Sub-Program 2.1.1: *Pharmaceutical Drugs*

The *Food and Drug Regulations* provide the regulatory framework to develop, maintain and implement the Pharmaceutical Drugs program, which includes pharmaceutical drugs for human and animal use, including prescription and non-prescription drugs, disinfectants, and sanitizers with disinfectant claims.

Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of pharmaceutical drugs are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities.

In addition, the program provides information to Canadians and key stakeholders, including health professionals, such as physicians and pharmacists, to enable them to make informed decisions about the use of pharmaceutical drugs.

The program objective is to ensure that pharmaceutical drugs in Canada are safe, effective and of high quality.

#### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
59,227,306	58,556,640	57,009,595

**Human Resources (FTEs)**

2014-15	2015-16	2016-17
1,071	1,078	1,073

**Performance Measurement**

Expected Results	Performance Indicators	Targets	Date to be Achieved
Pharmaceutical drugs meet regulatory requirements.	% of pharmaceutical product submissions that meet regulatory requirements.	80	March 31, 2015
Canadians and stakeholders are informed of risks associated with the use of pharmaceutical drugs.	% of identified risks that result in risk communications.	90	March 31, 2015

**Planning Highlights**

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priorities II and IV as described in the section [Organizational Priorities](#). The Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).

As part of this sub-program, Health Canada will undertake the following key initiatives in 2014-15:

- Using and integrating, to the extent that it is available, foreign regulatory information to assist in health product market authorization reviews.
- Meeting Health Canada's performance standards related to regulatory review and decision-making.
- Improving the safe use of drugs by making drug labels and safety information easier to read and understand.
- Providing Canadians and medical professionals with the most up-to-date drug safety information by posting drug safety reviews online, as committed to in the Department's Regulatory Transparency and Openness Framework.

**Sub-Program 2.1.2: *Biologics and Radiopharmaceuticals***

The *Food and Drug Regulations*, *Safety of Human Cells, Tissues and Organs for Transplantation Regulations*, and the *Processing and Distribution of Semen for Assisted Conception Regulations* provide the regulatory framework to develop, maintain, and implement the Biologics and Radiopharmaceuticals program, which includes blood and blood products, viral and bacterial vaccines, gene therapy products, tissues, organs, and xenografts, which are manufactured in Canada or elsewhere.



Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of biologics and radiopharmaceuticals are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities.

In addition, the program provides information to Canadians and key stakeholders, including health professionals such as physicians and pharmacists, to enable them to make informed decisions about the use of biologics and radiopharmaceuticals.

The program objective is to ensure that biologics and radiopharmaceuticals in Canada are safe, effective and of high quality.

This program uses funding from the following transfer payments: Canadian Blood Services: Blood Safety and Effectiveness Research and Development, and Contribution to Strengthen Canada's Organs and Tissues Donation and Transplantation System.

#### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
57,184,475	56,352,078	54,702,897

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
519	521	520

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Biologics, radiopharmaceutical and genetic therapies meet regulatory requirements.	% of biologic and radiopharmaceutical, and gene therapy product submissions that meet regulatory requirements.	80	March 31, 2015
Canadians and stakeholders are informed of risks associated with the use of biologics, radiopharmaceuticals, and gene therapies.	% of identified risks that result in risk communications.	90	March 31, 2015

#### Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, specifically Priority II as described in the section [Organizational Priorities](#). The Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).



As part of this sub-program, Health Canada will undertake the following key initiatives in 2014-15:

- Improving the framework for regulating human blood and its components. The Department has been working steadily towards a set of specific regulations for human blood and its components intended for transfusion or for further manufacturing into human drugs. These proposed regulations were published in Canada Gazette II in October 2013 and will come into force in October 2014. Work to support these new regulations will continue in 2014-15.
- Modernizing the regulatory framework for radiopharmaceuticals by bringing this class of drugs under the Drug Identification Number (DIN) scheme. The assignment of DINs to these products will facilitate tracking their status on the market which in turn will facilitate supply management and safety monitoring.
- Health Canada will continue to fund Canadian Blood Services (CBS) under a five-year agreement ending March 31, 2018 to conduct research and development projects and carry out knowledge exchange activities related to blood, blood components and hematopoietic stem cells, and transfusion science and medicine in order to generate evidence-based knowledge.
- The CBS Organ and Tissue Donation and Transplantation six-year agreement ends March 31, 2014. Federal/Provincial/Territorial discussion will determine future Health Canada investment in the program.

### Sub-Program 2.1.3: *Medical Devices*

*The Medical Devices Regulations* provide the regulatory framework to develop, maintain, and implement the Medical Devices program, which includes medical devices used in the treatment, mitigation, diagnosis, or prevention of a disease or an abnormal physical condition in humans.

Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of medical devices are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities.

In addition, the program provides information to Canadians and key stakeholders, including health professionals, such as physicians and pharmacists, to enable them to make informed decisions about the use of medical devices.

The program objective is to ensure that medical devices in Canada are safe, effective and of high quality.

#### **Budgetary Financial Resources (dollars)**

<b>2014-15 Planned Spending</b>	<b>2015-16 Planned Spending</b>	<b>2016-17 Planned Spending</b>
14,021,868	13,455,304	13,351,244

**Human Resources (FTEs)**

2014-15	2015-16	2016-17
303	304	306

**Performance Measurement**

Expected Results	Performance Indicators	Targets	Date to be Achieved
Medical devices meet regulatory requirements.	% of applications (Class III and IV*) that meet regulatory requirements *(Classes I and II present very low health and safety risk to Canadians).	80	March 31, 2015
Canadians and stakeholders are informed of risks associated with the use of medical devices.	% of identified risks that result in risk communications.	90	March 31, 2015

**Planning Highlights**

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priorities II and IV as described in the section [Organizational Priorities](#). The Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).

As part of this sub-program, Health Canada will undertake the following key initiative in 2014-15:

- Meeting Health Canada's performance standards related to regulatory review and decision-making.
- Progress will also be made on aligning Health Canada with other international regulators and facilitating the efficient processing of medical device applications and developing a Medical Devices Single Audit Program to foster international cooperation and ultimately help to reduce burden on industry.

**Sub-Program 2.1.4: *Natural Health Products***

The *Natural Health Product Regulations* provide the regulatory framework to develop, maintain and implement the Natural Health Products program, which includes herbal remedies, homeopathic medicines, vitamins, minerals, traditional medicines, probiotics, amino acids, and essential fatty acids.

Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of natural health products are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities.

In addition, the program provides information to Canadians and key stakeholders, including health professionals such as pharmacists, traditional Chinese medicine practitioners, herbalists and naturopathic doctors, to enable them to make informed decisions about the use of natural health products.

The program objective is to ensure that natural health products in Canada are safe, effective and of high quality.

#### **Budgetary Financial Resources (dollars)**

<b>2014-15 Planned Spending</b>	<b>2015-16 Planned Spending</b>	<b>2016-17 Planned Spending</b>
21,627,235	21,491,397	21,137,944

#### **Human Resources (FTEs)**

<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
196	196	192

#### **Performance Measurement**

<b>Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>	<b>Date to be Achieved</b>
Natural health products meet regulatory requirements.	% of natural health product submissions that meet regulatory requirements.	80	March 31, 2015

#### **Planning Highlights**

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priorities II and IV as described in the section [Organizational Priorities](#). The Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).

As part of this sub-program, Health Canada will undertake the following key initiative in 2014-15:

- Improving the framework for site licensing by implementing an on-site verification component of manufacturers and importers of natural health products to improve the quality of natural health products available.
- Launching new service standards to improve the timely and efficient access to natural health products for Canadians including the revision of the Management of Product Licence Applications Policy.
- Progress will also be made on a new approach to the management of products of similar risk profile that will balance safety and consumer access while enabling industry innovation and growth.

## Program 2.2: *Food Safety and Nutrition*

The *Department of Health Act* and the *Food and Drugs Act* provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with the safety and nutritional quality of food. Food safety standards are enforced by the Canadian Food Inspection Agency.

Health Canada develops and promotes evidence-based, national healthy eating policies and standards for Canadians and key stakeholders, including non-governmental organizations, health professionals, and industry associations to enable all stakeholders to make informed decisions about food and nutrition safety as well as healthy eating.

The program objectives are to manage risks to the health and safety of Canadians associated with food and its consumption, and to enable Canadians to make informed decisions about healthy eating.

### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
59,175,139	59,175,139	59,092,172	54,377,304

### Human Resources (FTEs)

2014-15	2015-16	2016-17
594	593	557

\* Current funding for the Chemicals Management Plan which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Foodborne illness, outbreaks and food safety incidents are effectively prevented and managed.	% of the time that Canada maintains a ranking amongst the top 5 jurisdictions internationally in responding effectively to food safety recalls.  (Note: The Food Safety Performance World Ranking initiative is designed to help identify relative strengths and weaknesses in Canada's food safety performance by comparing across 16 countries).	100	March 31, 2015

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canadians make informed eating decisions.	% of Canadians who consult Health Canada's healthy eating information (e.g. Canada's Food Guide) to inform their decisions.	40	March 31, 2016

### Planning Highlights

In addition to the expected results identified above, efforts under this program will contribute to meeting the Department's priorities, in particular Priority II and IV as described in the section [Organizational Priorities](#). The Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following key initiatives in 2014-15:

- Reducing the backlog related to mandatory food pre-market submissions (food additives, novel foods and infant formula) and continuing to modernize the business processes associated pre-market reviews and approvals for more transparency and predictability.
- Assessing and managing the risks associated with priority chemicals under the Government of Canada's Chemical Management Plan.

### Sub-Program 2.2.1: *Food Safety*

The *Food and Drug Regulations* provide the regulatory framework to develop, maintain, and implement the Food Safety program.

The program is the federal health authority responsible for establishing standards, policies, and regulations pertaining to food and nutrition safety; as well as for conducting reviews and for assessing the safety of food ingredients, veterinary drugs for food producing animals, food processes, and final foods. The program conducts risk assessments pertaining to the chemical, microbiological, and nutritional safety of foods. In addition, the program plans and implements food and nutrition safety surveillance and research initiatives in support of the Department's food standard setting mandate.

The program objective is to plan and implement food and nutrition safety standards to enable Canadians to make informed decisions about food and nutrition.

#### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
54,599,341	54,515,957	49,838,352

**Human Resources (FTEs)**

2014-15	2015-16	2016-17
558	557	522

\* Current funding for the Chemicals Management Plan which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

**Performance Measurement**

Expected Results	Performance Indicators	Targets	Date to be Achieved
Timely response to emerging food and nutrition safety incidents including foodborne illness outbreaks.	% of health risk assessments provided to the Canadian Food Inspection Agency within standard timelines to manage food safety incidents.	90	March 31, 2015

**Planning Highlights**

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priorities II and IV as described in the section [Organizational Priorities](#). The Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).

As part of this sub-program, Health Canada will undertake the following key initiatives in 2014-15:

- Continuing to consult with Canadians to improve the way nutritional information is presented on food labels.
- Introducing mandatory labelling requirements for all mechanically tenderized beef products sold in Canada to help consumers identify these products and to provide them with cooking and safe handling instructions to help minimize risks associated with potential disease-causing bacteria.
- Responding to the increasing number and complexity of health risk assessments from the Canadian Food Inspection Agency and other partners in a timely and effective manner.
- Enhancing the transparency of food approvals by making available summaries of assessments of approved novel foods, as outlined in the Department's Regulatory Transparency and Openness Framework.
- Progress will also be made on building a modernized information technology infrastructure to track applications for market authorization for food additives and on piloting a process to simultaneously review submissions for veterinary drugs, as well as develop a permanent mechanism for such reviews, with the United States Center for Veterinary Medicine. The Department will also continue work to promote simultaneous availability of these products in both Canada and the United States of America.

## Sub-Program 2.2.2: *Nutrition Policy and Promotion*

The *Department of Health Act* provides the authority to develop, maintain and implement the Nutrition Policy and Promotion program.

The program develops, implements, and promotes evidence-based nutrition policies and standards, and undertakes surveillance and monitoring activities. It anticipates and responds to public health issues associated with nutrition and contributes to broader national and international strategies.

The program works collaboratively with other federal Departments/agencies and provincial/territorial governments, and engages stakeholders such as non-government organizations, health professionals, and industry associations to support a coordinated approach to nutrition issues.

The program objective is to target both Canadian intermediaries and consumers to increase knowledge, understanding, and action on healthy eating.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
4,575,798	4,576,215	4,538,952

### Human Resources (FTEs)

2014-15	2015-16	2016-17
36	36	36

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Stakeholders integrate information on nutrition and healthy eating.	% of targeted stakeholders who integrate Health Canada healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians.	80	March 31, 2016

### Planning Highlights

In addition to the expected results identified above, as part of this sub-program, Health Canada will undertake the following key initiatives in 2014-15:



- Implementing a more regular evidence review cycle to help ensure Canada's dietary guidance remains scientifically sound, relevant and useful.
- Continuing to collaborate with stakeholders to help increase Canadians' awareness, understanding and knowledge of healthy eating, including topics such as nutrition labelling, sodium reduction, and food skills.

## Program 2.3: *Environmental Risks to Health*

The *Canadian Environmental Protection Act 1999*, and the *Department of Health Act* provide the authorities for the Environmental Risks to Health program to assess and manage the health risks associated with climate change, air quality, drinking water quality, and chemical substances. This program activity links closely with Health Canada's Health Products, Food Safety and Nutrition, Consumer Product Safety and Pesticides program activities, as the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Canada Consumer Product Safety Act* provide the authority to manage the health risks associated with chemical substances in products in the purview of these program activities.

Key activities include: risk assessment and management, as well as research and bio-monitoring of chemical substances; provision of technical support for chemical emergencies that require a coordinated federal response; development of guidelines on indoor and outdoor air quality; development and dissemination of water quality guidelines; and, supporting the implementation of heat alert and response systems in Canadian communities.

The program objective is to protect the health of Canadians through the assessment and management of health risks associated with chemical substances and to provide expert advice and guidelines to partners on the health impacts of environmental factors such as air and water contaminants and a changing climate.

### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
102,849,859	102,849,859	99,641,612	32,366,783

### Human Resources (FTEs)

2014-15	2015-16	2016-17
720	719	404

\* Current funding for the Chemicals Management Plan, the Federal Contaminated Sites Action Plan, the Clean Air Regulatory Agenda and for Climate Change Adaptation which are time limited spending authorities sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canadians, institutions and government partners have the	% of planned guidance materials completed.	100	March 31, 2015



Expected Results	Performance Indicators	Targets	Date to be Achieved
guidance and tools they need to respond to potential and actual environmental risks associated with health.			
Chemical substances deemed to be harmful to human health are managed in a timely manner.	% of substances assessed to be harmful to human health for which at least one risk management instrument was developed by category of substance (new and existing).	100	March 31, 2015

### Planning Highlights

Current funding for the Chemicals Management Plan, the Federal Contaminated Sites Action Plan, the Clean Air Regulatory Agenda and for Climate Change Adaptation which are time limited spending authorities sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

In support of the expected results identified in the Program description, the Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).

As part of this program, Health Canada will continue to undertake the following in 2014-15:

- Identify and actively address the health risks associated with chemical substances through the use of substance groupings (substances that are grouped based on similarities in production, toxicity and physical-chemical properties), rapid screening, research and biomonitoring activities, in partnership with Environment Canada.
- Provide expert advice, guidance and tools to partners on the health impacts of environmental factors such as indoor and outdoor air pollution, water contaminants and a changing climate.
- Inform stakeholders and the public through outreach and engagement activities to support involvement in the program and to raise awareness of the risks and safe use of substances.

### Sub-Program 2.3.1: *Climate Change and Health*

The Climate Change and Health program supports actions to minimize the impact of climate change on the health of Canadians under the federal Clean Air Agenda.

A key activity in the delivery of this program is the Heat Resiliency Project, which aims to inform and advise public health agencies and Canadians on adaptation strategies to respond to extreme heat events.

This includes: development of community-based heat alert and response systems; development and dissemination of training tools, guidelines, and strategies for health professionals; collaboration with key stakeholders and partners to assess and reduce vulnerabilities to extreme heat; and scientific research on health impacts of extreme heat to support evidence-based decision-making.

The program objective is to help Canadians adapt to a changing climate through measures intended to manage potential risks to their health associated with extreme heat events.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
1,432,383	1,432,379	160,306

### Human Resources (FTEs)

2014-15	2015-16	2016-17
11	11	1

\* Current funding for Climate Change Adaptation which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Use of knowledge on impacts of climate change on health and adaptation measures by Canadian communities.	# of Canadian communities with heat alert and response systems.	12	March 31, 2016



### Planning Highlights

Current funding for Climate Change Adaptation which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

In support of the expected results identified in the Sub-Program description, as part of this sub-program Health Canada will continue to undertake the following in 2014-15:

- Support the implementation of the Heat Alert and Response Systems in a broad cross section of at risk Canadian communities.
- Conduct research to address the key science and policy information and knowledge gaps that currently challenge communities to adapt effectively to climate change related health risks.
- Exchange best practices with other jurisdictions to support cost effective adaptation strategies worldwide.

## Sub-Program 2.3.2: *Air Quality*

The Air Quality program assesses the health risks of indoor and outdoor pollutants, and develops guidelines and standards under the *Canadian Environmental Protection Act, 1999*. These efforts support the Government of Canada's Clean Air Regulatory Agenda, implemented in partnership with Environment Canada, to manage the potential risks to the environment and to the health of Canadians associated with air quality.

The program provides health-based science and policy advice that supports actions by all levels of government to improve air quality and health of Canadians. Key activities include: leading the development of health-based air quality standards and guidelines for indoor and outdoor air; determining the health benefits of proposed actions to reduce air pollution; conducting research on the levels of exposure and health effects of indoor and outdoor air pollutants to inform the development of standards, guidelines, regulations and other actions; and, implementing the Air Quality Health Index in partnership with Environment Canada.

The program objective is to assess the impacts of air pollution on health and to provide guidance to governments, health professionals and the general public on how to minimize those risks.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
23,746,544	23,746,515	3,550,451

### Human Resources (FTEs)

2014-15	2015-16	2016-17
114	114	17

\* Current funding for Clean Air Agenda which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canadians, stakeholders, and governments have access to information on air quality and health effects.	% of Canadians with access to the Air Quality Health Index.	80	March 31, 2016
	% of planned federal air quality health assessments and risk management actions published or distributed externally.	100	March 31, 2015
Government partners have access to scientific information on the impacts of air quality on health.	% of targeted knowledge transfer activities accomplished related to air quality (e.g. client meetings, poster/	95	March 31, 2015

Expected Results	Performance Indicators	Targets	Date to be Achieved
	conference presentations and peer-reviewed publications).		



## Planning Highlights

Current funding for the Clean Air Agenda which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

In support of the expected results identified in the Sub-Program description, as part of this sub-program Health Canada will continue to undertake the following in 2014-15:

- Support implementation of the National Air Quality Management System, co-lead the development of new Canadian Ambient Air Quality Standards (CAAQS) for sulphur dioxide and nitrogen dioxide and review the current 2020 standards for fine particulate matter and ozone.
- Conduct research and assessments in support of air pollutant control measures for industry, fuels, transportation-related sources and the management of transboundary air pollution under the Canada-U.S. Air Quality Agreement.
- Update health messaging to communicate outdoor air pollution health impacts through the Air Quality Health Index (AQHI) and continue the expansion of the AQHI in Ontario and the North.
- Conduct research, assessments and communication activities on indoor air pollutants in order to provide health-based guidance to Canadians and to explore options, in partnership with the National Research Council, to address emissions from select building materials.



## Federal Sustainable Development Strategy Target Led by Health Canada

FSDS Goal	Performance Indicator	FSDS Target
Goal 2: Air Pollution.  Minimize the threats to air quality so that the air Canadians breathe is clean and supports healthy ecosystems.	Actions to manage indoor air quality that incorporate health-based guidance.	Target 2.2: Indoor Air Quality.  Help protect the health of Canadians by providing health-based guidance and tools to support actions to better manage indoor air quality.

## Sub-Program 2.3.3: *Water Quality*

The Water Quality program works with key stakeholders and partners such as the provinces and territories, under the authority of the *Department of Health Act*, to establish guidelines for Canadian drinking water quality, as well as recreational water and household reclaimed water. These guidelines are used by provinces and territories as the basis for establishing their water quality requirements.

The program also works with national and international standard-setting organizations to develop health-based standards for materials that come into contact with drinking water, and works with partners to develop strategies and tools to enhance the safety of small community drinking water supplies.

In the delivery of this program, key activities include the development and dissemination of water quality guidelines/technical guidance documents, strategies and other tools. The program objective is to help manage potential risks to the health of Canadians associated with water quality.

#### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
3,864,563	3,864,554	3,864,554

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
35	35	35

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Federal, Provincial and Territorial partners use Health Canada water quality guidelines as the basis for their regulatory requirements to manage risks to the health of Canadians.	# of water quality guidelines / guidance documents approved by Federal/ Provincial/ Territorial Committees.	5	March 31, 2015



#### Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2014-15:

- Develop and update health-based drinking water guidelines or guidance documents used by all jurisdictions in Canada as the basis for their regulatory requirements, as required.
- Work with the Public Health Agency of Canada to develop and promote the Drinking Water Advisory application on the Canadian Network for Public Health Intelligence platform, a secure application that provides Canadian jurisdictions with a tool to track and communicate drinking water advisories.



### Federal Sustainable Development Strategy Target Led by Health Canada

FSDS Goal	Performance Indicator	FSDS Target
Goal 3: Water Quality and Water Quantity.  Protect and enhance water so that it is clean, safe and secure for all Canadians and supports healthy ecosystems.	Water quality guidelines/guidance documents.	Target 3.2: Drinking Water Quality.  Help protect the health of Canadians by developing up to 15 water quality guidelines/guidance documents by 2016.

## Sub-Program 2.3.4: *Health Impacts of Chemicals*

The *Canadian Environmental Protection Act, 1999*, provides the authority for the Health Impact of Chemicals program to assess the impact of chemicals and manage the potential health risks posed by new and existing substances that are manufactured, imported, or used in Canada. This program activity links closely with Health Canada's Health Products, Food Safety and Nutrition, Consumer Product Safety and Pesticides program activities, as the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Canada Consumer Product Safety Act* provide the authority to manage the health risks associated with chemical substances in products in the purview of these program activities.

The Chemicals Management Plan, implemented in partnership with Environment Canada, sets priorities and timelines for risk assessment and management for chemicals of concern, as well as the supporting research and bio-monitoring initiatives.

In addition to the above risk assessment and management activities, this program provides expert health-based advice and support to other federal Departments in carrying out their mandates as well as provides technical support for chemical emergencies that require a coordinated federal response.

The program objective is to identify and manage health risks to Canadians posed by chemicals of concern.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
73,806,369	70,598,164	24,791,472

### Human Resources (FTEs)

2014-15	2015-16	2016-17
560	559	351

\* Current funding for the Chemicals Management Plan and for the Federal Contaminated Sites Action Plan which are time limited spending authorities sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

## Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Risks associated with chemical substances are assessed.	% of new substances for which industry has sent notification of their manufacture or import that are assessed within targeted timelines.	100	March 31, 2015
	% of total 1500 existing substances targeted by 2016 assessed.	33	March 31, 2015
Government partners have access to scientific information on how exposure to chemical substances impacts health.	% of targeted knowledge transfer activities accomplished related to chemical substances (e.g. client meetings, poster/conference presentations and peer reviewed publications).	95	March 31, 2015



## Planning Highlights

Current funding for the Chemicals Management Plan and for the Federal Contaminated Sites Action Plan which are time limited spending authorities sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

In support of the expected results identified in the Sub-Program description, as part of this sub-program Health Canada will continue to undertake the following in 2014-15:

- Conduct research, biomonitoring and surveillance activities in support of the Chemicals Management Plan (CMP).
- Conduct risk assessments of existing substances in order to meet public commitments regarding the publication of draft and final Screening Assessment Reports of chemicals identified as priorities under CMP.
- Publish risk management scopes, approaches and instruments for existing substances harmful to human health as required.
- Complete data collection activities for the second phase of the *Domestic Substances List* Inventory Update as well as for three Groupings of the Substance Groupings initiative for existing substances.
- Undertake engagement and outreach activities with industry, experts and non-government organizations to support the CMP.
- Conduct risk assessments on approximately 450 new substances including products of biotechnology, nanomaterials, and new substances in products regulated under the *Food and Drugs Act* develop any needed risk management measures, in collaboration with Environment Canada, and continue the prioritization of substances on the Revised In Commerce List.
- Provide expert advice and oversight in support of activities associated with federal contaminated sites under the Federal Contaminated Sites Action Plan, and projects



undergoing federal environmental assessments under the *Canadian Environmental Assessment Act*.



### Federal Sustainable Development Strategy Target Led by Health Canada

FSDS Goal	Performance Indicator	FSDS Target
<p>Goal 4: Conserving and Restoring Ecosystems, Wildlife and Habitat, and Protecting Canadians.</p> <p>Resilient ecosystems with healthy wildlife populations so Canadians can enjoy benefits from natural spaces, resources and ecological services for generations to come.</p>	<p>Reduce levels of human exposure to harmful substances*.</p> <p>(*Due to the long term nature of the Chemicals Management Plan and the range of substances being addressed, it is not possible to indicate quantitative progress toward Target 4.8 within the time frame of FSDS 2013-16. Approaches for reporting progress will continue to evolve over the duration of the CMP as trends are identified.)</p>	<p>Target 4.8: Chemicals Management.</p> <p>Reduce risks to Canadians and impacts on the environment and human health posed by releases of harmful substances.</p>

Note: Health Canada shares responsibility for this target with Environment Canada.

## Program 2.4: *Consumer Product and Workplace Chemical Safety*

The Consumer Product and Workplace Chemical Safety program supports efforts to protect Canadians from unsafe products and chemicals.

The Consumer Product Safety program supports industry's responsibility for the safety of their products and consumers' responsibility to make informed decisions about product purchase and use, under the authorities of the *Canada Consumer Product Safety Act* (CCPSA) and the *Food and Drugs Act* (F&DA) and its *Cosmetic Regulations*. Health Canada's efforts are focussed in three areas: active prevention; targeted oversight; and, rapid response.

The *Hazardous Products Act* and the *Hazardous Materials Information Review Act* provide the authorities for the Workplace Chemical Safety program to maintain a national hazard communication standard of cautionary labelling and material safety data sheets for hazardous chemicals supplied for use in Canadian workplaces and to protect related confidential business information.

The program objectives are to protect Canadians by managing the potential health and safety risks posed by consumer products and cosmetics in the Canadian marketplace and from hazardous chemicals in the workplace.



**Budgetary Financial Resources (dollars)**

<b>2014-15 Main Estimates</b>	<b>2014-15 Planned Spending</b>	<b>2015-16 Planned Spending</b>	<b>2016-17 Planned Spending</b>
37,725,014	37,725,014	37,287,118	32,556,249

**Human Resources (FTEs)**

<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
301	300	268

\* Current funding for the Chemicals Management Plan which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

**Performance Measurement**

<b>Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>	<b>Date to be Achieved</b>
Risks associated with consumer products and cosmetics in the Canadian marketplace are appropriately managed.	% of non-compliant products identified through the Cyclical Enforcement Plan and incident reporting, for which risk management action is taken in accordance with established operating procedures and timelines.	85	March 31, 2015
Confidential Business Information is protected in accordance with the requirements of the <i>Hazardous Materials Information Review Act</i> .	# of breaches of confidentiality.	0	March 31, 2015

**Planning Highlights**

Current funding for the Chemicals Management Plan which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

In addition to the expected results identified in the Program description, efforts under this program will contribute to meeting the Department's priorities, in particular Priority II – Modernize Health Protection Legislation and Programs described in the section [Organizational Priorities](#). The Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following in 2014-15:

- Continue to implement the *Canada Consumer Product Safety Act* (CCPSA), which provides Health Canada with a robust set of tools to engage in active prevention, targeted

oversight and rapid response. A key focus will be to explore new ways to best use these tools in the interest of consumer product safety in Canada.

- Continue to implement the Globally Harmonized System of Classification and Labelling of Chemicals (GHS).

## Sub-Program 2.4.1: *Consumer Product Safety*

The *Canada Consumer Product Safety Act* (CCPSA) and the *Food and Drugs Act* (F&DA) and its *Cosmetics Regulations* provide the authorities for this program to support industry's responsibility for the safety of their products and consumers' responsibility to make informed decisions about product purchase and use. Health Canada's efforts are focussed in three areas: active prevention; targeted oversight; and, rapid response.

Through active prevention, the program works with industry, standard setting bodies and international counterparts to develop standards and guidelines and share best practices as appropriate. The program also promotes consumer awareness of the safe use of certain consumer products to support informed decision-making.

Through targeted oversight, the program undertakes regular cycles of compliance and enforcement in selected product categories, and analyses and responds to issues identified through mandatory reporting, market surveys, lab results and other means.

Under rapid response, when an unacceptable risk from consumer products is identified, the program can act quickly to protect the public and take appropriate enforcement actions – including issuing consumer advisories, working with industry to negotiate recalls or other corrective measures.

The Program's objective is to manage the potential health and safety risks posed by consumer products and cosmetics in the Canadian marketplace.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
33,766,919	33,329,033	28,598,164

### Human Resources (FTEs)

2014-15	2015-16	2016-17
267	266	234

\* Current funding for the Chemicals Management Plan which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Targeted Canadian	% of targeted Canadian	95	March 31, 2015

Expected Results	Performance Indicators	Targets	Date to be Achieved
industries are aware of regulatory requirements related to consumer products and cosmetics.	industry stakeholders indicating that they are aware of regulatory requirements.		
Early detection of potentially unsafe consumer products and cosmetics.	% of incident reports received and triaged within service standard.	90	March 31, 2015

### Planning Highlights

Current funding for the Chemicals Management Plan which is a time limited spending authority sunsets at the end of 2015-16 The Government of Canada reassesses these priorities as required.

In support of the expected results identified in the Sub-Program description, efforts under this sub-program will contribute to meeting all three high level plans supporting the Department's Priority II – Modernize Health Protection Legislation and Programs described in the section [Organizational Priorities](#).

As part of this program Health Canada will undertake the following in 2014-15:

- Following a risk-based review of the suite of regulations under the *Canada Consumer Product Safety Act* in 2013-14, Health Canada will develop an action plan for the review and update of the highest priority regulations under the Act.
- Develop consumer product safety standards and guidelines with industry, standard setting bodies and international counterparts and share best practices as appropriate. This includes North American collaboration on consumer product safety through a Cooperative Engagement Framework with the United States and Mexico.
- Continue to promote to Canadians, consumer awareness and informed decision-making of the safe use of consumer products and cosmetics by advancing a new approach for the effective communication of hazards, and delivering consumer outreach campaigns for products which pose the greatest risk.
- Continue compliance promotion efforts to ensure that industry, especially Small and Medium Enterprises, are aware of their obligations.
- Host the 8th International Cooperation for Cosmetics Regulation meeting with representation from the United States, Japan, and the European Union in support of continued cooperation on cosmetic regulations.
- Continue to apply a risk based approach to assessing incident reports, notifications, and complaints, as well as identification of emerging trends for assessment, the Cyclical Enforcement Plan and other enforcement activities. This include posting summary data and information related to these activities online, as detailed in the Department's Regulatory Transparency and Openness Framework.

## Sub-Program 2.4.2: *Workplace Chemical Safety*

The *Hazardous Products Act* and the *Hazardous Materials Information Review Act* provide the authorities for this program to protect the health and safety of Canadian workers.

Under the *Hazardous Products Act*, Health Canada regulates the sale and importation of hazardous chemicals used in Canadian workplaces by specifying the requirements for cautionary labelling and material safety data sheets.

Under the *Hazardous Materials Information Review Act*, Health Canada administers a timely mechanism to allow companies to protect confidential business information, ensuring industry competitiveness, while requiring that all critical hazard information is disclosed to workers.

This program sets the general standards for the Workplace Hazardous Materials Information System (WHMIS) – a system based on interlocking federal, provincial, and territorial legislation that ensures the comprehensibility and accessibility of labels and material safety data sheets, the consistent application of classification and labelling criteria, and the alignment across Canada of compliance and enforcement activities.

The program objective is to ensure a coordinated national system that provides critical health and safety information on hazardous chemicals to Canadian workers.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
3,958,095	3,958,085	3,958,085

### Human Resources (FTEs)

2014-15	2015-16	2016-17
34	34	34

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Service delivery standards are maintained.	% of claims for exemption registered within 7-day service standard.	100	March 31, 2015

### Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's high level plans to contribute to the Government of Canada's efforts to reduce regulatory compliance burden and support co-operation with major trading partners as described in the section [Organizational Priorities](#).

As part of this sub-program, Health Canada will undertake the following in 2014-15:

- Continue to implement the Globally Harmonized System of Classification and Labelling of Chemicals (GHS) to align the classification and labelling of workplace chemicals and deliver on a key initiative of the Canada – United States Regulatory Cooperation Council Action Plan.
- Continue to administer Confidential Business Information under the *Hazardous Products Act* and the *Hazardous Materials Information Review Act*.

## Program 2.5: *Substance Use and Abuse*

Under the authority of several Acts, the Substance Use and Abuse program regulates tobacco products and controlled substances.

Through the *Tobacco Act* and its regulations the program regulates the manufacture, sale, labelling and promotion of tobacco products. The program leads the Federal Tobacco Control Strategy, the goal of which is to further reduce the prevalence of smoking through regulatory, programming, educational and enforcement activities.

Through the *Controlled Drugs and Substances Act* and its regulations, the program regulates access to controlled substances and precursor chemicals to support their legitimate use and minimize the risk of diversion for illicit use. As a partner Department under the National Anti-Drug Strategy (NADS), the program supports prevention, health promotion, treatment initiatives, and enforcement with the goal of reducing substance use and abuse.

In addition, the program provides timely, evidence-based information to key stakeholders including, but not limited to, law enforcement agencies, health professionals, provincial and territorial governments and Canadians.

The program objective is to manage risks to the health of Canadians associated with the use of tobacco products, and the illicit use of controlled substances and precursor chemicals.

### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
82,748,939	82,748,939	82,311,043	82,316,338

### Human Resources (FTEs)

2014-15	2015-16	2016-17
368	367	367

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Reduction in tobacco	% of current Canadian	17	March 31, 2015

Expected Results	Performance Indicators	Targets	Date to be Achieved
prevalence.	(aged 15+) smokers reduced.		
Reduction in illicit drug use.	% of Canadians (aged 15+) who abuse psychoactive drugs reduced.	10	March 31, 2015
	% of youth (aged 15-24) who abuse psychoactive drugs reduced.  Note: The % of Canadians who abuse psychoactive drugs is defined as using at least one of the following substances at least once in the past 12 months: cannabis, cocaine/crack, meth/crystal meth, ecstasy, hallucinogens, salvia, inhalants, heroin and pain relievers, stimulants or sedatives to get high.	23	March 31, 2015

### Planning Highlights

In support of the expected results identified above, the Department will also manage risks related to reforming legislative and regulatory systems as described in the section [Risk Analysis](#).

As part of this program, Health Canada will continue to undertake the following in 2014-15:

- Implement the Federal Tobacco Control Strategy with federal partners, as well as provinces, territories and non-governmental organizations to support a comprehensive tobacco control environment that is recognized around the world.
- Implement the National Anti-Drug Strategy with the Department of Justice and other partners and play a key role in the areas of treatment and prevention of substance abuse and enforcement of the *Controlled Drugs and Substances Act* and supporting regulations.
- Support the Canadian Centre on Substance Abuse to provide national leadership, produce evidence-informed analysis and advice, and mobilize collaborative efforts to reduce drug-related harm.

### Sub-Program 2.5.1: *Tobacco*

The *Tobacco Act* provides the authority for the Tobacco program to regulate the manufacture, sale, labelling, and promotion of tobacco products.

The program also leads the Federal Tobacco Control Strategy, in collaboration with federal partners, as well as provincial and territorial governments, which supports regulatory, programming, educational and enforcement activities.

Key activities under the Strategy include: compliance monitoring and enforcement of the regulations under the *Tobacco Act* and associated regulations; monitoring tobacco consumption and smoking habits; and, working with national and international partners to ensure that Canada meets its obligations under the Framework Convention on Tobacco Control.

The program objective is to prevent the uptake of tobacco use, particularly among youth, help those who currently use tobacco to quit and protect Canadians from exposure to tobacco smoke.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
26,779,195	26,678,715	26,878,715

### Human Resources (FTEs)

2014-15	2015-16	2016-17
121	121	121

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Industry is compliant with the <i>Tobacco Act</i> and its regulations.	% of products that are deemed to be non-compliant with the <i>Tobacco Act</i> and its regulations related to manufacturing and importing.	5	March 31, 2015

### Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2014-15:

- Implement the renewed Federal Tobacco Control Strategy through the following activities:
  - Help more Canadians quit smoking by providing provinces and territories with funding to support the pan-Canadian toll-free Quitline number and web address appearing on cigarette and little cigar packages.
  - Work with First Nations and Inuit partners to implement and strengthen tobacco control measures in these communities.
  - Work with partners from the public and private sectors to fund projects which promote healthy living and prevent chronic diseases caused by tobacco.



- Collaborate with the Canadian Cancer Society on the “*Break It Off*” marketing awareness and outreach campaign.
- Release the first results from the 2013 Canadian Tobacco, Alcohol and Drugs Survey.
- Continued administration of the *Tobacco Act* and development of regulatory proposals pursuant to its authority.
- Make available to the public key education materials on tobacco cessation and prevention, which helps Canadians make informed decisions about their health.
- Work with provinces and territories to address emerging issues and continue to strengthen Canada’s comprehensive tobacco control environment.
- Contribute to international efforts to reduce tobacco use through the World Health Organization Framework Convention on Tobacco Control.

## Sub-Program 2.5.2: *Controlled Substances*

Through the administration of the *Controlled Drugs and Substances Act* (CDSA) and its regulations, the program authorizes the possession, production, provision and disposition of controlled substances and precursor chemicals.

Key activities include: maintaining and updating the Schedules for controlled substances and precursor chemicals; administering regulations for licensing and compliance monitoring activities; analyzing seized materials; providing training and assistance in investigating and dismantling of clandestine laboratories (Drug Analysis Services); monitoring the use of drugs through surveys; and working with national and international partners in the development of sound and scientifically based recommendations for the analysis of Illicit drugs available to Drug Analysis Laboratories worldwide.

As a partner in the National Anti-Drug Strategy, Health Canada supports initiatives related to illicit drugs including: education; prevention; health promotion; and treatment for Canadians, as well as compliance and enforcement initiatives.

The program objective is to authorize legitimate activities with controlled substances and precursor chemicals, while managing the risks of diversion, abuse and associated harms.

This program uses funding from the following transfer payments: Drug Strategy Community Initiatives Fund, Drug Treatment Funding Program, and Grant to the Canadian Centre of Substance Abuse.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
55,969,744	55,632,328	55,437,623



**Human Resources (FTEs)**

2014-15	2015-16	2016-17
247	246	246

**Performance Measurement**

Expected Results	Performance Indicators	Targets	Date to be Achieved
Holders of licences, authorizations and permits for controlled substances and precursor chemicals are compliant with the <i>Controlled Drugs and Substances Act</i> and its regulations.	% regulated parties that are deemed to be compliant with the <i>Controlled Drugs and Substances Act</i> and its regulations.	95	March 31, 2015
Recipients of federal funding are enabled to deliver drug treatment and prevention programs.	# of funded projects delivering drug treatment and prevention programs.	55	March 31, 2015

**Planning Highlights**

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2014-15:

- Expand the National Anti-Drug Strategy to address Prescription Drug Abuse (PDA) and continue to play a leadership role in the areas of treatment and prevention through multi-year projects funded through calls for proposals under the Drug Strategy Community Initiatives Funds (DSCIF) and the Drug Treatment Funding Program (DTFP).
- Continue to address drug control policy domestically through legislative and regulatory activities.
- Fulfill Canada's international reporting obligations and lead Canada's delegation to the United Nations Commission on Narcotic Drugs.
- Continue to implement the new *Marihuana for Medical Purposes Regulations* published in the *Canada Gazette*, Part II in June 2013.
- Work with partners to consider the role of tamper resistance for certain high risk prescription drugs containing controlled substances in the context of the Department's broader efforts to address prescription drug abuse.

**Program 2.6: Radiation Protection**

The *Department of Health Act*, the *Radiation Emitting Devices Act*, and the *Comprehensive Nuclear-Test-Ban Treaty Implementation Act* provide the authority for the Radiation Protection program to monitor, regulate, advise, and report on exposure to radiation that occurs both naturally and from man-made sources. In addition, the program is licensed under the Canadian

Nuclear Commission's *Nuclear Safety and Control Act* to deliver the National Dosimetry Service, which provides occupational radiation monitoring services.

The key components of the program are environmental monitoring, provision of technical support for a radiological/nuclear emergency that requires a coordinated federal response, occupational safety, and regulation of radiation emitting devices.

The program objective is to inform and advise other government Departments, international partners, and Canadians in general about the health risks associated with radiation, and inform Canadians of strategies to manage associated risks.

#### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
20,522,668	20,522,668	20,565,167	13,398,764

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
209	210	184

\* Current funding for Clean Air Agenda which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canadians, Institutions and Government partners have the guidance they need to respond to potential and actual radiation risk.	% of planned guidance documents completed.  Note: Guidance documents include emergency plans, safety codes, regulations, Memoranda of Understanding.	80	March 31, 2015

#### Planning Highlights

Current funding for Clean Air Agenda which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

In support of the expected results identified in the Program description, as part of this program Health Canada will continue to undertake the following in 2014-15:

- Conduct research, develop and/or amend regulations, guidelines, standards and safety codes pertaining to radiation-emitting devices.
- Provide advice to other government Departments, industry and the general public about the health risks associated with radiation and indoor radon exposure, and mitigation strategies to manage associated risks.

- Coordinate with federal and provincial partners to ensure emergency preparedness plans are ready for execution in the event of a national emergency.

## Sub-Program 2.6.1: *Environmental Radiation Monitoring and Protection*

The Environmental and Radiation Monitoring and Protection program conducts research and monitoring activities under the authority of the *Department of Health Act* and the *Comprehensive Nuclear-Test-Ban Treaty Implementation Act*. The program covers both naturally occurring forms of radioactivity and radiation, such as radon, and man-made sources of radiation, such as nuclear power.

In the delivery of this program, key activities include: implementing an education and awareness program on the health risks posed by radon in indoor air and how to reduce those risks; conducting research and risk assessment on the health effects of radiation; installing and operating monitoring stations to monitor for evidence of any nuclear explosion; and, reporting to the Comprehensive Nuclear-Test-Ban Treaty Organization and the International Atomic Energy Agency.

This program is also responsible for coordinating the Federal Nuclear Emergency Plan. In the case of a radio-nuclear emergency that requires a coordinated federal response, Health Canada coordinates the federal technical/scientific support to provinces/territories.

The program objectives are to monitor and help inform Canadians of potential harm to their health and safety associated with environmental radiation.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
14,414,866	14,894,161	7,722,459

### Human Resources (FTEs)

2014-15	2015-16	2016-17
100	102	76

\* Current funding for Clean Air Agenda which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Health Canada is prepared to respond to a nuclear or radiological emergency.	# of emergency preparedness exercises performed (in accordance to expectations of internal and external partners).	2	March 31, 2015

Expected Results	Performance Indicators	Targets	Date to be Achieved
Environmental radiation is monitored.	% of national radionuclear and Comprehensive Nuclear-Test-Ban Treaty monitoring stations and laboratories that are operational.	90	March 31, 2015
Targeted partners collaborate to address health risks related to radiation/radon.	% of targeted partners participating in education and awareness and communication activities.	80	March 31, 2015



## Planning Highlights

Current funding for Clean Air Agenda which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

In support of the expected results identified in the Sub-Program description, as part of this sub-program Health Canada will undertake the following in 2014-15:

- Continue validating the renewed Federal Nuclear Emergency Plan by working with federal and provincial partners to conduct a national level full scale exercise of radionuclear emergency response plans.
- Continue to monitor environmental radiation as part of Canada's obligations under the *Comprehensive Nuclear-Test-Ban-Treaty Implementation Act*.
- Support the 2<sup>nd</sup> annual launch of the "National Radon Action Month" in November 2014 as part of an annual collaborative multi-stakeholder radon outreach campaign to help increase awareness on the risks, health impacts and mitigation strategies related to indoor radon exposure.
- Maintain a database of indoor radon concentrations and update as new information is acquired.
- Inform Canadians, through outreach and engagement activities, on the health risks posed by radon in indoor air and how to reduce those risks.

## Sub-Program 2.6.2: *Radiation Emitting Devices*

Under the authority of the *Radiation Emitting Devices Act*, this program regulates radiation emitting devices, such as equipment for clinical/analytical purposes (X-rays, mammography, ultrasound), microwaves, lasers, and tanning equipment.

In the delivery of this program, key activities include: compliance assessment of radiation emitting devices at federally regulated facilities, research into the health effects of radiation (including noise, ultraviolet, and non-ionizing radiation from wireless devices such as cell phones and WiFi equipment); and, development of standards and guidelines for the safe use of radiation emitting devices.

The program provides expert advice and information to Canadians, as well as to other Health Canada programs, federal Departments, and provincial authorities so that they may fulfil their legislative mandates.

The program objective is to manage the risks to the health of Canadians from radiation emitting devices.

#### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
5,413,387	4,976,591	4,981,890

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
38	37	36

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Canadians have timely access to information on the health risks related to consumer and clinical radiation emitting devices.	% of public inquiries responded to within 5 business days.	90	March 31, 2015
Institutions are enabled to take necessary action against radiation emitting devices that are non-compliant.	% of assessment and/or inspection reports completed upon request from institutions.	90	March 31, 2015

#### Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2014-15:

- Develop and/or amend guidelines, regulations and safety codes for the safe use of radiation emitting devices, as required.
- Implement a cyclical enforcement plan for radiation emitting devices regulated under the *Radiation Emitting Devices Act* to assess a selection of these devices to ensure they are compliant with the Act.

### Sub-Program 2.6.3: *Dosimetry Services*

The Dosimetry Services program monitors, collects information, and reports on the exposure to radiation of its clients, occupational radiation workers under the licence of the Canadian Nuclear Safety Commission's *Nuclear Safety and Control Act* and/or provincial/territorial regulations.

Dosimetry is the act of measuring or estimating radiation doses and assigning those doses to individuals.

The National Dosimetry Services provides radiation monitoring services on a cost-recovery basis to Canadians exposed to ionising radiation in their places of work, and, the National Dose Registry, provides a centralized radiation dose record system.

The program objective is to ensure that Canadians exposed to radiation in their places of work who are monitored by the Dosimetry Services program are informed of their radiation exposure levels.

#### **Budgetary Financial Resources (dollars)**

<b>2014-15 Planned Spending</b>	<b>2015-16 Planned Spending</b>	<b>2016-17 Planned Spending</b>
694,415	694,415	694,415

#### **Human Resources (FTEs)**

<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
72	72	72

#### **Performance Measurement**

<b>Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>	<b>Date to be Achieved</b>
Occupational radiation workers and their employers are informed of their exposure level.	% of dosimeters reported within 10 days of receiving client dosimeters.	90	March 31, 2015
	% of dose history reports sent to clients within 10 days of receipt of request.	100	March 31, 2015
	% of overexposure readings reported to Regulatory Authorities within 24 hours of dose information received into the National Dose Registry.	100	March 31, 2015

#### **Planning Highlights**

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2014-15:

- Inform and maintain records for occupational radiation workers, who are monitored by the National Dosimetry Services, and their employers of their radiation exposure levels.

## Program 2.7: *Pesticides*

The *Pest Control Products Act* provides Health Canada with the authority to regulate and register pesticides, under the Pesticides program.

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

Health Canada is also an active partner in international efforts (e.g., North American Free Trade Agreement; Organisation for Economic Cooperation and Development, Regulatory Cooperation Council) to align regulatory approaches. These engagements provide access to the best science available to support regulatory decisions and promote consistency in the assessment of pesticides.

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

### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
40,651,125	40,651,125	40,214,339	35,329,505

### Human Resources (FTEs)

2014-15	2015-16	2016-17
512	511	477

\* Current funding for the Chemicals Management Plan which is a time limited spending authority sunsets at the end of 2015-16. The Government of Canada reassesses these priorities as required.

### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Industry meets the Canadian regulatory requirements for new pesticides.	% of submissions that meet regulatory requirements.	80	March 31, 2015
Pesticides in the marketplace continue to meet modern scientific standards.	% of registered pesticides that are re-assessed according to the Re-evaluation Work Plan.	80	March 31, 2015
International collaboration is leveraged to maximize access to global science for the risk assessment of	% of new pesticides reviewed in collaboration with international partners.	80	March 31, 2015

Expected Results	Performance Indicators	Targets	Date to be Achieved
pesticides.			



## Planning Highlights

Current funding for the Chemicals Management Plan which is a time limited spending authority sunsets at the end of 2015-16 The Government of Canada reassesses these priorities as required.

In addition to the expected results identified in the Program description, efforts under this program will contribute to meeting the Department's priorities, in particular Priority II, described in the section [Organizational Priorities](#). The Department will also manage risks related to the design and reform of regulatory systems, providing relevant, effective and timely communications and engagements with stakeholders, clients and the public and managing information as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following key initiatives in 2014-15:

- Work with trading partners and other international regulatory organizations to reduce regulatory compliance burden and improve work in international science in support of prevention of the risks from the use of pest control products.
- Support more timely access to safer pesticides through effective processes for pre-market registrations, as well as post-market assessments, compliance and enforcement, and outreach activities.
- Continue to implement the re-evaluation program based on a fifteen-year cycle, in accordance with the *Pest Control Products Act*.
- Continue to engage stakeholders while reviewing regulations and legislation, including the *Pest Control Products Act*, to ensure relevance and manage risk associated with sustaining effective regulations in an evolving environment.

In addition to the activities described above, emphasis will be placed on continuing to develop a proposal for a revised cost recovery framework for pesticides.



## Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status

### Program 3.1: *First Nations and Inuit Primary Health Care*

*The Department of Health Act* 1996, and the Indian Health Policy (1979) provide the authority for the delivery of the First Nations and Inuit Primary Health Care program to First Nations and Inuit in Canada. Primary health care includes health promotion and disease prevention, public health protection (including surveillance), and primary care (where individuals are provided diagnostic, curative, rehabilitative, supportive, palliative/end-of-life care, and referral services).

The Department administers contribution agreements and direct Departmental spending related to child development, mental wellness and healthy living, communicable disease control and management, environmental health, clinical and client care, as well as home and community care.

The program objective is to improve the health and safety of First Nations and Inuit individuals, families, and communities.

#### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
853,702,552	853,702,552	772,090,493	731,761,301

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
1,081	990	956

\* Current funding for the Indian Residential Schools Resolution Health Support Program which is a time limited spending authority sunsets in 2015-16. The Government of Canada reassesses these priorities as required.

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Health and safety of First Nations and Inuit are improved.	% of First Nations adults reporting being in excellent or very good health.	45	March 31, 2017
	% of Inuit adults reporting being in excellent or very good health.	50.5	March 31, 2017
	% of primary health care programs delivered to First Nations and Inuit that incorporate cultural approaches into	80	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to be Achieved
	programming.		

### Planning Highlights

Current funding for the Indian Residential Schools Resolution Health Support Program which is a time limited spending authority sunsets in 2015-16. The Government of Canada reassesses these priorities as required.

Program initiatives will contribute to the Department's priorities, in particular Priority III identified in the section [Organizational Priorities](#) with the commitment to continue to strengthen primary care and public health service models, including implementing interdisciplinary teams to ensure access to a continuum of service. The Department will also manage risks related to Health Systems Transformation and the ability to support high quality health services to First Nations and Inuit as described in the section [Risk Analysis](#).

Key initiatives in 2014-15 include:

- Test and finalize standards and related indicators across all program and service areas and align funding approaches accordingly.
- Further enhance models of primary health care in remote and isolated First Nations communities with the goal of re-orienting current practices to support modern, sustainable, high quality health care for First Nations communities. Two key examples of HC's work include the adoption, implementation and dissemination of a case management model in primary care, and work to increase local access to physicians for First Nations and Inuit living in remote and isolated communities.

### Sub-Program 3.1.1: *First Nations and Inuit Health Promotion and Disease Prevention*

The First Nations and Inuit Health Promotion and Disease Prevention program delivers health promotion and disease prevention services to First Nations and Inuit in Canada.

The program administers contribution agreements and direct Departmental spending for culturally appropriate community-based programs, services, initiatives, and strategies. In the delivery of this program, the following three key areas are targeted: healthy child development; mental wellness; and healthy living.

The program objective is to address the healthy development of children and families, to improve mental wellness, and to reduce the impacts of chronic disease on First Nations and Inuit individuals, families, and communities.

**Budgetary Financial Resources (dollars)**

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
465,019,189	379,544,144	331,525,205

**Human Resources (FTEs)**

2014-15	2015-16	2016-17
257	165	133

\* Current funding for the Indian Residential Schools Resolution Health Support Program which is a time limited spending authority sunsets in 2015-16. The Government of Canada reassesses these priorities as required.

**Performance Measurement**

Expected Results	Performance Indicators	Targets	Date to be Achieved
The capacity of First Nations and Inuit communities to deliver community-based health promotion and disease prevention programs and services is maintained.	# of workers who completed training during the reporting year for Healthy Child Development programs (specifically Maternal Child Health) (baseline 423).	423	March 31, 2015
	# of workers who completed training for healthy living programs (specifically Aboriginal Diabetes Initiatives - Community Diabetes Prevention Workers) (baseline 455).	455	March 31, 2015
	% of addictions counsellors in treatment centres who are certified workers.	77	March 31, 2015

**Planning Highlights**

A plan for meeting key Departmental Priority III described in the section [Organizational Priorities](#) builds on the progress made and continue to improve the quality and availability of comprehensive mental health and addictions services, including defining service levels, standards and indicators.

Key initiatives in 2014-15 include:

- Continue the implementation of *Honouring our Strengths Addictions Framework* and finalize the *First Nations Mental Wellness Continuum Framework*.
- Continue to support regions and communities with knowledge exchange and evaluations of the Mental Wellness Teams.

- Continue working with Inuit partners on a specific Inuit Mental Wellness Continuum Framework.
- Develop a 5-year Prescription Drug Abuse Plan.
- Support implementation of the *Chronic Disease Prevention and Management Framework*.
- Engage partners to implement the *First Nations and Inuit Component of the Federal Tobacco Control Strategy*.

## Sub-Program 3.1.2: *First Nations and Inuit Public Health Protection*

The First Nations and Inuit Public Health Protection program delivers public health protection services to First Nations and Inuit in Canada. In the delivery of this program, the key areas of focus are communicable disease control and management, and environmental public health.

The First Nations and Inuit Public Health Protection program administers contribution agreements and direct Departmental spending to support initiatives related to communicable disease control and environmental public health service delivery, including public health surveillance, research, and risk analysis. Communicable disease control and environmental public health services are targeted to on-reserve First Nations, with some support provided in specific instances, (e.g., to address tuberculosis), in Inuit communities south of the 60<sup>th</sup> parallel. Environmental public health research, surveillance, and risk analysis are directed to on-reserve First Nations, and in some cases, (e.g., climate change and health adaptation, and biomonitoring), also to Inuit and First Nations living north of the 60<sup>th</sup> parallel.

Surveillance data underpins these public health activities and all are conducted with the understanding that social determinants play a crucial role. To mitigate impacts from factors beyond the public health system, the program works with First Nations, Inuit, and other organizations.

The program objective is to address human health risks for First Nations and Inuit communities associated with communicable diseases and exposure to hazards within the natural and built environments by increasing community capacity to respond to these risks.

### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
124,826,210	128,833,233	131,090,918

### Human Resources (FTEs)

2014-15	2015-16	2016-17
255	255	253

## Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
The community capacity to respond to health emergencies is improved.	% of First Nations communities with integrated Pandemic Preparedness/ Response Plans and Emergency Preparedness/ Readiness Plans.	75	March 31, 2015
Environmental health risks relating to water quality are reduced.	% of on-reserve public water systems that met weekly national testing guidelines for bacteriological parameters (e.g. based on testing frequency recommended in the <i>Guidelines for Canadian Drinking Water Quality</i> ).	50.6*	March 31, 2016
	% of First Nations communities that have access to a trained Community-based Drinking Water Quality Monitor or an Environmental Health Officer to monitor their drinking water quality.	100	March 31, 2016

\* This target reflects an increase from the 2009-10 baseline of 44% monitoring frequency. Health Canada is committed to quality drinking water and steps are being taken to improve monitoring compliance. Health Canada works closely with the independent Community-based Drinking Water Quality Monitors (CBWM), who are responsible for sampling drinking water at tap, encouraging them to apply the recommended weekly bacteriological drinking water monitoring frequency set out in the *Guidelines for Canadian Drinking Water Quality* for Public Water Systems. Additionally, steps have been taken to strengthen community capacity including, adding a training program for community workers and increasing the number of follow-up actions with communities. These steps have improved the quality and reliability of the water quality data.



## Planning Highlights

A plan for meeting Priority III described in the section [Organizational Priorities](#) is to advance collaborative efforts with provinces/territories and First Nations and Inuit to build on the progress made in communicable disease control and management, and environmental public health. Through these collaborative relationships Health Canada is also managing risks related to health systems transformation as described in the section [Risk Analysis](#).

As part of this sub-program, examples of key initiatives in 2014-15 include:

- Enhance First Nations and Inuit public health protection; such as: completing the *Sexually Transmitted and Blood-Borne Infection (STBBI) Framework* which aims to facilitate and guide the development and function of Health Canada's STBBI programming for First Nations on-reserve.

- Develop and disseminate a monitoring and performance framework for FNIHB tuberculosis programming; and a continuation of tuberculosis awareness campaigns for First Nations and Inuit communities.
- Continue to fund community-based research and assessment projects that enable northern First Nations and Inuit communities to develop climate change adaptation strategies and action plans.
- Develop the regulations related to water and waste water under the newly introduced *Safe Drinking Water for First Nations Act* working with Aboriginal Affairs and Northern Development and First Nations.
- Continue ensuring ongoing access to a trained community-based Water Monitor or Environmental Health Officer.

### Sub-Program 3.1.3: *First Nations and Inuit Primary Care*

The First Nations and Inuit Primary Care program administers contribution agreements and direct Departmental spending. These funds are used to support the staffing and operation of nursing stations on-reserve, dental therapy services and home and community care programs in First Nations and Inuit communities, and on-reserve hospitals in Manitoba, where services are not provided by provincial/territorial health systems. Care is delivered by a collaborative health care team, predominantly nurse-led, providing integrated and accessible health care services that include: assessment; diagnostic; curative; case-management; rehabilitative; supportive; respite; and, palliative/end-of-life care.

Key activities supporting program delivery include Clinical and Client Care in addition to Home and Community Care.

The program objective is to provide primary care services to First Nations and Inuit communities.

#### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
263,857,153	263,713,116	269,145,178

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
569	569	569

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Primary care services based on assessed need are provided to First Nations and Inuit	Utilisation rate per 1,000 eligible on-reserve population (home and community care and	365.8	March 31, 2015

Expected Results	Performance Indicators	Targets	Date to be Achieved
communities.	clinical and client care).		
Coordinated responses to primary care services.	% of First Nations communities with collaborative service delivery arrangements with external primary care service providers.	50	March 31, 2015

### Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority III described in the section [Organizational Priorities](#) with a commitment to continue to strengthen primary care and public health service models in First Nations and Inuit communities.

As part of this sub-program, Health Canada will undertake the following key initiatives in 2014-15:

- Implement a *Nursing Recruitment and Retention Strategy*.
- Initiate the accreditation of three nursing stations in 2014-15 and modernization of clinical practice guidelines.
- Strengthen primary care, by engaging partners, to improve clinical and client care.

### Program 3.2: *Supplementary Health Benefits for First Nations and Inuit*

Under the Supplementary Health Benefits for First Nations and Inuit program, the Non-Insured Health Benefits (NIHB) Program provides registered First Nations and recognized Inuit residents in Canada with a specified range of medically necessary health-related goods and services, which are not otherwise provided to eligible clients through other private or provincial/territorial programs. NIHB include: pharmaceuticals; medical supplies and equipment; dental care; vision care; short term crisis intervention mental health counselling; and, medical transportation to access medically required health services not available on-reserve or in the community of residence. The NIHB Program also pays health premiums on behalf of eligible clients in British Columbia (as of July 2013, NIHB will no longer pay premiums for First Nations residents of British Columbia, who will become clients of the First Nations Health Authority in accordance with the British Columbia Tripartite Health Agreement and sub-agreements).

Benefits are delivered through registered, private sector health benefits providers (e.g., pharmacists and dentists) and funded through NIHB's electronic claims processing system or through regional offices. Some benefits are also delivered via contribution agreements with First Nations and Inuit organizations and the territorial governments in Nunavut and Northwest Territories.



The program objective is to provide non-insured health benefits to First Nations and Inuit people in a manner that contributes to improvements in their health status to be comparable to that of the Canadian population.

This program uses funding from the following transfer payment: First Nations and Inuit Supplementary Health Benefits.

#### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
1,133,324,859	1,133,324,859	1,084,380,043	1,085,674,833

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
491	491	491

\* In Budget 2013, the Government committed to stable funding and growth for Supplementary Health Benefits for First Nations and Inuit. The growth amount is confirmed annually based on prior year spending reported in the Public Accounts of Canada. Therefore, the 2015-16 and 2016-17 Planned Spending amounts will be determined in future Estimates.

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
First Nations and Inuit have access to non-insured health benefits.	% of eligible First Nations and Inuit population who accessed at least one Non-Insured Health Benefit.	72	March 31, 2015

#### Planning Highlights

A key priority for Health Canada is supporting effective access to non-insured health benefits to First Nations and Inuit as described under Priority III in the section [Organizational Priorities](#). As such, Health Canada offers health benefits coverage to over 926,000 eligible First Nations people and Inuit all while managing the risk to deliver high quality health services to First Nations as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following key initiatives in 2014-15:

- Develop and implement a 5-year management plan for Supplementary Health Benefits.
- Continue to build on the developed strategy to help address prescription drug abuse and on current client safety activities such as monitoring and surveillance of prescription drug utilization and prescribing patterns and placing restrictions on opioids and other drugs of concern.
- Continue to provide claims processing and associated services in the pharmacy, medical supplies and equipment and dental benefits areas in order to support the implementation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance*. Health Canada will act as a claims adjudicator and claims processing service.



provider to the British Columbia First Nations Health Authority as a transitional measure for these benefits.

### Program 3.3: *Health Infrastructure Support for First Nations and Inuit*

The *Department of Health Act 1996*, and the Indian Health Policy (1979) provide the authority for the Health Infrastructure Support for First Nations and Inuit program to administer contribution agreements and direct Departmental spending to support the delivery of health programs and services.

The program promotes First Nation and Inuit capacity to design, manage, deliver, and evaluate health programs and services. To better meet the unique health needs of First Nations and Inuit individuals, families, and communities this program also supports: innovation in health program and service delivery; health governance partnerships between Health Canada, the provinces, and First Nation and provincial health services; and, improved integration of First Nation and provincial health services.

The program objective is to help improve the health status of First Nations and Inuit people, to become comparable to that of the Canadian population over the long-term.

#### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
604,177,779	604,177,779	612,878,547	642,251,531

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
125	98	98

\* The fluctuating resources is due to the sunseting of funding for various federal aboriginal health programs which are time limited spending authorities that are being offset by an increase in funding for the British Columbia Tripartite Initiative. Under this initiative, the First Nations Health Authority (FNHA) is responsible for the design, management and delivery of all federally funded health programs and services for First Nations in British Columbia. There are no FTEs attached to this funding since the FNHA will hire its own staff to deliver these programs and services.

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Innovative and integrated health governance relationships are increased.	% of provinces/territories with multi-jurisdictional agreements to jointly plan, deliver and/or fund integrated health services for aboriginal Canadians.	100	March 31, 2015
The capacity of First Nations and Inuit to influence and/or control (design, deliver, and manage) health	# of communities that have flexible or block funding agreements (i.e. communities that design, deliver and manage their	310	March 31, 2016

Expected Results	Performance Indicators	Targets	Date to be Achieved
programs and services is improved.	health programs and services) (baseline 300).		

### Planning Highlights

Plans in support of Priority III described in the section [Organizational Priorities](#) include advancing collaborative efforts with provinces/territories and First Nations and Inuit to ensure quality service delivery. Much of the ongoing work under this program activity involves engagement and coordination of health infrastructure initiatives with partners, particularly the Assembly of First Nations, the Inuit Tapiriit Kanatami, the Public Health Agency of Canada and Aboriginal Affairs and Northern Development Canada. Through collaboration efforts, partners explore and develop approaches in areas of mutual interest for advancing First Nations and Inuit health, guide health survey research and analysis, and seek to harmonize or improve the practices and systems that Departments use to manage contribution agreements. Fluctuating resources are attributable to the sunseting of funding for various federal aboriginal health programs which are time limited spending authorities that are being offset by an increase in funding for the British Columbia Tripartite Initiative.

As part of this program, Health Canada will undertake the following key initiatives in 2014-15:

- Working closely with Aboriginal Affairs and Northern Development Canada to align and streamline processes where possible and examining these processes with First Nations.
- Build upon the expertise of Aboriginal Affairs and Northern Development Canada to implement a harmonized risk management approach, common default prevention and management.
- Work on common reporting requirements to develop and implement a single federal standardized financial reporting protocol.
- Implement eHealth tools (such as electronic health records) in communities with community health professionals having access to a range of clinical and program support tools including integrated client medical records, and develop an information management system related to clinical client care.
- Advance the deployment and use of interoperable emerging technologies in clinical and public health services and management.
- Continue to have an ongoing role as funder and governance partner with the First Nations Health Authority now responsible for the design, management and delivery of all federally-funded health programs and services for First Nations in British Columbia.

### Sub-Program 3.3.1: *First Nations and Inuit Health System Capacity*

The First Nations and Inuit Health System Capacity program administers contribution agreements and direct Departmental spending focussing on the overall management and implementation of health programs and services.

This program supports the promotion of First Nations and Inuit participation in: health careers including education bursaries and scholarships; the development of, and access to health research; information and knowledge to inform all aspects of health programs and services; and, the construction and maintenance of health facilities. This program also supports efforts to develop new health governance structures with increased First Nations participation.

Program engagement includes a diverse group of partners, stakeholders, and clients including: First Nations and Inuit communities, district and tribal councils; national Aboriginal organizations and non-governmental organizations; health organizations; provincial and regional health Departments and authorities; post-secondary educational institutions and associations; and, health professionals and program administrators.

The program objective is to improve the delivery of health programs and services to First Nations and Inuit by enhancing First Nations and Inuit capacity to plan and manage their programs and infrastructure.

#### **Budgetary Financial Resources (dollars)**

<b>2014-15 Planned Spending</b>	<b>2015-16 Planned Spending</b>	<b>2016-17 Planned Spending</b>
165,357,063	167,135,203	173,380,513

#### **Human Resources (FTEs)**

<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
68	57	57

#### **Performance Measurement**

<b>Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>	<b>Date to be Achieved</b>
Quality in the delivery of programs and services is improved.	# of communities accessing accredited health services (baseline 59).	77	March 31, 2015
Health facilities managed by First Nations and Inuit are safe.	% of health facilities subject to an Integrated Facility Audit that do not have critical property issues (baseline 55).	58	March 31, 2015

#### **Planning Highlights**

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority III described in the section [Organizational Priorities](#), with a commitment emphasizing collaborative and/or horizontal work with Aboriginal Affairs and Northern Development Canada, the Health Portfolio and other key partners.

As part of the sub-program, Health Canada will undertake the following key initiatives in 2014-15:

- Collaborate with Aboriginal Affairs and Northern Development Canada on an integrated approach to facilities building and management.
- Collaborate with other federal Departments that work with First Nations to have a common integrated approach to community development that will benefit First Nations.

In addition to the above, the sub-program will also contribute to the Departmental Priority III with plans of improving the availability of, and access to high quality data to better inform decision making, and performance measurement and reporting.

As part of the sub-program, Health Canada will also undertake the following key initiatives in 2014-15:

- Advancing a surveillance and information framework that is aligned with First Nations/Inuit/ provincial/territorial surveillance strategies and relevant at the community and regional levels.

### **Sub-Program 3.3.2: *First Nations and Inuit Health System Transformation***

The First Nations and Inuit Health System Transformation program integrates, coordinates, and develops innovative publicly funded health systems serving First Nations and Inuit individuals, families, and communities through the administration of contribution agreements and direct Departmental spending.

This program includes the development of innovative approaches to primary health care, sustainable investment in appropriate technologies that enhance health service delivery, and support for the development of new governance structures and initiatives to increase First Nations and Inuit participation in, and control over, the design and delivery of health programs and services in their communities.

Through this program, Health Canada engages and works with a diverse group of partners, stakeholders, and clients including: First Nations and Inuit communities, tribal councils, Aboriginal organizations, provincial and regional health Departments and authorities, post-secondary educational institutions and associations, health professionals and program administrators.

The program objective is that First Nations and Inuit health systems are more effective and efficient.

**Budgetary Financial Resources (dollars)**

<b>2014-15 Planned Spending</b>	<b>2015-16 Planned Spending</b>	<b>2016-17 Planned Spending</b>
40,194,557	25,192,747	25,190,138

**Human Resources (FTEs)**

<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
57	41	41

\* Current funding for various federal aboriginal health programs which are time limited spending authorities sunsets in 2014-15. The Government of Canada reassesses these priorities as required.

**Performance Measurement**

<b>Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>	<b>Date to be Achieved</b>
Key stakeholders in Aboriginal health are engaged in the integration of health services.	% of Provincial/ Territorial Advisory Committees in which key stakeholders in the integration of health services (First Nations and Inuit/Provincial/ Territorial) are represented.	100	March 31, 2015

**Planning Highlights**

Plans in support of Priority III described in the section [Organizational Priorities](#) include emphasizing collaborative horizontal work with Aboriginal Affairs and Northern Development Canada, the health portfolio and other key partners to engage in collaborative work to integrate systems and streamline processes to facilitate system transformation.

As part of the sub-program, Health Canada will undertake the following key initiatives in 2014-15:

- Collaborate with Aboriginal Affairs and Northern Development Canada to develop a single general assessment tool to support funding agreements.
  - Health Canada funds collaborative efforts with provinces on the expansion of eHealth technology that will increase the overall effectiveness of the provision of services on reserves. The impacts of these new technologies will be assessed over the next 5 years. For example, Health Canada is expanding telehealth sites, is continuing to support existing health centers with electronic medical records sites, and is completing a pilot electronic medical records rollout in operative nursing stations. In addition, Health Canada is working with First Nations to deploy Panorama, a public health surveillance system.

### Sub-Program 3.3.3: *Tripartite Health Governance*

Health Canada's longer-term policy approach aims to achieve closer integration of federal and provincial health programming provided to First Nations, as well as to improve access to health programming, reduce instances of service overlap and duplication, and increase efficiency where possible.

The British Columbia Tripartite Initiative consists of an arrangement among the Government of Canada, the Government of British Columbia, and British Columbia First Nations. In 2011, the federal and provincial Ministers of Health and British Columbia First Nations signed the legally-binding British Columbia Tripartite Framework Agreement on First Nation Health Governance. Effective October 1, 2013, the First Nations Health Authority (FNHA) became responsible for the design, management and delivery of all federally funded health programs and services for First Nations in British Columbia.

The First Nations Health Authority (FNHA) has the responsibility for design, management, and delivery/funding of First Nations health programming in British Columbia. The FNHA is controlled by First Nations and will work with the province to coordinate health programming. It may design or redesign health programs according to its health plans. Health Canada will remain a funder and governance partner but no longer has any role in program design/delivery.

Funding under this program is limited to the FNHA for the implementation of the British Columbia Tripartite Framework Agreement.

The program objective is to enable the newly formed FNHA to develop and deliver quality health services that feature closer collaboration and integration with provincial health services.

This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

#### Budgetary Financial Resources (dollars)

2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
398,626,159	420,550,597	443,680,880

#### Human Resources (FTEs)

2014-15	2015-16	2016-17
0	0	0

#### Performance Measurement

Expected Results	Performance Indicators	Targets	Date to be Achieved
Reciprocal accountability amongst tripartite governance	% of planned partnership and engagement activities implemented, as	100	March 31, 2016

Expected Results	Performance Indicators	Targets	Date to be Achieved
partners, as stated in section 2.2 of the British Columbia Tripartite Framework Agreement on First Nations Health Governance.	committed in section 8 of the British Columbia Tripartite Framework Agreement.		

## Planning Highlights

Health Canada will, in support of Priority III described in the section [Organizational Priorities](#), advance collaborative efforts with provinces/territories and First Nations and Inuit to ensure quality health services. In doing so, the Department will also manage risks related to Health Systems Transformation and the Ability to support high quality health services to First Nations and Inuit as described in the section [Risk Analysis](#).

As part of this sub-Program, Health Canada will undertake the following key initiatives in 2014-15:

- Continue to support the implementation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance*.
- Work with the province of Saskatchewan, the Federation of Saskatchewan Indian Nations, communities and other important partners to support the implementation of the *Saskatchewan First Nations Health and Wellness Plan*.
- Work with the Government of Nunavut and the Public Health Agency of Canada to improve the oral health of children in Nunavut.

## Internal Services

Internal Services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; Acquisition Services; and Other Administrative Services. Internal Services include only those activities and resources that apply across an organization and not to those provided specifically to a program.

### Budgetary Financial Resources (dollars)

2014-15 Main Estimates	2014-15 Planned Spending	2015-16 Planned Spending	2016-17 Planned Spending
271,484,025	271,531,249	264,293,347	251,898,335



**Human Resources (FTEs)**

2014-15	2015-16	2016-17
2,082	2,063	1,983

**Planning Highlights**

Health Canada and the Public Health Agency of Canada (PHAC) continue to participate in a Shared Services Partnership. In this partnership, each organization retains responsibility for different internal services and corporate functions while working to deliver equitable services (human resources, information management, information technology, real property, security, accounting and procurement) to both organizations. Through this partnership, Health Canada and PHAC will:

- Harmonize policies and processes to provide open and transparent access and exchange of information on Health Canada and PHAC programs, policies and regulations; and, to optimise technology to deliver consistent and cost-effective services for internal functions. Some of this work will be driven by Health Canada's Regulatory Transparency and Openness Framework.
- Implement government-wide modernization and transformative initiatives to support Departmental business and programs, including:
  - Moving to a common email platform and an upgraded desktop operating system in 2014.
  - Improving readiness to implement a Government of Canada records management system in 2015.
  - Moving from landline to wireless technologies, and standardizing and modernizing work stations to reflect evolving workplace and workforce needs.
  - Participate in a multi-Departmental initiative (led by the Canada Border Services Agency) to implement a single window through which importers can electronically submit information necessary to comply with government import regulations.

In addition to the Partnership, Health Canada will undertake the following initiatives that will serve to improve internal processes and provide better services to Canadians and clients:

- Renew its investment plan in 2014-15, focusing on IM/IT and real property investments in support of enhancing the quality and efficiency of program delivery.
- Develop innovative communications products, services and channels.
- Enhance risk and emergency communications.
- Modernize financial management practices to meet emerging Central Agency and Departmental needs.
- Migrate to the Aboriginal Affairs and Northern Development Canada's Grants and Contributions Information Management System (GCIMS), an automatized system strengthening data collection and performance measurement.



Health Canada is a participant in the 2013-16 Federal Sustainable Development Strategy and contributes to Theme IV (Greening Government Operations) targets through the internal services program. The Department plans to:

- Reduce the Departmental greenhouse gas emissions from its fleet by 20% below 2005 levels by 2020.
- Achieve an industry-recognized level of high environmental performance in Government of Canada real property projects and operations.
- Take action to embed environmental considerations into public procurement, in accordance with the federal Policy on Green Procurement.
- Develop an approach to maintain or improve the sustainability of its workplace operations.
- Take further action to improve water management within its real property portfolio.

Additional details on Health Canada's activities can be found in the [Greening Government Operations Supplementary Information Table<sup>xx</sup>](#).

## Section III: Supplementary Information

### Future-Oriented Statement of Operations

The future-oriented condensed statement of operations presented in this subsection is intended to serve as a general overview of Health Canada's operations. The forecasted financial information on expenses and revenues are prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the Future-Oriented Statement of Operations is prepared on an accrual accounting basis and the forecast and planned spending amounts presented in other sections of this report are prepared on an expenditure basis, amounts will differ.

A more detailed Future-Oriented Statement of Operations and associated notes, including a reconciliation of the net costs of operations to the requested authorities, can be found on Health Canada's website.

#### Future-Oriented Condensed Statement of Operations For the Year Ended March 31 (dollars)

Financial Information	Estimated Results 2013-14	Planned Results 2014-15	Change
Total Expenses	4,131,778,447	3,997,905,689	133,872,758
Total Revenues	269,263,750	271,622,921	2,359,171
Net Cost of Operations	3,862,514,697	3,726,282,768	136,231,929

Health Canada is projecting \$3,997.9M in expenses based on 2014-15 Main Estimates and accrued information. This amount does not include supplementary estimates.

This decrease is primarily attributable to:

- Decrease due to operating budget carry forward from 2012-13 and 2013-14 pay list expenditures, which are not included in ongoing authorities.
- Decrease due to the expiration of certain time-limited spending authorities. The Government of Canada reassesses these priorities as required.
- Decrease for savings expected to be achieved through simplifying and streamlining operations (Economic Action Plan 2012) which include:
  - Refocusing government programs to better align spending with the priorities of Canadians; and
  - Modernizing and streamlining back office administrative functions.

These decreases are partially offset by the following increases:

- Increase for the stabilization of First Nations Inuit Health programming funding as per Budget 2013.
- Increase related to the implementation of the BC Tripartite Framework Agreement on First Nation Health Governance for the transfer of the responsibility for First Nations health programming in British Columbia to the First Nations Health Authority.

The 2014-15 planned expenses by Strategic Outcome are as follows:

- A health system responsive to the needs of Canadians \$326.3M.
- Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating \$656.6M.
- First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status \$2,717.8M.
- Internal services \$299.9M.

Health Canada receives most of its funding through annual Parliamentary appropriations. Health Canada's revenue is generated by program activities that support the above-noted Strategic Outcomes. Health Canada projects total revenues in 2014-15 to be \$271.6M, representing a modest increase of \$2.4M over 2013-14 projections.

Main sources of revenues by type are as follows:

- Services of a regulatory nature \$60.3M.
- Rights and privileges \$51.9M.
- Services of a non-regulatory nature \$209.7M.

Of these revenues, \$50.7M is earned on behalf of the Government.

The Future-Oriented Statement of Operations can be found on Health Canada's website at: <http://www.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2014-2015/smr-drd-eng.php><sup>xxi</sup>

## List of Supplementary Information Tables

The supplementary information tables listed in the *2014–15 Report on Plans and Priorities* can be found on the [Health Canada's website](#)<sup>xxii</sup>.

- Details on Transfer Payment Programs (TPP).
- Disclosure of TPPs under \$5 million.
- Up-Front Multi-Year Funding.
- Greening Government Operations.
- Horizontal Initiatives.
- Upcoming Internal Audits and Evaluations over the next three fiscal years.

## Tax Expenditures and Evaluations

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance publishes cost estimates and projections for these measures annually in the [\*Tax Expenditures and Evaluations\*](#)<sup>xxiii</sup> publication. The tax measures presented in the Tax Expenditures and Evaluations publication are the sole responsibility of the Minister of Finance.

## Section IV: Organizational Contact Information

### **Marc Desjardins**

Director General

Health Canada

DIRECTOR GENERAL'S OFFICE

200 Eglantine Driveway, Tunney's Pasture

Ottawa, Ontario K1A 0K9

Canada

Telephone : 613-948-6357

Fax : 613-946-0807

marc.desjardins@hc-sc.gc.ca

## Endnotes

- i Treasury Board of Canada Secretariat, <http://www.tbs-sct.gc.ca/>
- ii Treasury Board Secretariat Estimates Publications and Appropriation Acts, <http://publiservice.tbs-sct.gc.ca/ems-sgd/esp-pbc/esp-pbc-eng.asp>
- iii Selected Departmental Performance Reports for 2008-2009 – Department of Industry, Department of Transport. Report of the Standing Committee on Public Accounts, September 2010, <http://www.parl.gc.ca/HousePublications/Publication.aspx?Mode=1&Parl=40&Ses=3&Language=E&DocId=4653561&File=0>.
- iv Strengthening Parliamentary Scrutiny of Estimates and Supply. Report of the Standing Committee on Government and Operations Estimates, June 2012, <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5690996&Language=E&Mode=1&Parl=41&Ses=1>.
- v Whole-of-government framework, <http://publiservice.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx>
- vi List of Acts and Regulations <http://www.hc-sc.gc.ca/ahc-asc/legislation/acts-reg-lois/acts-reg-lois-eng.php>
- vii Whole-of-government framework, <http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx>
- viii 2014-15 Main Estimates, <http://www.tbs-sct.gc.ca/ems-sgd/esp-pbc/esp-pbc-eng.asp>
- ix 2013-16 Federal Sustainable Development Strategy, <http://www.ec.gc.ca/dd-sd/default.asp?lang=En&n=A22718BA-1>
- x 2014-15 Departmental Sustainable Development Strategy, <http://www.hc-sc.gc.ca/ahc-asc/pubs/sd-dd/2011-2015-strateg-performance-2014-15-eng.php>

- xi. Federal Sustainable Development Strategy, <http://www.ec.gc.ca/dd-sd/Default.asp?lang=En&n=C2844D2D-1>
- xii. Canada Health Infoway, <https://www.infoway-inforoute.ca/>
- xiii. Canadian Institute for Health Information, <http://www.cihi.ca/CIHI-ext-portal/internet/EN/Home/home/cihi000001>
- xiv. Canadian Agency for Drugs and Technologies in Health, <http://www.cadth.ca/>
- xv. Canadian Patient Safety Institute, <http://www.patientsafetyinstitute.ca/English/Pages/default.aspx>
- xvi. Canadian Foundation for Healthcare Improvement, <http://www.cfhi-fcass.ca/home.aspx>
- xvii. Canadian Partnership Against Cancer, <http://www.partnershipagainstcancer.ca/>
- xviii. Brain Canada Foundation, <http://braincanada.ca/>
- xix. Mental Health Commission of Canada, <http://www.mentalhealthcommission.ca/>
- xx. Greening Government Operations Supplementary Information Table, <http://www.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2014-2015/supplement-eng.php>
- xxi. Future-Oriented Statement of Operations, <http://www.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2014-2015/smr-drd-eng.php>
- xxii. Supplementary Information Tables, <http://www.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2014-2015/supplement-eng.php>
- xxiii. Government of Canada Tax Expenditures, <http://www.fin.gc.ca/purl/taxexp-eng.asp>