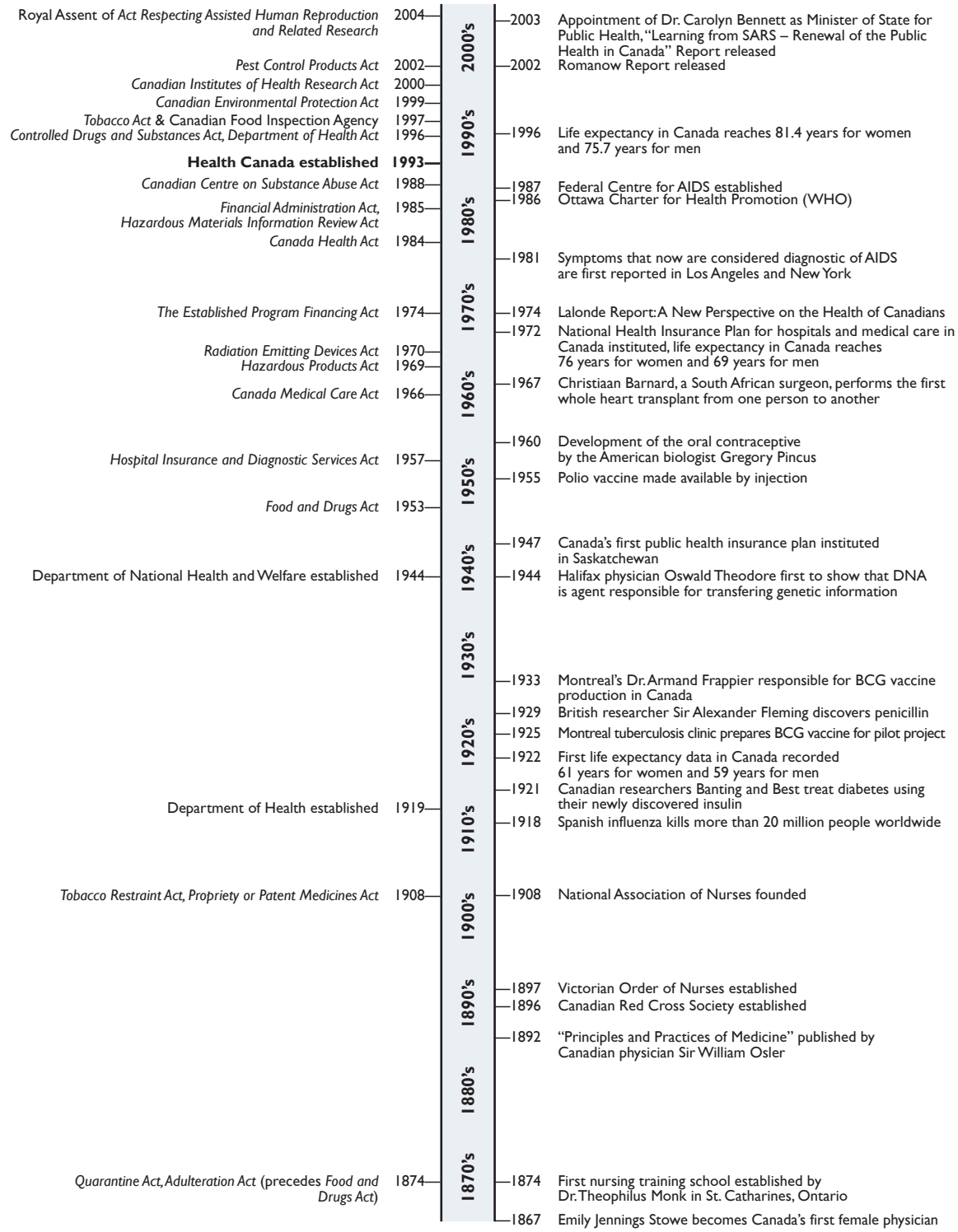
Health Canada

2004-2005 Estimates

Part III - Report on Plans and Priorities

Canada's Health History at a Glance



Federal Health Ministers

The Department of Health was established in 1919. Canada's First Minister of National Health was Newton Roswell. Previously, public health matters were handled mainly by the Department of Agriculture. In 1944, the Department of National Health and Welfare was established and in 1993, Health Canada was created.

Minister of Health	Period	Prime Minister
Ujjal Dosanjh	July 20, 2004 – present	Paul Martin Jr.
Pierre Pettigrew	December 12, 2003 – July 19, 2004	Paul Martin Jr.
Anne MacLellan	January 15, 2002 – December 11, 2003	Jean Chrétien
Allan Rock	June 11, 1997 – January 14, 2002	Jean Chrétien
David Dingwall	January 25, 1996 – June 10, 1997	Jean Chrétien
Dianne Marleau	November 4, 1993 – January 24, 1996	Jean Chrétien
Mary Collins	June 25, 1993 – November 3, 1993	Kim Campbell
Benoît Bouchard	April 21, 1991 – June 24, 1993	Brian Mulroney
Perrin Beatty	January 30, 1989 – April 20, 1991	Brian Mulroney
Jake Epp	September 17, 1984 – January 29, 1989	Brian Mulroney
Monique Bégin	March 3, 1980 – September 16, 1984	Pierre Trudeau / John Turner
David Crombie	June 4, 1979 – March 2, 1980	Joe Clark
Monique Bégin	September 18, 1977 – June 3, 1979	Pierre Trudeau
Marc Lalonde	November 27, 1972 – September 17, 1977	Pierre Trudeau
John C. Munro	July 6, 1968 – November 26, 1972	Pierre Trudeau
Allan MacEachen	December 18, 1965 – July 5, 1968	Lester Pearson / Pierre Trudeau
Judy LaMarsh	April 22, 1963 – December 17, 1965	Lester Pearson
Jay Waldo Monteith	August 22, 1957 – April 21, 1963	John Diefenbaker
Alfred Johnson Brooks *	June 21, 1957 – August 21, 1957	John Diefenbaker
Paul Martin Sr.	December 12, 1946 – June 20, 1957	Mackenzie King / Louis St-Laurent
Brooke Claxton	October 18, 1944 – December 11, 1946	Mackenzie King

* Acting Minister of Health

Table of Contents

Section 1:

Minister's Message and Management Representation Statement

Minister's Message

Health care remains the number one priority of Canadians. It is also the top priority of our Government. We will continue to work with Canadians to build a modern, effective, responsive and accountable health care system that is properly funded and clearly sustainable.

The 2004 Speech from the Throne affirmed the government's long-standing commitment to universal, high quality, publicly funded health care, consistent with the principles of the *Canada Health Act*. It also committed us to reforms that are necessary to ensure our health care system will be there to meet the needs of Canadians in the future. We outlined an agenda for action on the health issues that matter most to Canadians. This agenda includes reducing waiting times, improving access to diagnostic services, supporting the evolution of home and community care and developing a national pharmaceuticals strategy. It also involves health promotion and protection.

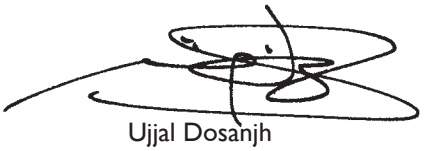
The 2004 Federal Budget delivered on our commitments by providing more predictable funding for health care. In 2004-2005, provinces and territories will receive $25.1 billion through the Canada Health Transfer and a further $2.1 billion in targeted transfers for health reforms, diagnostic and medical equipment, and public health and immunization. Through additional on-going funding, Health Canada will continue to work towards improving the health status of First Nations and Inuit communities, ensuring the safety of consumer and health products, and assisting Canadians in making informed choices about their health.

Achieving our agenda requires more than financial investments. It requires a new vision for shared leadership through more collaborative relationships with provinces and territories, and other health stakeholders. Our partners recognize the advantages of collaborative action and share our commitment to the renewal and transformation of the health care system. Achieving our ambitious agenda also requires the development of an adaptive health system, one that is able to realize new opportunities and meet emerging challenges.

The recent experience with Severe Acute Respiratory Syndrome (SARS) has made clear the need for innovative reforms in the field of public health. Towards this end, a new Public Health Agency of Canada will be established to strengthen Canada's public health and emergency response capacity. This Agency marks an important milestone in the development of our health care system and provides us with a tremendous opportunity to strengthen the federal role in health promotion, protection and prevention.

We enter this new phase in health care with optimism. We look forward to working closely with the provinces and territories to provide Canadians with a health system that is innovative, transparent and results-focussed.

This Report on Plans and Priorities outlines the many programs and initiatives we are undertaking to advance the health priorities of Canadians. It demonstrates our government's commitment to ensuring Canadians have timely access to quality care in the years ahead.



Ujjal Dosanjh
Minister of Health

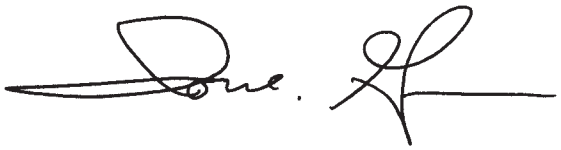
Management Representation Statement

I submit, for tabling in Parliament, the 2004-2005 Report on Plans and Priorities for Health Canada.

This document has been prepared based on the reporting principles and disclosure requirements contained in the *Guide to the preparation of the 2004-2005 Report on Plans and Priorities*:

- It accurately portrays the organization's plans and priorities.
- The planned spending information in this document is consistent with the directions provided in the Minister of Finance's Budget and by the Treasury Board Secretariat.
- It is comprehensive and accurate.
- It is based on sound underlying departmental information and management systems.

The reporting structure on which this document is based has been approved by Treasury Board Ministers and is the basis for accountability for the results achieved with the resources and authorities provided.



Ian C. Green
Deputy Minister
Health Canada
September 2004

Section 2:

Raison d'être

About Health Canada

Health matters deeply to Canadians – to individuals, families and communities – as does Canada's health system, which has become a defining feature of this country. The importance of health to Canadians is grounded in our knowledge of, and experience with, the tremendous benefits of good health to individual well-being and to the well-being of our society and economy. The importance of reducing health inequalities reflects a shared sense of commitment to the health of all Canadians.

Parliament and the Government of Canada recognize the high priority that Canadians place on health, and both have given Health Canada the mandate to address Canada's health agenda. The *Department of Health Act* formally establishes the Department's mandate, while the Minister of Health is also responsible for the direct administration of another 18 laws, which include the *Canada Health Act*, the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Controlled Drugs and Substances Act*.[1] In addition to these legislated responsibilities, the Department has significant science and research, policy development, program and service delivery roles that benefit Canadians.

Our Vision

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

Mission Statement

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

Objectives

By working with others in a manner that fosters the trust of Canadians, Health Canada strives to:

- prevent and reduce risks to individual health and the overall environment;
- promote healthier lifestyles;
- ensure high quality health services that are efficient and accessible;
- integrate renewal of the health care system with longer term plans in the areas of prevention, health promotion and protection;
- reduce health inequalities in Canadian society; and
- provide health information to help Canadians make informed decisions.

Roles

Health Canada plays five core roles in order to realize our vision. In playing these roles identified below, our Department draws on our strengths as a science-based department. We generate knowledge through the

research, analysis and evaluations that we conduct, partner in and support. We also draw on the knowledge that is being generated around the world to help us and others make informed, effective choices across all five roles.

Leader/Partner – through the administration of the *Canada Health Act*, which embodies the key values and principles of Medicare.

Funder – through policy support for the federal government's Canada Health and Social Transfer, replaced on April 1, 2004 by the new Canada Health Transfer. Health Canada also transfers funds to First Nations and Inuit organizations to help them deliver community health services and provides grants and contributions to various organizations which reinforce the Department's health objectives.

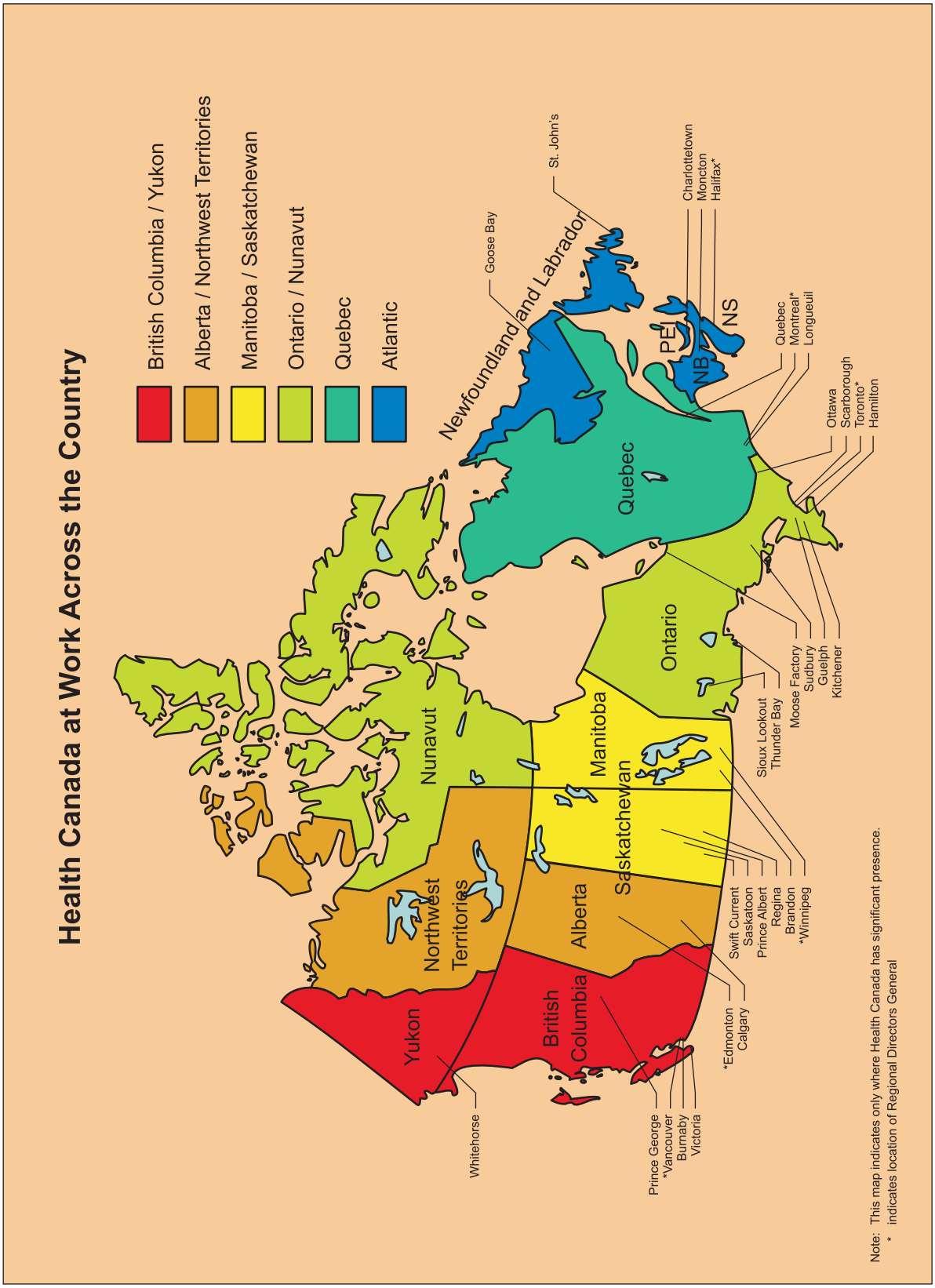
Guardian/Regulator – through a stewardship role that involves both protecting Canadians and facilitating the provision of products vital to the health and well-being of our citizens. Our Department regulates and approves the use of thousands of products, including pesticides, toxic substances, pharmaceuticals, biologics, medical devices, natural health products, consumer goods and foods. We deliver a range of programs and services in environmental health and protection, and have responsibilities in the areas of substance abuse, tobacco policy, workplace health and the safe use of consumer products. As well, Health Canada monitors and tracks diseases and takes action where required.

Service Provider – through the provision of supplementary health benefits to approximately 735,000 eligible First Nations and Inuit people to cover pharmaceuticals, dental services, vision services, medical transportation, medical supplies and equipment and provincial health premiums. We provide health services to First Nations and Inuit communities, including prevention, promotion, primary care, as well as addiction services.

Information Provider – through performing high-quality science and research, we support policy development, regulate increasingly-sophisticated products and provide the services, information and management essential to affordable and world-class health care for Canadians. Through research and surveillance, we provide information that Canadians can use to maintain and improve their health.

Health Canada's Regions

Roughly 40% of Health Canada's staff are at work in communities outside of the National Capital Region, as indicated on the accompanying map. We deliver health services and programs in First Nations and Inuit communities, manage links with provincial and territorial governments, conduct laboratory investigations, work with local health organizations, serve as a frontline service and information provider for Canadians and much more. This strong regional presence enables us to maximize the reach and effectiveness of departmental programs and resources, often by matching national directions to local conditions and opportunities.


Health Canada at Work Across the Country
British Columbia / Yukon
Alberta / Northwest Territories
Manitoba / Saskatchewan
Ontario / Nunavut
Quebec
Atlantic
Newfoundland and Labrador
Goose Bay
St. John's
Charlottetown
Moncton
Halifax*
PEI
NB
NS
Quebec
Montreal*
Longueuil
Ottawa
Scarborough
Toronto*
Hamilton
Quebec
Ontario
Nunavut
Manitoba
Saskatchewan
Alberta
Northwest Territories
Yukon
British Columbia
Sioux Lookout
Thunder Bay
Moose Factory
Sudbury
Guelph
Kitchener
Swift Current
Saskatoon
Prince Albert
Regina
Brandon
*Winnipeg
*Edmonton
Calgary
Prince George
*Vancouver
Burnaby
Victoria
Whitehorse
Note: This map indicates only where Health Canada has significant presence.
* indicates location of Regional Directors General

Acting in Concert with Others

Health Canada works with the people of Canada through consultation and public involvement. This includes working with our partners: provincial and territorial governments, First Nations and Inuit organizations and communities, professional associations, consumer groups, universities and research institutes, international organizations, volunteers and other federal departments and agencies.

Endnotes and website links

1 More details on the legislation and regulations are at:
http://www.hc-sc.gc.ca/english/about/acts_regulations.html

Section 3:

Planning Overview for 2004-2007

Introduction

Each year, Health Canada reassesses its plans and priorities. We do this to ensure that the Department has the latest research and analysis, the strongest possible understanding of the health issues facing Canadians, and that we focus our attention and resources on the most effective measures to achieve health results for Canadians. This year, our planning activities included:

- scoping broad global and domestic social and economic trends that influence directly or indirectly the health of Canadians;
- assessing the key health challenges facing Canadians and our health system; and
- developing new Department-wide corporate priorities in line with the Government of Canada's broader policy directions and commitments.

Most departmental activities represent ongoing business that is funded through the Consolidated Revenue Fund. Much of the work to achieve departmental goals takes place through specific programs and services that our Department provides. We also use grants and contributions provided to other levels of government as well as organizations to achieve goals that we share with our partners.

Major Influences on the Government of Canada's Health Priorities

Health is a fundamental priority of the Government of Canada. The health of an individual or population is complex since it is influenced by a broad range of interrelated factors including global, socio-demographic, economic, genetic and environmental ones. The Government of Canada takes into account these trends in charting the course for its health priorities and plans.

We know that globalization is characterized by more integrated markets and technology. Globalization can influence health because it facilitates the movement of goods, ideas and people at a pace never experienced before in our history. This trend, combined with rapid advancements in science and technology in such areas as information and communication, genomics, proteomics, nanoscale science and engineering, to name a few, present certain conditions for improving health. For example, information and communication technologies permit broader and faster access by individuals and public health systems to health science information, which in turn support disease prevention and health promotion interventions. In addition, scientific advancements can lead to more effective cures and hold promise for improving our quality of life.

On the other hand, global, science and technology trends present certain challenges. Increased mobility, whether within Canada or between Canada and other countries can lead to an acceleration of the spread of infectious diseases. In addition, rapid science and technology advancements are fuelling expectations among us for modern regulatory regimes that permit access to new, better, safe and affordable therapies and for governments to pay attention to the ethical, legal and privacy issues associated with these scientific and technological advancements.

Domestic demographic and health trends are also changing. We are becoming increasingly urban. The size of our cities can have an impact on the quality of our physical environment, which has the potential to affect our health. A significant portion of our population is aging as a result of increasing life expectancy and decreasing

fertility rates. Aboriginal people's health status remains far below that of other Canadians and we are seeing patterns of emerging non-communicable diseases in populations not evident before.

Challenges to Health

Beyond those broad trends stated above, there are specific health issues that present complex challenges for Health Canada's planning environment. These challenges are the primary focus for departmental plans.

- Legislative, regulatory and health systems have to adapt to change in the areas of science, technology and globalization, while functioning efficiently and effectively.
- Health care systems have to continue to adapt to changes in society and technology in a manner that controls costs and improves accessibility.
- Our public health system has to be ready to respond to a range of threats including those posed by emerging and re-emerging communicable and non-communicable diseases, environmental factors, terrorism, economic and social disparities and increasing disability caused by injuries.
- There continues to be a significant gap between the health status of Aboriginal people when compared to the rest of the Canadian population. Significant investments in, and reforms to, the First Nations and Inuit health system will continue in order to address the health pressures facing Aboriginal people.
- We have to understand the impact of our lifestyles, such as our eating habits and levels of physical activity, as well as technology on our health and the environment, and then develop strategies to mitigate negative impacts. This will require comprehensive health surveillance systems that will enable us to understand and address issues such as the increased prevalence of lung cancer in women, adult diabetes and childhood obesity.

Contributing to Government-wide Initiatives

Health Canada's planning choices also ensure that the Department makes a full contribution to the achievement of government-wide goals.

Health Canada is meeting the intent of the *Official Languages Act* in ways that extend beyond the commitment to provide services in both official languages and to encourage the use of both official languages in our workplaces. Because access to health services is important to fostering strong communities, our Department is also working closely with official language minority communities across Canada to help them address their health related priorities.

Health is an important element of Government of Canada thinking about sustainable development (SD), which makes SD an important planning factor for Health Canada. In 1997, our Department tabled its first Sustainable Development Strategy as a specific workplan toward integration of SD principles into our overall plans, programs and policies. We will begin to implement our third strategy in 2004, which responds to lessons learned to date and the need to integrate SD more effectively into Health Canada strategies and actions. The new strategy includes very specific commitments for the 2004-2007 period that reflect departmental strategic outcomes.

The government is also committed to ensuring that its policies, programs and services reflect the specific needs and interests of women, which is particularly important for a truly responsive health agenda. In 2004-2005, Health Canada's newly endorsed gender-based Analysis Implementation Strategy will guide the Department's use of gender analysis through continued commitment to training, tool and resource development. We expect the use of the strategy to deepen the understanding of how sex and gender affect health status and access to health services for the people of Canada. The application of gender-based analysis to policy projects in the areas of home care, Aboriginal women's health and to genetics will enhance the Department's capacity to develop targeted policies and programs on emerging health issues.

Health Canada is committed to improving our direct services to Canadians through the departmental Service Improvement Initiative. The Department has already surveyed users of our services to establish client satisfaction baselines. While that has already led to improvements, we are planning additional surveys in 2004 that will lead to new targets. We will also work toward continuous client satisfaction improvement in other areas of the Department that provide direct client services.

Health Canada is also integrating into its strategies other government-wide goals, such as Government On-line, Modern Comptrollership and fulfilment of the spirit of the Social Union Framework Agreement.

The 2004 Speech from the Throne – the health portfolio

Health continues to be a top priority for the Government of Canada as indicated in the 2004 Speech from the Throne. Through our ongoing responsibilities and our focus on new plans and priorities, Health Canada will work in partnership with provincial and territorial governments, international organizations, Aboriginal communities, non-governmental organizations and our many stakeholders to help meet the Government's commitments to:

- universal, high-quality, publicly-funded health care, consistent with the principles of Medicare as set out in the *Canada Health Act*;
- a further $2 billion transfer to provincial and territorial governments;
- safeguard the health of Canadians through a strong and responsive public health system that will include a new Public Health Agency of Canada, a new Chief Public Officer of Health for Canada and updated legislation through a *Canada Health Protection Act*;
- improve the overall health of Canadians through health promotion to help reduce the incidence of avoidable diseases.

The Government of Canada also identified a number of other health related commitments in which our Department will play an important role. The Department will:

- continue to support the commitments to healthy early childhood development for Canadian children, including Aboriginal children, and to ensure safe drinking water in First Nations' communities;
- support work toward making medical treatment accessible to millions suffering from deadly infectious diseases in developing countries, notably HIV/AIDS, through legislation to enable the provision of generic drugs to those countries;

- participate in initiatives aimed at reducing risks to human health posed by environmental factors such as water and air quality;
- support the rational and safe incorporation of emerging health technologies in the health system to benefit the health of Canadians.

Furthermore, Health Canada will continue work towards initiatives under the government priority that seeks to strengthen financial management and accountability.

2004 Budget Highlights[1]

Supporting the commitments to the health of Canadians that were articulated in the 2004 Speech from the Throne, the Government of Canada's 2004 Budget directed approximately $2.8 billion to key health initiatives. Investments build on those made in the 2003 health budget.

The 2004 Budget reaffirms the Prime Minister and Government of Canada's commitment to work with the provinces and territories to reform and sustain Canada's health care system. The 2004 Budget also establishes a new Public Health Agency of Canada, which will be a focal point in Canada's national network for disease control and emergency response. Highlights of initiatives are as follows:

Health Care

- an additional $2 billion transfer to provinces and territories.

Public Health

- $165 million over two years in funding toward public health for the development of the new Public Health Agency of Canada and to address immediate gaps in the public health system;
- a $404 million transfer from Health Canada to support the new Agency;
- the Government will appoint, for the first time, a Chief Public Health Officer;
- $500 million toward the development and implementation of a public health surveillance system, to help support a national immunization strategy and to assist in enhancing provincial and territorial public health systems.

Supporting Persons with Disabilities

- funding for improving workplace integration of persons with a disability;
- better tax recognition of disability support expenses;
- improving the tax recognition of medical expenses incurred by caregivers on behalf of dependent relatives.

In addition to these initiatives, Budget 2004 provides further support for health research through new funding in the amount of $39 million per year for the Canadian Institutes of Health Research as part of the increase in granting council funding. An additional $60 million will be provided to Genome Canada in 2004-2005,

much of which will be dedicated to fund health-related genomics research. The federal government will also provide funding to support the commercialization of research.

Health Canada's Corporate Priorities

The Department is responding to the key issues, health challenges and government-wide agenda through four medium-term corporate priorities:

- to improve the quality of life of Canadians;
- to reduce the risks to the health of Canadians;
- to maintain confidence in a publicly-funded health care system; and
- to improve accountability to Canadians.

These priorities reflect our Department's vision, mission, mandate and jurisdiction, as well as government directions and commitments and First Ministers' Health Accords, particularly the 2003 First Ministers' Accord on Health Care Renewal. Each priority represents an area in which our Department, in collaboration with others, has strengths and important roles to play to generate results for Canadians. Each has been woven into our planning activities summarized in the next section of this Report.

Many of our departmental functions contribute to the achievement of all these priorities. To reinforce our strengths as a science-based department, the Office of the Chief Scientist (OCS) offers leadership and a coherent framework for scientific activities across the Department. The OCS champions excellence and linkages in science both within and outside of Health Canada to ensure the Department has access to the information we need for evidence-based decision-making. This includes initiatives to recruit and retain the specialized staff that we need and to improve the facilities needed for their work. It extends to departmental processes for planning, priority setting, decision-making and quality assurance, that enhance the credibility of Health Canada's scientists and their effectiveness in contributing to the strategic outcomes of the Department.

Our communications efforts provide support to all four priorities. The support begins with an understanding of the views, perspectives and interests of citizens in the areas of health and health care. This understanding enables us to ensure that our policies and programs are meeting the needs of Canadians. As well, these insights allow us to design, develop and transmit health information in a timely and effective fashion so that Canadians can make well informed decisions on health and health safety.

These and other Department-wide functions are essential to the effective achievement of all four medium-term corporate priorities. More details on these priorities are provided below.

To Improve the Quality of Life of Canadians

Health is a key factor in improving the quality of life of Canadians. Although Canadians are among the healthiest people in the world by most indicators, particular trends are disconcerting, including rising obesity rates and increasing prevalence of diabetes in the Canadian population. Also, in comparison to the Canadian

population, Aboriginal peoples face a higher risk for poor health and demonstrate a greater prevalence of injuries, suicide and chronic conditions.

All levels of government have roles to play in protecting and promoting health of Canadians. Health Canada plays an important leadership role working in collaboration with provincial and territorial governments and the health community.

Health Canada recognizes the importance of balanced investments across illness prevention, health promotion, protection and care. The Department constantly examines what makes people healthy in order to develop interventions that can improve the health outcomes of individuals, particular groups and the entire population. We develop policies and programs and work through partnerships to promote healthy choices by individuals and communities. In addition, Health Canada's science and evaluation expertise represent important contributions to improving the impact of programs and services that can have real and lasting benefits for Canadians.

Health Canada is committed to addressing the pressures facing the First Nations and Inuit health system and to supporting sustainable health programming in their communities. Health Canada's goal is to provide efficient, effective and sustainable health services and programs that contribute to better health outcomes for First Nations and Inuit people. Some significant investments and reforms have already been put in place, including the commitment in Budget 2003 to provide $1.3 billion to address the sustainability of the First Nations and Inuit health system and make investments in various health promotion and integration initiatives.

Regulating the safety of many products that Canadians use every day, such as foods, pharmaceuticals, natural health, consumer and pest management products is one of Health Canada's most fundamental legislated responsibilities. The environment for planning and implementing that responsibility is changing in the face of pressures such as the rapid growth of new products and technologies requiring decisions, varied consumer expectations, concerns about the impacts and cost-effectiveness of regulated health care products and increasingly globalized production and markets.

Consistent with the government-wide commitment to "smart regulation," our Department is committed to modernizing the regulatory regime for products that are under our responsibility. We are acting on opportunities to help meet the changing expectations of Canadians including harmonizing legislated and regulatory approaches with other countries, that will generate benefits for, and minimize risks to, the health of Canadians.

To Reduce the Risks to the Health of the People of Canada

Reducing health risks takes many forms for Health Canada and a strong capability to perform and access the science necessary to do so underpins all of these activities. As indicated before, one area is our ongoing legislated responsibility to regulate consumer and health products. Another is our contribution to Canada's public health system. Public health is the organized efforts by society to protect, promote and restore the health of the entire population, by identifying and mitigating health threats from communicable and non-communicable diseases, from the environment (e.g., water, air) and products (e.g., blood, food). In Canada, public health is a shared responsibility in which all levels of government and other partners have both specific and complementary roles.

The 2003 Severe Acute Respiratory Syndrome (SARS) experience was just one of a number of situations in recent years that demonstrated the need for improvement in Canada's public health system. The report of the National Advisory Committee on SARS and Public Health and other studies have indicated specific areas for action.[2] They have also emphasized that emerging infectious diseases (e.g., West Nile virus) and re-emerging infectious diseases (e.g., tuberculosis) as well as trends such as obesity represent additional challenges for the public health system. The system has to be ready to address emerging and re-emerging infectious diseases in the context of antibiotic resistance, environmental emergencies and terrorist threats. At the same time, our public health system needs to deal with trends in chronic disease, growing disparities in health for some groups and disability caused by injuries. In that many risks are based on problems in our environment, such as the quality of our air and water, a focus on environmental health and a broader commitment to sustainable development within Health Canada will both be important.

The Government of Canada has taken some immediate steps, including efforts to anticipate threats such as influenza outbreaks. Beyond those immediate efforts, the Government of Canada recognizes the need to work with the provinces and territories to create an integrated, pan-Canadian approach to public health. This is why the Government has committed to take a leadership role in establishing a strong and responsive public health system starting with a new Public Health Agency of Canada which will ensure that Canada is linked, both nationally and globally, in a disease control and emergency response network, appointing a new Chief Public Health Officer for Canada and overhauling federal health protection through a *Canada Health Protection Act*. As articulated in the 2004 Budget, substantial investments will also be made in public health surveillance, national immunization and provincial and territorial public health systems.

To Maintain Confidence in a Publicly-funded Health Care System

Canada's health care system accounts for a large share of public sector budgets and its effectiveness and accessibility is important to Canadians. The 2003 First Ministers' Accord on Health Care Renewal sets out an action plan that will ensure Canadians have timely access to quality health care on the basis of their need and not their ability to pay. The 2003 Budget provided funding to support these commitments and set out a long-term framework to provide provinces and territories with predictable, growing and sustainable support for health care. This year, through the 2004 Budget, the Government of Canada announced further investments to be made directly to provinces and territories and reinforced its commitment to enhance transparency and accountability for federal support for health care by establishing the Canada Health Transfer effective on April 1, 2004.

For Canadians, the action plan set out in the 2003 Accord will mean better access to front line providers, modernized coverage for home care and catastrophic drug expenditures, enhanced access to publicly funded diagnostic and medical equipment, and better accountability from governments on how health care is delivered and how reforms are implemented.

Health Canada will continue to work with provincial and territorial governments and support the new Health Council. The Health Council was a key commitment in the 2003 First Ministers' Accord on Health Care Renewal to improve accountability to Canadians and enhance the transparency of our health care system. The Council is an independent arm's-length organization that is widely supported by the public and health care stakeholders. The Council's mandate is to monitor and make annual public reports on the implementation of the Accord, particularly its accountability and transparency provisions.

To Improve Accountability to Canadians

The previous three priorities are grounded in a Department-wide commitment to be accountable in delivering the results that Canadians expect and deserve. This priority, established for 2003-2004, continues into 2004-2005. It incorporates our activities to integrate the principles of modern comptrollership, introduce improved systems and processes for departmental operations and address human resource priorities.

The work to date to enhance financial management practices and strengthen accountability in areas such as grants and contributions and contracting is being reinforced by a risk-based audit plan and a special investigations function. Our Department also established an Ombudsman Service recently to provide employees with a confidential, informal and neutral means to resolve work-related concerns.

Health Canada has been focusing attention on human resource and workplace priorities. Since the work of the Department depends significantly on the contributions and expertise of our staff, we have recognized the need to ensure that we have the right staff, with the right skills, working in settings that bring about their best possible contributions. Branches and regions throughout the Department have been identifying the priorities that will enable them to address their specific human resource priorities.

As part of commitments to excellence in management and accountability, Health Canada adopted its modern comptrollership strategy in 2002. Since one of the pillars of modern comptrollership is risk management, our Department subsequently developed, in 2003, a strategy to implement an integrated risk management framework. The strategy brings a more integrated organization-wide approach to managing corporate risks, further supporting the development of a risk-smart organization and builds on what has already been learned and what is already in place for the management of risks to health.[3]

The implementation of an integrated risk management framework is a long-term initiative, which calls for an ongoing process of identifying and understanding management challenges. Our Department intends to enhance further our ability to identify and understand these management challenges by undertaking an internal environmental scan to complement our current external environmental scan. Monitoring and understanding these challenges will help strengthen our development of plans and priorities.

Our Department is developing a corporate risk profile (CRP), a key element of our strategy. The CRP will provide Health Canada with a management tool that will ensure an integrated and proactive approach to managing corporate risks. An Overview: Health Canada's Progress Towards an Integrated Risk Management Framework can be found on the Health Canada website.[4]

That same enhanced commitment to identify and manage risk is being felt in other aspects of the Department's work. For example, attention is growing to the contributions of our legal services professionals. Their analysis of policy and program issues identifies legal risks that may be associated with departmental priorities, so those can be avoided or managed effectively.

As part of the same commitment to more comprehensive and effective management and accountability, our Department has been developing a new approach to performance management focused largely on health outcomes. We are working toward a set of frameworks that will clearly link and align our desired strategic outcomes, departmental priorities and high-level performance indicators to our Department's day-to-day activities and responsibilities.

We recognize that the attribution of results and proof of the impacts of our health policies, programs and services are challenges in a highly-collaborative environment. There are relatively few areas in which we act without some degree of collaboration with other levels of government, federal departments and agencies or partners in the health sector throughout all regions of Canada. This means that in our performance management efforts we must explore the use of both qualitative and quantitative indicators.

Canada and Canadians face a complex range of health issues and priorities. Health Canada is committed to taking the most appropriate actions, based on the best use of our resources, to bring about the best health possible for all Canadians.

Endnotes and website links

1 http://www.fin.gc.ca/budtoce/2004/budliste.htm

2 http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/index.html

3 Corporate risks refer to management or organizational risks which could potentially impact the realization of an organization's overall plans and priorities.

4 http://www.hc-sc.gc.ca/english/care/estimates/modern_comptrollership.htm

Section 4:

Plans and Priorities by Strategic Outcomes

Health Canada Priorities by Strategic Outcome, 2004-2005 (millions of dollars)

Net Planned Spending	Strategic Outcome	Priorities	Type of Priority
378.4	**Access to quality health services for Canadians**	1. Work in partnership with the provinces and territories to improve access to quality health care services for all Canadians and to ensure the system's future sustainability	Ongoing
		2. Meeting ongoing obligations of the *Canada Health Act*	Ongoing
		3. Design 21st century national policy approaches to emerging issues, particularly genetics (e.g., socio-demographic and ethical implications)	New
		4. Activities related to regulatory reform and legislative issues	Ongoing
		5. International collaboration	Ongoing
472.8	**A healthier population by promoting health and preventing illness**	1. Contribute towards the development of a seamless and comprehensive public health system	New
		2. Enhance the federal government's capacity in public health	New
1,701.9	**Healthier First Nations and Inuit through collaborative delivery of health promotion, disease prevention and health care services**	1. Enhance health promotion and prevention programs	Ongoing
		2. Improve the quality, accessibility and effectiveness of health care services	Ongoing
		3. Collaborate and cooperate with FN/I communities, provinces and territories and service providers to modernize and adapt the health service system for FN/I	Ongoing

Health Canada Priorities by Strategic Outcome, 2004-2005 (millions of dollars) (continued)

Net Planned Spending	Strategic Outcome	Priorities	Type of Priority
		4. Strengthen information and knowledge management to improve delivery of health care services and programs	Ongoing
		5. Improve the management practices of Health Canada and FN/I communities by implementing effective evaluation and accountability mechanisms	Ongoing
183.4	**Safe health products and food**	1. Transforming our efficiency, effectiveness and responsiveness as a regulator	Ongoing
		2. Providing authoritative information for healthy choices and informed decisions by Canadians	Ongoing
		3. Increasing responsiveness to public health issues and greater vigilance of safety and therapeutic effectiveness in real world use	Ongoing
		4. Improving transparency, openness and accountability to strengthen public trust and stakeholder relationships	Ongoing

Health Canada Priorities by Strategic Outcome, 2004-2005 (millions of dollars) (continued)

Net Planned Spending	Strategic Outcome	Priorities	Type of Priority
235.4	**Healthier environments and safer products for Canadians**	1. Reduce risks to health and safety, and improve protection against harm associated with workplace and environmental hazards, consumer products (including cosmetics), radiation-emitting devices, new chemical substances and products of biotechnology	Ongoing
		2. Reduce health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol and other controlled substances	Ongoing
38.3	**Sustainable pest management products and programs for Canadians**	1. Safe and effective pest control products	Ongoing
		2. Compliance with Pest Control Products Act	Ongoing
		3. Sustainable pest management practices that help minimize the risks associated with pesticides	Ongoing

Health Canada Priorities by Strategic Outcome, 2004-2005 (millions of dollars) (continued)

Net Planned Spending	Strategic Outcome	Priorities	Type of Priority
98.7	**Improved evidence base and increased use of information and communications technologies to support health decision-making**	1. Accelerate the use of information and communication technologies in the health sector	Ongoing
		2. Develop a pan-Canadian framework to protect the privacy and confidentiality of personal health information	Ongoing
		3. Increase access to health evidence/ information and its use in support of decision-making and accountability	Ongoing
		4. Implement the Information Management and Information Technology Strategy	Ongoing
198.6	**Effective support for the delivery of Health Canada's programs**	1. Improving accountability to Canadians through continuous improvement of management practices	Ongoing
		2. Effective regional delivery of Health Canada programs tailored to meet local conditions	Ongoing
		3. Improve the Department's capacity to perform, harness, translate and use sound science to support evidence-based decision-making, thereby optimizing health outcomes and minimizing health risk for Canadians	Ongoing
		4. Implement Health Canada's component of the Federal Government's Official Languages Action Plan for increasing access to services by official languages minority communities	Ongoing

Strategic Outcome:

Access to quality health services for Canadians

Planned Spending (millions of dollars)* and Full-Time Equivalents (FTEs)

	Forecast Spending 2003-2004	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Net expenditures**	331.3	378.4*	373.8	110.3
FTEs	506	465	422	411

* This represents 11.4% of the Department's total net planned spending.

** The increase in net expenditures from 2003-2004 to 2004-2005 is mainly due to an increase in funding for the Primary Health Care Transition Fund Initiative, the Assisted Human Reproduction Agency set-up, the Canadian Patient Safety Institute and the Implementation of Health Canada's Therapeutic Access Strategy. The decrease in net expenditures from 2004-2005 to 2005-2006 is mainly due to a reduction in funding levels for the set-up of the Assisted Human Reproduction Agency. The decrease in net expenditures from 2005-2006 to 2006-2007 is mainly due to a reduction in funding levels for the Primary Health Care Transition Fund Initiative.

Canada's health care system is an important sector of the economy, with total health expenditures estimated to be 10% of gross domestic product in 2003. Equally important, the publicly-funded health care system is a cherished social institution in Canada as it embodies shared values of equity and fairness. The *Canada Health Act* is Canada's federal health care legislation, that sets out criteria that provincial and territorial governments must meet in order to receive the full federal cash transfer for health care.

Two federal/provincial/territorial (F/P/T) agreements on health care have been concluded in recent years which have been supported by increased federal investments in health care. In the spirit of the Social Union Framework Agreement, the Government of Canada committed to investments of $18.9 billion over five years in health care as part of the 2000 First Ministers' Agreement. This agreement also set out key

elements of health care system reform over the long-term, e.g., primary health care reform, pharmaceuticals management, health information and communications technology and health equipment and infrastructure. The 2003 First Ministers' Accord on Health Care Renewal was accompanied by federal investments of $34.8 billion over five years to promote access, quality and the ongoing sustainability of the health care system. The Accord also set out specific initiatives for the renewal of Canada's health care system, e.g., primary health care reform, short-term home care services and catastrophic drug coverage to be funded through the Health Reform Transfer.

Health Canada will continue to play an active role in the renewal of Canada's health care system. Our initiatives and investments that promote structural change in the health care system enhance access to quality health care services for all Canadians.

Priority: Work in partnership with the provinces and territories to improve access to quality health care services for all Canadians and to ensure the system's future sustainability

Improving access to quality health care services and ensuring sustainability throughout the country requires federal leadership and a long-term focus on structural change in the health care system across provinces and territories. Health Canada has worked collaboratively with provincial and territorial governments to implement health care renewal priorities. In order to be proactive in working with these governments, our regional offices continue to inform Health Canada senior management of developments related to health care renewal initiatives.

The Primary Health Care Transition Fund (PHCTF), established by the 2000 First Ministers' Agreement, is an investment of $800 million over five years to support the transitional costs associated with making fundamental change to primary health care. It continues work that governments began in the mid-1990s. Primary health care renewal initiatives include: national strategies related to promoting the interdisciplinary team approach; development of an evaluation framework; development of a clearer understanding of the role of the different professions within the primary health care sector; and support for a national conference to increase public and professional awareness. Most funds have already been allocated to initiatives under five envelopes, with much of the rest to be committed in 2004-2005. In May 2004, the PHCTF will support a nationally-focused forum designed to challenge the status quo and promote action that will realize the potential for a nation-wide primary health care system. Primary health care renewal initiatives to March 2006 include three national strategies related to: collaborative care; development of primary health care indicators and a national evaluation framework; and a national Primary Health Care Awareness Strategy. Given the time frame of the PHCTF, final results of most initiatives will not be available until March 2006.

The 2003 First Ministers' Accord sets out an action plan that promotes structural change in the health care system. For Canadians, this plan will mean better access to front-line providers and improved coverage for home care and catastrophic drugs, enhanced access to publicly funded diagnostic and medical equipment, and better accountability from governments on how health care is delivered and how reforms are implemented.

Significant progress has already been made on the implementation of many Accord initiatives, such as the Health Council, the Canadian Patient Safety Institute, the Diagnostic/Medical Equipment Fund and the development of a set of common indicators for reporting on health care system performance to Canadians. Work will continue on longer-term initiatives including primary health care, home and continuing care, pharmaceutical management, health technology assessment, palliative care and health human resources. The Health Reform Transfer created by the federal government under the First Ministers' Accord sustains this effort. Collectively, these demonstrate the impact of sustained commitment to incremental change of the health care system. Activities on home and continuing care include: development of performance and quality measures; promoting the appropriate use of human resources; policy and knowledge development and adoption that support the advancement of home and continuing care across Canada with a focus on innovative models and programs, particularly in the areas of chronic care, the needs of caregivers and mental health; and promoting the use of technology (telehealth, tele-home care, and therapies) in developing new models and programs.

Ensuring Canadians have access to therapeutically beneficial and cost-effective pharmaceuticals is a key priority in maintaining and improving the health of Canadians. Activities related to pharmaceuticals management will include: collaborative work with provinces and territories and the Canadian Coordinating Office for Health Technology Assessment to establish a Canadian Optimal Medication Prescribing and Utilization Service; funding to support the evaluation of initiatives aimed at promoting best practices in prescribing and patient compliance; continued efforts with provinces and territories to harmonize the listing of generic drugs; and analytical work to assess options for regulating the prices of non-patent pharmaceuticals.

Managing the adoption, diffusion and use of health technologies is critical to improving the quality and securing the sustainability of the Canadian health care system. Health Canada will continue to play an active role in the development and implementation of the Canadian Strategy for Health Technology Assessment. Through ongoing collaborative partnerships with the Canadian Coordinating Office for Health Technology Assessment and provincial and territorial governments, Health Canada will:

- strengthen Canada's health technology assessment (HTA) research capacity by significantly increasing the scope and volume of assessments;
- develop a consultative process to coordinate and review technology assessment priorities and targets between HTA research organizations; and
- outline strategies to strengthen the linkages between HTA agencies' outputs and the decision makers who influence the adoption, diffusion and use of health technologies.

Activities in palliative and end-of-life care touch on all aspects of care and the locations where care is provided. Health Canada is demonstrating leadership in support of the Canadian Strategy on Palliative and End-of-Life Care by working with more than 70 stakeholder organizations, such as the Canadian Council on Health Services Accreditation, Canadian Hospice Palliative Care Association, Association of Canadian Medical Colleges, the Canadian Institutes of Health Research and many federal departments and agencies. We are planning to engage provincial and territorial governments to further this work. Policy and knowledge development and uptake activities that support the advancement of best practices in palliative and end-of-life care will result from these activities. Web-based tools and networks will be used to disseminate the

knowledge gained in areas such as models of care, standards of care, public information and awareness needs and research protocols in order to enable sound policy development.

Health Canada will work to support health human resource planning. In partnership with the new Department of Human Resources and Skills Development, we will continue to engage in occupational and sector studies with specific health professions in order to better understand the current and future human resource requirements for these professions. We will also develop and implement web-based tools and information to support and assist international medical graduates to overcome the barriers to licensure that many face in Canada. To support the expansion of professional development programs, our Department will collaborate with a national expert committee comprised of provincial and territorial governments and other key stakeholders to identify and disseminate best practices, facilitate interdisciplinary curriculum development and support training for health professionals on interdisciplinary patient-centred practice.

As part of our ongoing policy work related to access issues, Health Canada will continue to examine options related to addressing access and wait times for health care services. This analysis includes a review of approaches taken internationally and by provincial and territorial governments.

Priority: Meeting ongoing obligations of the Canada Health Act

Staff in our regional offices and at headquarters will continue the ongoing work of monitoring and analyzing provincial and territorial health insurance plans, as well as innovations in the management and delivery of health care services, for compliance with the criteria, conditions and extra-billing and user-charge provisions of the *Canada Health Act*. Further, our Department will work with the provincial and territorial governments to investigate and address compliance issues.

The Department is also committed to ongoing improvements in reporting to Parliament and Canadians on insured health care services provided by the provincial and territorial governments, through the *Canada Health Act Annual Report*. The production of the *Canada Health Act Annual Report* fulfils the legislated requirement that the federal Minister of Health provide information on the operation of provincial and territorial health plans as they relate to the criteria and conditions of the Act. Information on the administration and enforcement of the Act are provided. It is a statutory requirement that the Report be completed no later than December 31 of the fiscal year following the fiscal year to which the Report relates. The Report must then also be tabled in each House of Parliament within the first fifteen days during which that House is sitting.

Priority: Design 21st century national policy approaches to emerging issues, particularly genetics (e.g., socio-demographic and ethical implications)

Rapid advances in health-related science and technologies have important implications for the provision of quality, accessible health care to Canadians. Health Canada will play a leadership role, working with partners

to ensure that effective, innovative technologies and treatments that can deliver real health benefits to Canadians are rationally incorporated into our health system. To provide the necessary groundwork for this, the Department will work to advance knowledge, facilitate discussion, raise public awareness and develop policies that will help ensure that emerging issues are examined and addressed. This will be an ongoing process that draws on policy research and discussions among governments, stakeholders and Canadians.

For 2004-2005, Health Canada will focus on developing an overall strategy for addressing emerging technologies that reflects Canadians' values. This will include specific, coordinated approaches for the areas of genetics and nanotechnology.[1] We will place particular emphasis on the development of evidence-based approaches to understand the implications of new technologies for the health care system and the health of Canadians and to assess and manage associated risks.

With respect to human genetics, Health Canada will build upon existing policy research and advance work in areas such as intellectual property, privacy, health system impacts, regulatory implications, research ethics and public confidence/public engagement.

We will continue to work with the provincial and territorial governments toward:

- improved quality of genetic testing services;
- strengthening genetic health technology assessment, to help ensure genetic medicine is incorporated appropriately into the health system; and
- addressing intellectual property issues relating to human genetic material and the potential health system impacts of those issues.

Health Canada will focus on putting in place a policy research program on the health and environmental implications of nanotechnology, with particular emphasis on risk assessment and public engagement. The Department will work with the Canadian Institutes of Health Research (CIHR) to support innovative research, capacity-building and knowledge translation initiatives that can improve the ability of the health care system to address emerging technologies, such as genetics and nanotechnology. A particular area of focus will be work with our provincial and territorial counterparts to develop policy linkages with the CIHR's Addressing Health Care and Health Policy Challenges of New Genetic Opportunities project, which addresses the issues facing the Canadian health care system in relation to new understanding about human genetics and the burgeoning of genetic information, technologies, products and services.

Priority: Activities related to regulatory reform and legislative issues

An effective regulatory system is an important tool for governments to achieve public policy objectives. The 2002 Speech from the Throne committed the government of Canada to move forward with a smart regulation strategy to accelerate reforms in key areas. This vision of a national regulatory system is aimed at enabling Canada to respond quickly and effectively to the challenges of rapid scientific and technological

change, emerging opportunities and risk in global markets and the need for integrated and transparent government institutions and public policy.

Health Canada will take a coordinated approach to the modernization of our regulatory systems and legislative initiatives to maximize the protection of Canadians' health and safety. This will involve enhancing transparency and public engagement, increasing efficiency and effectiveness and developing innovative risk-based approaches. Through work at headquarters and in regional offices, Health Canada will also monitor and analyze amendments to legislation and convergence with provincial and territorial government priorities and activities.

Health Canada will continue to modernize the regulatory frameworks for which we are responsible. This includes advancing proposals to renew health protection legislation to provide modern and comprehensive tools to address today's challenges to health. Other measures include work towards modernizing the governance for the ethical conduct of research involving humans and collaborating with Industry Canada on intellectual property and regulatory frameworks relating to health.

We will develop an overall strategy for international regulatory cooperation to maximize the benefits of international approaches. This will help ensure that Canadians' interests are protected in an era of increasingly globalized health risks. Furthermore Health Canada will move quickly to consider how the final report of the External Advisory Committee on Smart Regulation, expected in the summer of 2004, can strengthen our strategic directions.

Health Canada will continue activities relating to assisted human reproduction (AHR). Legislative initiatives include the new *Act Respecting Assisted Human Reproduction and Related Research* which received Royal Assent on March 29, 2004. The comprehensive legislation seeks to protect the health and safety of Canadians using assisted human reproduction, prohibit unacceptable activities (such as human cloning) and regulate AHR activities and related research.

The Act will establish the Assisted Human Reproduction Agency of Canada (AHRAC) to license, monitor and enforce activities controlled under the Act. Given the timing of Royal Assent, its creation will be in 2005. To reflect that situation, AHRAC funds that were expected to be allocated in 2004-2005 will be adjusted.

Regulations related to Section 8 of the *Act Respecting Assisted Human Reproduction and Related Research* are expected to be pre-published in *Canada Gazette* Part I in 2005. These regulations will deal with consent regarding the use of human reproductive material to create an embryo and the use of *in vitro* embryos for any purpose. In addition, general and focused consultations on *AHR* regulatory policy issues will take place throughout 2004-2005.

Priority: International Collaboration

The health of Canadians is intrinsically linked to events beyond our borders. The daily movement of people and goods has dramatically enhanced the risk of spreading infectious diseases.

Health Canada will continue to be an active participant in international organizations such as the World Health Organization, Pan American Health Organization and the Organization for Economic Co-operation and Development to help shape the global agenda on health and health care issues. The improvement of global health security, enhanced efforts to stop the spread of HIV/AIDS and the reduction of the use of tobacco products are three priority areas for international collaboration. Geographically, we will place special emphasis on the Americas and with major partners such as the United States and Mexico. We will also promote Canadian health system principles and values, share expertise and supply advice on specific international health issues. This collaboration will ensure that our national health protection activities are current and consistent with similar international efforts to meet the challenges of existing and emerging diseases. These efforts will ensure that Canada plays a leadership role in international efforts to improve health by sharing expertise, best practices, knowledge and information with other countries. Canadians will benefit from an enhanced protection of their health status through the improvement of global health conditions.

Accountability

Assistant Deputy Minister, Health Policy and Communications Branch

Endnotes and website links

1 Nanotechnology refers to the manipulation of materials on an atomic or nano scale (1 nm = 1/80,000 the diameter of a human hair). There are already some applications in the health and industrial sectors, and nanotechnology promises to become a platform for tremendous growth and innovation in these areas in the future. Governments will need to ensure policies adequately reflect the benefits and challenges these advances may bring for human and environmental health.

Strategic Outcome:

A healthier population by promoting health and preventing illness

Planned Spending (millions of dollars)* and Full-Time Equivalents (FTEs)

	Forecast Spending 2003-2004	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Net expenditures**	785.0	472.8*	402.4	419.9
FTEs	1,305	1,202	1,164	1,164

* This represents 14.3% of the Department's total net planned spending.

** The decrease in net expenditures from 2003-2004 to 2004-2005 is mainly due to a one-time funding in 2003-2004 associated with emergency responses to the Severe Acute Respiratory Syndrome, the West Nile virus and the Bovine Spongiform Encephalopathy outbreaks which included a one-time payment to the Province of Ontario in the amount of 330 millions of dollars. This decrease is partially offsetted by new funding to Strengthen Canada's public health system, including the creation of the new Public Health Agency of Canada. The decrease in net expenditures from 2004-2005 to 2005-2006 is mainly due to the sunsetting of funds related to the Hepatitis C Disease Prevention initiative and the Canadian Diabetes Strategy. The decrease from 2004-2005 to 2005-2006 is also due to a reduction in the level of funding for the Hepatitis C Health Care Services initiative. The increase from 2005-2006 to 2006-2007 is mainly due to the end of a transfer of resources from Health Canada to the Canadian Institutes of Health Research for HIV/AIDS research and an increase in the level of funding for Strengthening Canada's public health system.

Canadians are among the healthiest people in the world. However, increasing social and economic burdens of some diseases, rising trends in the risk factors that lead to chronic diseases, growing disparities in health status for some groups, increasing death and disability rates of injuries as well as the emergence and re-emergence of communicable diseases are some of the factors currently threatening the health of Canadians. These trends highlight the challenges Health Canada faces in our important role of protecting and promoting the health of Canadians. The threat of attacks following September 2001, the Severe Acute Respiratory

Syndrome (SARS) outbreak and the increase in West Nile virus transmission rates and geographic spread in 2003 further underscore the need for a national and coordinated approach to public health in Canada.

In response to these pressures, we have adjusted our priorities to better reflect the efforts needed to address public health threats. One of the priorities for 2004-2005 will be to contribute towards the development of a seamless and comprehensive public health system. Our Department will also enhance its overall capacity in public health by pursuing the development of the Public Health Agency of Canada and through the development of public health policies and programs, communicable and non-communicable disease surveillance and research as well as health promotion and disease and injury prevention and control activities.

The Government of Canada identified in their Budget 2004 additional funding of $665 million in 2004-2005 and over the next two years to improve Canada's readiness to deal with public health emergencies. Of that, $165 million will allocated to assist in creating the new agency and to fund its main activities. This is in addition to about $400 million that will be transferred from Health Canada to the new agency. Resources will be used to increase emergency response capacity, enhance surveillance by developing and implementing data collection standards, establish regional centres of excellence, expand laboratory capacity, and strengthen international coordination.

One hundred million dollars of the new investment will be dedicated to Canada Health Infoway to assess, develop and implement a high quality, real-time public health surveillance system to assist in the timely identification of infectious disease outbreaks such as SARS. In addition, $400 million will be made available to provinces and territories over the next three years to support a national immunization strategy and to relieve stresses on provincial and territorial public health systems that were identified during the SARS outbreak.

Priority: Contribute Towards the Development of a Seamless and Comprehensive Public Health System

Public health is the organized efforts by society to protect, promote and restore the health of an entire population, based on a population health approach. The public health system includes functions such as health promotion, disease and injury prevention and control, health protection, surveillance and research.

The National Advisory Committee on SARS and Public Health report, *Learning from SARS: Renewal of Public Health in Canada,* and the Senate Standing Committee on Social Affairs, Science and Technology's report, *Reforming Health Protection and Promotion in Canada: Time to Act,* both indicate that Canada needs a comprehensive and coordinated public health system to better manage communicable and non-communicable diseases, injuries, and other public health threats. A national and coordinated system should result in good scientific evidence being available to reduce risks to health, improve health and maintain public confidence. Since public health in Canada is a shared responsibility among different levels of government, Health Canada will continue to work in collaboration with provincial and territorial governments to bring together public health authorities to help build a seamless and comprehensive public health system.

Develop a pan-Canadian Public Health Strategy

In 2004-2005, the Department plans to work with the provinces and territories to develop the initial components of a pan-Canadian public health strategy. This will involve clarifying roles, responsibilities and relationships regarding public health, especially with respect to emergency response; enhancing laboratory networks; integrating surveillance systems; and developing a collaborative approach to public health human resource planning.

Having a sufficient number of highly motivated and qualified public health professionals is fundamental to a country's ability to address public health threats. In collaboration with provincial and territorial governments, Health Canada supports improvements in the area of health human resources. One of the Department's initiatives is to develop a national, coordinated approach to public health human resource planning. Activities will address issues such as recruitment, retention and professional development.

We will continue to support our current front-line workers across Canada and will provide them with the tools they need to do their jobs effectively and efficiently. For example, we will add to the training modules of our Skills Enhancement Program. In addition, the Department will continue to provide professional development to 10 public health professionals through the Canadian Field Epidemiology Program.

Develop integrated strategies for communicable and non-communicable diseases

Many communicable or non-communicable diseases share common risk factors, exist in the same settings and affect similar populations. Integrated strategies address multiple diseases and provide a more focused response to a range of risk factors. The Department will continue to explore opportunities to develop integrated strategies. To foster positive health outcomes, we will also complement our ongoing work of delivering public health programs aimed at population groups living in conditions of risk.

In the spring of 2003, the federal/provincial/territorial Ministers of Health agreed to further develop a pan-Canadian Healthy Living Strategy. As part of the Strategy, Health Canada, in collaboration with our partners, will continue to develop and begin to implement a comprehensive multiple-partner action plan which integrates healthy eating, physical activity and their relationships to healthy weights.

Close to 60% of Canadians are not active enough to gain health benefits and over half of children and youth are not active enough to achieve healthy growth and development. It is estimated that physical inactivity results in more than 21,000 premature deaths a year and costs Canada's health care system at least $2.1 billion annually in direct health care costs. As part of our Sustainable Development Strategy, we will promote an active transportation initiative to increase activity levels associated with actions such as walking or bicycling, which would improve the health of Canadians. This initiative is expected to contribute to the federal, provincial and territorial governments' joint target of increasing the physical activity levels of Canadians by ten percentage points in each province and territory by 2010.

In 2004-2005, the final evaluation of the Canadian Diabetes Strategy will be complete. In addition, we will build on lessons learned to date with the strategy as we emphasize the needs of those population groups at highest risk of developing diabetes and those who already have the disease.

Health Canada's regional offices are focusing on the burden of chronic disease and developing integrated strategies to address chronic disease prevention. For example, our Department's Alberta/Northwest Territories region is a partner in the Alberta Healthy Living Network. This initiative will provide leadership for integrated action to promote health and prevent chronic disease. Building on the joint process involving Health Canada and the government of Nova Scotia that led to the report *The Cost of Chronic Disease in Nova Scotia*, the Department will, in partnership with the governments of other Atlantic provinces, complete similar provincially focused reports on the costs related to chronic disease. These reports will complement existing work and will serve as an evidence base to plan appropriate strategies for local chronic disease prevention.

With respect to communicable diseases, the Department will pursue the development of integrated strategies for common populations in common settings, such as injection drug users. This will provide a more effective response to diseases affecting the same high-risk group as well as the broader health and socio-economic determinants that fuel the epidemics. These efforts will complement the ongoing work Health Canada does through the $42 million Canadian Strategy on HIV/AIDS. In 2004-2005, Health Canada will respond to HIV/AIDS by focusing its attention on key population groups, improve public education awareness, address the determinants of health related to the disease and strengthen Canada's international response to the disease.[1,2]

Foster increased collaboration in public health

Achieving a national and coordinated public health system requires that all public health partners work together towards joint objectives to meet their responsibility for the safety and security of Canadians. Public health actions also need to be anchored in a population health approach that focuses on factors that determine our health. Many of these factors are outside the public health sector itself. They include the economic, social and physical environments where people live, learn, work and play. In order to mitigate the effects of communicable and non-communicable diseases in Canada, collaboration at all levels must be enhanced. Furthermore, the potential risks associated with threats to health dramatically increase if we do not share our information, improve our collaboration and coordinate our efforts.

In 2004-2005, our Department will focus on better coordinating and increasing collaboration among other governments, the private sector, non-governmental organizations and individuals both within Canada and abroad, in order to be more effective and efficient in achieving the best possible health outcomes for Canadians. The Pan-Canadian Public Health Network, an intergovernmental approach to integrating the public health system in Canada, will be established. It will be built on existing strengths and provide the structures for Federal/Provincial/Territorial discussions at all levels, allowing the effective development and delivery of pan-Canadian public health strategies across jurisdictions. In addition, Health Canada will explore the international dimensions of public health to help clarify our roles and responsibilities, as well as guide our relationships with our international partners.

Priority: Enhance the federal government's capacity in public health

Public health is a shared responsibility among different jurisdictions. For its part, the federal government's leadership role involves developing and delivering national policies and programs that promote and protect the health of Canadians. In 2004-2005, the Department will engage in activities that will coordinate our response to public health emergencies and improve the day-to-day management of broader public health issues within the federal jurisdiction.

Establish the new Public Health Agency of Canada

The Department will further our work to establish the proposed Canada Public Health Agency by exploring organizational options that will enable the Government of Canada to more effectively protect and promote the health of Canadians. The new agency will be responsible for leading the federal government's response on a range of threats to health, such as communicable and non-communicable diseases and injuries. The Government of Canada will also appoint a new Chief Public Health Officer for Canada who will head the new agency. In addition, we will further our public health research, surveillance and emergency preparedness activities.

Enhance federal capacities in its laboratories, health surveillance and emergency response

Having sufficient laboratory, surveillance and emergency response capacities are necessary for the timely identification, detection and control of emerging and re-emerging infectious diseases. Enhanced laboratory capacity and surveillance will also help us address non-communicable disease threats, injuries and disabilities. These improvements are expected to result in faster and more effective public health diagnoses and responses.

Canada's public health laboratories are operated by many different organizations in the private, non-profit and public sectors. Having strong communication among all the laboratories is fundamental to Canada achieving a seamless public health system. The Canadian Public Health Laboratory Network will improve the communications among those researching infectious diseases, bioterrorism and other health emergencies.

Health surveillance is the ongoing, systematic use of routinely collected data to guide public health actions in a timely fashion. It also involves tracking and forecasting the occurrence of health events or determinants through the ongoing collection of data and the collation, analysis and interpretation of that data into products that are disseminated to those who need them. We will facilitate the integration of surveillance systems for both communicable and non-communicable diseases to enable timely access to critical, real-time clinical and laboratory data.

Our Department will continue to monitor emerging and re-emerging infectious diseases in Canada and work with partners to protect Canadians from these disease risks. For West Nile virus and other animal-to-human transferable diseases, the Department will continue to develop the surveillance and research capacities to

investigate these new threats. These activities will enable timely risk management actions to protect public health, including activities aimed at minimizing the risk associated with transfusion-transmitted exposure to these diseases.

In 2003, the Department received $45 million over five years to develop and strengthen Health Canada's immunization capacity and reduce the incidence of specific vaccine-preventable diseases. This new funding will be invested in initiatives to: strengthen federal program activities; ensure equitable and timely access to recommended vaccines for all Canadians; fulfill federal responsibilities for vaccine preventable diseases and immunization; and provide a forum for inter-jurisdictional collaboration on immunization issues and programs. Canada's public health workers can benefit from automated client health records and reporting systems that support their interventions, tracking and reporting requirements. The integrated Public Health Information System(PHIS), developed under the Canadian Integrated Public Health Surveillance Program, provides public health workers with tools that address these needs. Based on successful pilots of the PHIS, Health Canada will work with provincial, territorial and local partners to further pilot, evaluate and develop additional PHIS modules. The progress of these projects will be guided by the collaborative governing body of federal, provincial and territorial governments and implemented in jurisdictions across the country.

Canada must be ready to respond to potential health threats or emergencies. Health Canada will continue to take a comprehensive all-hazards approach to protecting Canadians from the threat of chemical, biological and radio-nuclear terrorism, as well as other national public health emergencies, including natural disasters. These strategies will reflect the Department's leadership role in the development of federal measures to prepare for, and respond to, chemical emergencies. On the international front, the Department will continue to exchange information through the Global Public Health Network.

Six regional emergency preparedness coordinators will focus their energies on planning, coordinating and implementing an effective regional emergency preparedness response system that supports the National Departmental Emergency Preparedness Policy and Plan. These are the first dedicated emergency preparedness resources at the regional level in the Department. These coordinators, in partnership with provincial health departments, emergency management and public security organizations, and other federal and provincial departments, will improve Canada's overall emergency preparedness. During 2004-2006, the regions will continue to refine, test and evaluate their regional all hazards emergency response plans as they continue to participate, plan and execute emergency exercises and manage actual emergencies.

Endnotes and website links

1 http://www.aids.gc.ca

2 http://www.tbs-sct.gc.ca/rma/eppi-ibdrp/hrdb-rhbd/profil_e.asp

Strategic Outcome:

Healthier First Nations and Inuit through collaborative delivery of health promotion, disease prevention and health care services.

Planned Spending (millions of dollars)* and Full-Time Equivalents (FTEs)

	Forecast Spending 2003-2004	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Gross expenditures	1,603.5	**1,707.4**	1,779.2	1,823.8
Less: Expected respendable revenues	5.5	**5.5**	5.5	5.5
Net expenditures**	1,598.0	**1,701.9***	1,773.7	1,818.3
FTEs	1,541	**1,714**	1,615	1,631

* This represents 51.5% of the Department's total net planned spending.

** The increase in net expenditures from 2003-2004 to 2004-2005 is mainly due to the growth of the Indian Envelope and additional funding for the sustainability of the First Nations and Inuit Health System. The increase is also due to a one-time transfer of resources in 2003-2004 for First Nations' construction and restoration of on-reserve facilities being shown in the Effective support for the delivery of Health Canada's programs strategic outcome. The increase in net expenditures from 2004-2005 to 2006-2007 is mainly due to the growth of the Indian Envelope, and an increase in the level of funding for the sustainability of First Nations and Inuit Health System.

The goal of the First Nations and Inuit (FN/I) health system is to provide efficient, effective and sustainable health services and programs that contribute to better health outcomes for FN/I. The FN/I health system works to see that FN/I have access to the same quality and accessibility of services as other populations

living in similar circumstances with the ultimate goal of closing the gap in health status between Aboriginal and non-Aboriginal Canadians.

While the Department has made strides in addressing the health status of FN/I, there continues to be significant disparities in health outcomes when compared to the general Canadian population – in areas of life expectancy, prevalence of chronic and infectious disease, and injury. For example, in selected First Nations communities, the prevalence of heart disease is 1.5 times higher, the rate of heart disease is three times higher, diabetes rates are almost three times higher, potential years of life lost due to injury are four times higher, tuberculosis infection rates 10 times higher, and 5.3% of new AIDS cases are occurring among Aboriginal people who represent 3.3% of the Canadian population.[1,2,3,4]

The Department faces many of the same challenges as other Canadian health systems such as increasing costs, health human resource shortages and servicing the needs of an aging population. In addition, the FN/I health system has additional challenges in program delivery and increasing costs due to a growing population with a higher rate of disease burden and populations living largely in remote and rural areas of the country.

Together with FN/I, the Department, through our regional offices, delivers public health and community health programs on reserves. These include environmental health and communicable and non-communicable disease prevention. Primary care services are also provided in remote and isolated communities where there are often no provincial services readily available. The Department also provides targeted programs for all Aboriginal people, such as the Aboriginal Diabetes Initiative, the Tobacco Control Strategy, and Indian Residential schools counseling. A range of medically necessary goods and services (i.e. drugs, dental and vision care, medical transportation, medical equipment and supplies) are also provided under the Non-Insured Health Benefits (NIHB) Program to approximately 735,000 FN/I, regardless of residency. During the upcoming fiscal year planned expenditures are approximately $1.7 billion.

Priority: Enhance health promotion and prevention programs

In the 2002 Speech from the Throne, the Government of Canada committed to take further action to close the gap in health status between Aboriginal and non-Aboriginal Canadians by putting in place a First Nations health promotion and disease prevention strategy and by working with its partners to improve health care delivery. Specific initiatives include a targeted immunization program, an expansion of the Aboriginal Head Start program (AHS), and an expansion of programs to address fetal alcohol spectrum disorder (FASD) in Aboriginal communities.

As a part of the Government of Canada's commitment, and that of the National Children's Agenda, an early childhood development (ECD) strategy for First Nations, Inuit and other Aboriginal children is also being implemented. This is a complementary strategy to the federal/provincial/territorial (F/P/T) ECD Initiative.

In 2004-2005, Health Canada will invest $74.2 million in programs designed to collectively improve the spiritual, emotional, intellectual and physical growth and development of FN/I infants and children, and to support pregnant women, caregivers, families and communities in raising healthy children who are able to

meet their full potential.[5] Programs targeted towards maternal, infant and child health, increasing children's knowledge of language and culture, and increasing children's readiness for school will be a focus.

The Department is proceeding with a targeted immunization strategy for First Nations children under the age of 6 who live on-reserve. The Department will invest $32 million over five years to increase immunization rates among these children, and to ensure access to newly recommended vaccines. To achieve this goal, Health Canada will develop partnerships with its F/P/T colleagues and with Aboriginal organizations and communities to develop and implement the strategy.

Health Canada invests in an array of programs that support the needs of FN/I youth.[6] These programs provide culturally sensitive counseling services, addictions prevention services, suicide prevention and mental wellness services to First Nations, Inuit and targeted Innu. Over the long term, these programs will build resiliency and self-esteem among FN/I youths and their communities, and strengthen their capacity for sustained mental and physical health.

The Department provides programs for FN/I adults that are designed to prevent chronic diseases and injuries over the short and long term.[7] In 2004-2005, Health Canada will invest $28.6 million in programs that will increase awareness of healthy behaviours such as healthy eating, active living and healthy body weight, increase awareness of the harmful effects of tobacco and substance misuse and increase community capacity to reduce injuries. In the longer term, these programs aim to increase the number of adults living healthy lifestyles, and thereby increase the overall health of FN/I communities and families.

Health Canada will continue to work with partners to support an Aboriginal-specific HIV/AIDS awareness campaign. Support includes resources and strategies for a social marketing campaign and Departmental support for the educational activities of national Aboriginal organizations and communities aimed at high risk segments of the population. This targeted approach will increase community knowledge by providing health information concerning high risk behaviours and prevention and harm reduction strategies. Such programming will contribute to positive behavioural changes and lower transmission rates of HIV among FN/I.

In partnership with FN/I communities, we will continue to develop and finalize the strategic community risk assessment and planning tool for the elimination of tuberculosis in FN/I communities. Working with Health Canada, FN/I organizations have been involved at the community, regional and national levels in determining future directions of this strategy.

The Department will continue its efforts over the coming year to ensure that drinking water quality monitoring programs are in place in First Nations communities. With the $116 million over five years provided by Budget 2003, Health Canada will increase the frequency of sampling and testing of drinking water quality in First Nations communities, and increase the number of communities that have portable laboratory kits for testing. The Department will also use these resources to provide training to First Nations communities to increase their capacity to monitor their drinking water quality and detect potential problems.

Priority: Improve the quality, accessibility and effectiveness of health care services

Federal programs and services to FN/I are primarily provided by Indian and Northern Affairs Canada (INAC), Human Resources and Skills Development Canada (HRSDC), Social Development Canada (SDC), and Health Canada. Together, the departments work in collaboration with FN/I communities to improve their quality of life and work towards closing the gap in life chances between Aboriginal and non-Aboriginal Canadians. The long term goal is to begin shifting the focus from disease and treatment to upstream investments in public health, prevention and promotion services and moving towards improved equity in access and quality of health services.

In Budget 2003, the federal government devoted $1.3 billion over five years to the sustainability of the FN/I health system. This includes funds for: the NIHB Program; capital reinvestments to improve health facilities; an immunization strategy; a comprehensive nursing strategy; and pilot programs to improve the integration of services with those of the provinces and territories.

Health Canada will develop and implement a National Health Human Resources Strategy with funding of $90 million over five years. The Department will develop a comprehensive FN/I component, including an environmental scan, a planning framework and research projects. Specific to this component will be the ability to understand and better address the unique health service needs of FN/I and respond to current, new and emerging health services issues and priorities. The objectives of the strategy are to increase the number of FN/I health professionals working in the health system and to improve the continuity of care.

As part of its plan to improve the quality, accessibility and effectiveness of health services to FN/I, Health Canada will implement key elements of a nursing transformation strategy. We will invest close to $70.8 million over the next four years to staff new nursing positions and support professional development for nurses in FN/I communities. An estimated 123 new full time equivalent nursing positions will be created, of which 74 will augment staffing in nursing stations. Combined with projects to strengthen nursing management, professional development and continuing education, these collective efforts will lead to improvements in nursing retention and recruitment, enhanced professional competency, enhanced adoption of evidence-based practices and improved client and system outcomes.

Under the Health Facilities and Capital Program, Health Canada will construct, improve operations, and maintain on-reserve health facilities and professional staff residences. We will spend approximately $2.9 million on major structural repairs and the replacement or upgrade of building systems over the coming fiscal year, which will prolong the functional life of buildings, improve working conditions for clients and staff and lead to better community health care services.

During 2004-2005, the Department plans to build or expand nine health facilities at an estimated cost of $8.5 million. These efforts will help increase the accessibility and effectiveness of health care services being delivered directly to FN/I communities. Residential accommodations in remote and isolated communities are not always readily available. To address this gap, and inline with the nursing transformation strategy, the Department will construct approximately 16 residential units in 2004-2005 at an estimated cost of

$7.6 million. By providing these units, Health Canada will be able to improve the living and working conditions of nursing staff and increase the Department's ability to recruit and retain qualified health professionals.

Over the coming fiscal year, Health Canada will work in partnership with INAC to develop an approach and framework for long-term and ongoing care in FN/I communities. Health Canada will also continue to develop and implement home and community care services, including options to address First Ministers' Agreements on home care as they relate to FN/I communities.

As part of the Department's third Sustainable Development Strategy, projects that will minimize the environmental and health effects of physical operations and activities are planned. These include conducting facility environmental compliance audits; developing an ozone depleting substances inventory and phase-out plans; implementing environmental remediation projects, which include contaminated sites; and developing and initiating an environmental management and awareness training program. Commitments for the upcoming year related to FN/I health responsibilities are $6.1 million.[8]

Health Canada will work to finalize the NIHB medical transportation policy framework, which defines the terms and conditions under which the NIHB Program will assist eligible clients to access medically required health services not available on-reserve or in their community of residence. The medical transportation benefit is the second largest of all the NIHB benefit category expenditures.[9] The framework supports NIHB Program objectives of striving for the most effective use of medical transportation resources to meet the needs of clients in a sustainable manner.

Health Canada will continue to improve the quality of FN/I health services by finalizing the accreditation standards for First Nations community health programs to ensure they are culturally appropriate and reflect the complexity of service delivery to small and remote populations. In the coming year, nine program locations will seek accreditation.

The Department will also continue to support the National Native Alcohol and Drug Abuse Program (NNADAP) and the Youth Solvent Abuse Program in acquiring accreditation and providing enhanced training and professional development for personnel working in both residential treatment centres and community-based programs. This will result in improved program and service delivery for FN/I clients.

Priority: Collaborate and cooperate with FN/I communities, provinces and territories, and service providers to modernize and adapt the health service system for FN/I.

Health Canada's goal for the FN/I health system is to provide efficient, effective and sustainable health services and programs that will contribute to better health outcomes for FN/I. A critical aspect to achieving this goal is effective cooperation and collaboration among key stakeholders across multiple jurisdictions. Health Canada works closely with its key partners, ranging from FN/I, the provinces and territories, health professional associations, national non-governmental organizations and the health research community to develop strong partnerships at the national, regional and community levels.

The First Ministers' 2003 Health Accord made important commitments to address some of the serious challenges facing the health of Aboriginal Canadians. First Ministers agreed to work together to address the gap in health status between Aboriginal and non-Aboriginal Canadians through better integration of health services. Pursuant to this Accord, Health Canada will work with the provinces and territories in a collaborative approach with national Aboriginal organizations to identify common priorities and opportunities for collective action, through the F/P/T advisory committee structure.

Within the Primary Health Care Transition Fund (PHCTF), a national three-year initiative was established in 2003-2004. Its goal is to support sustainable, transitional, primary health care activities to improve overall co-ordination of services and health information as well as promote cost-effective and improved quality of health service delivery through the integration of existing services and resources. Work is ongoing with a variety of organizations to implement initiatives funded through the Aboriginal component of the PHCTF such as midwife training programs, health and social services projects and telehealth.

The Health Integration Initiative (HII) commenced in 2003-2004 with $10.8 million over three years including 2004-2005 funds estimated at $4.7 million. This initiative will explore models for developing an accessible and efficient health care system for FN/I that, in the long-term, is integrated with a system serving all Canadians. It is a first step towards a long-term vision that will identify mechanisms for collaboration and harmonization between federal community-based programs and P/T health systems. The HII will support pilot projects and increase knowledge about integration through research and information-sharing as well as develop a policy framework with options for further integration.

In collaboration with INAC, HRSDC and SDC, Health Canada will continue to improve the coordination and integration of federal Aboriginal ECD programs. Drawing on the findings from the environmental scan of best practices, pilot projects and a national dialogue conducted in 2003-2004, the three federal departments will continue to work towards increasing service coordination at the community level.

Health Canada, in collaboration with FN/I communities, will work together on the development of community health plans for all communities. These health plans will support communities in making decisions consistent with their health priorities. Through demonstration projects, communities will be able to develop and implement a flexible, adaptable health plan template to be used for tracking measurable improvements in health program delivery accountabilities and to ensure that key ones are met. Over the next few years, the Department will continue to assist First Nations communities in developing their health plans. Currently, community demonstration sites are in the process of developing health plans for implementation in 2004-2005, which are scheduled to be evaluated after two years of operation.

In partnership with Indian Residential Schools Resolution Canada (IRSRC), Health Canada will allocate approximately $29.2 million over the next three years towards the IRSRC Mental Health Support Program. This program is intended to increase awareness, uptake and access to mental health and emotional support services. Over the long term, the goal of the mental health support program is to ensure that claimants have access to appropriate support services so that they may safely address issues related to the disclosure of abuse and the impacts of those experiences.

Priority: Strengthen information and knowledge management to improve delivery of health care services and programs

Health Canada faces diverse challenges in harmonizing business needs, health care service delivery requirements with information and communications technologies. A strategic and integrated approach will be critical to the Department's ability to develop a strong health and health-related information management infrastructure.

In keeping with the Department's focus on health system renewal, the FN/I e-health strategic vision and policy framework will be finalized and implemented in the coming year. The Department will introduce the new Home Care and Diabetes information systems in First Nations communities as well as pilot a new communicable disease and immunization reporting system to support data collection for the targeted Immunization Strategy for First Nation children on-reserve.

The national native addictions information management system will also be piloted in fifteen treatment centres across the country. This information system will increase access to information on addictions and treatment services for the public and enhance the management of national and regional treatment centre data for improved program decision-making.

In collaboration with INAC and SDC, Health Canada will create a national Aboriginal ECD service providers network. This web-based clearing house will enable better information sharing between service providers and improve training and professional expertise with a strategic long-term objective of enhancing the effectiveness of community programs.

Health Canada has developed an electronic Medical Transportation Record System and is working to enhance the system's capabilities. Implementation of the system will help to ensure efficient and effective use of the medical transportation program to better meet client needs.

The Department will continue to build and support capacity in FN/I communities to identify, understand and control the impact of exposure to environmental contaminants through community-based research, monitoring and analysis activities. In collaboration with FN/I communities, Aboriginal organizations, and other government departments, Health Canada will continue to deliver the National First Nations Environmental Contaminants Program and the Northern Contaminants Program with expenditures estimated at $2.2 million and $400,000 respectively.

Priority: Improve the management practices of Health Canada and FN/I communities by implementing effective evaluation and accountability mechanisms

The Department is committed to the principles of due diligence and public accountability by putting in place tools and mechanisms to measure progress and report on results. This includes establishing clear benchmarks of success and implementing effective accountability models for FN/I health programs and

services. In the area of FN/I health, accountability and responsibility are shared across multiple jurisdictions, between federal and provincial governments, as well as FN/I communities. Strong results-based management and accountability practices and principles will ensure that information gathered will enable the Department to continually learn, improve and deliver more effective, efficient health programs and services.

In this context, there are two broad types of accountability with which Health Canada is concerned. First, accountability for compliance with existing laws, regulations and standard accounting practices regarding the use of public funds. The second is accountability as it pertains to performance and reporting on results.

Health Canada's efforts will concentrate on the management of funding agreements, and on contracting practices and procedures, as well as keeping ongoing management practices in-line with the Management Accountability Framework. For example, the implementation of a plan for contract management provides guidance on contracting procedures in line with Treasury Board Policy, and with the principles of accountability and good governance. In 2004-2005 Health Canada's annual agreement update process will fine-tune FN/I funding agreements while ensuring that they reflect changes in, as well as new, federal policies and directives. The Department will continue its collaboration and dialogue on accountability issues with other federal departments, as well as with FN/I organizations, recognizing that the key to continued success in accountability implementation lies in extensive cooperation with stakeholders.

During fiscal years 2004-2006, Health Canada will continue its implementation of the Capacity Development Strategy in partnership with FN/I communities, as well as other government departments and agencies with an overall view to strengthening capacity in the management and administration of funding agreements. This work will focus on the areas of planning, evaluation, and financial and program reporting.

Health Canada will also pursue efforts to strengthen the evaluation function among FN/I programs and services. In line with the establishment of an evaluation policy specific to FN/I programs, the evaluation of Health Services Transfer Policies and Aboriginal Diabetes Initiative will be finalized. In 2004-2005, an evaluation of the ECD initiative, the Home and Community Care Program and the NNADAP will be initiated. This work will provide management and FN/I stakeholders with performance information to maximize effectiveness and efficiencies.

In response to recommendations made by the Auditor General, Health Canada is working with First Nations communities to streamline reporting requirements, improve the quality of reporting data and reduce administration. Over the next two years, Health Canada will work with First Nations communities to collectively identify information needs, while respecting available community resources. Health Canada will also work with other federal departments and agencies that provide First Nations funding through contribution agreements to determine ways to share information and further streamline First Nations communities' reporting.

Health Canada will continue to work towards improving the quality of programs and services through data collection and analysis. The Department will focus on evidence-based decision-making that utilizes information gathered through performance measurement and evaluation activities for the purposes of increased accountability and management.

Endnotes and website links

1 First Nations Regional Health Survey 1997 and First Nations and Inuit Health Branch Statistical Profile 1999

2 Aboriginal Peoples Survey 2001

3 Statistical Profile on the Health of First Nations in Canada 2003

4 HIV/AIDS Epidemiological Update: HIV/AIDS Among Aboriginal Persons in Canada: A Continuing Concern, April 2003

5 Fetal Alcohol Spectrum Disorder Program, Aboriginal Head Start on-reserve, and the Canada Prenatal Nutrition Program.

6 Youth Solvent Abuse Program, the National Native Alcohol and Drug Abuse Program, the Building Healthy Communities Program, the Brighter Futures Initiative, the National Aboriginal Role Model Program and the Labrador Innu Comprehensive Healing Strategy.

7 Aboriginal Diabetes Initiative, Community Nutrition Program, First Nations and Inuit Tobacco Control Strategy, and Injury Prevention Program.

8 For more information on the Strategy, consult www.hc-sc.gc.ca/susdevdur

9 Within the Non-Insured Health Benefits Program of which there are six benefit categories, expenditures for drugs are the highest.

Strategic Outcome:

Safe health products and food

Planned Spending (millions of dollars)* and Full-Time Equivalents (FTEs)

	Forecast Spending 2003-2004	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Gross expenditures	229.3	**224.1**	221.3	217.2
Less: Expected respendable revenues	40.7	**40.7**	40.7	40.7
Net expenditures**	188.6	**183.4***	180.6	176.5
FTEs	1,917	**1,953**	1,944	1,929

* This represents 5.5% of the Department's total net planned spending.

** The decrease in net expenditures between 2003-2004 and 2004-2005 is mainly due to the sunsetting of funding for the Legal Risks – Litigation costs initiative for government's defence in major litigations against the Crown in the areas of medical devices and tobacco. The decrease in net expenditures between 2004-2005 and 2005-2006 is mainly due to the sunsetting of funding related to the Canadian Biotechnology Strategy. The decrease in net expenditures between 2005-2006 and 2006-2007 is mainly due to a decrease in the level of funding for the Implementation of Health Canada's Therapeutic Access Strategy.

As Canada's federal authority responsible for the regulation of health products and food, Health Canada evaluates and monitors the safety, quality and effectiveness of the thousands of drugs, vaccines, medical devices, natural health products and other therapeutic products available to Canadians, as well as the safety and quality of the foods we eat. Our legislated mandate includes ensuring that veterinary drugs sold in Canada are safe and effective for animals, and that the foods derived from animals treated with those drugs are safe. Health Canada also promotes the health and well-being of Canadians through a broad range of

activities linked to health products and food, including nutrition policies and standards such as Canada's Food Guide to Healthy Eating.

Health Canada takes an integrated, science-based approach to the management of risk and benefits for health products, food and nutrition, maximizing the safety provided by the regulatory system and enabling Canadians to make healthy choices and informed decisions about their health. This approach recognizes that the health of Canadians is a shared responsibility – with the provinces and territories, with health care providers, with industry and with Canadians themselves, whose individual choices and circumstances must be respected. Health Canada delivers its responsibilities for health products, food and nutrition through offices across the country and covering all regions.

Through the Therapeutics Access Strategy (TAS), Health Canada is taking further steps to ensure that human drugs and other therapeutic products are safe, of high quality, therapeutically effective, appropriately used and accessible in a timely and cost-effective fashion. This strategy has three interrelated objectives: (1) transforming our regulatory performance by improving the timeliness and transparency of the review process for therapeutic products while maintaining Health Canada's high standards for safety; (2) enhancing post-market surveillance by exercising greater vigilance around safety and therapeutic effectiveness issues once products reach the market; and, (3) improving access to appropriate and cost-effective drug therapies for Canadians, which contributes to the sustainability of the health care system (reported under the Access to Quality Health Services for Canadians strategic outcome). In Budget 2003, the Government of Canada committed $190 million over five years for TAS.

The Therapeutics Access Strategy includes measures to ensure that the Department has the right financial and human resource management tools to get the job done. These measures will help us achieve the performance commitments the Department has made to reduce review and approval times for therapeutic products, and ensure that these and other improvements to the regulatory system can be sustained in the long-term. Our Department will develop a plan for improvement in regulatory performance in 2004-2005, which will cover financial (including external charging) and human resource requirements and will consult industry and other stakeholders on the approach.

Priority: Transforming our efficiency, effectiveness and responsiveness as a regulator

Health Canada faces important challenges in delivering our regulatory responsibilities for health products and food. With science and technology evolving rapidly, the challenge is to ensure that citizens can benefit from the opportunities created by new knowledge, particularly through better health. Health Canada' s regulatory system and scientific capacity must transform to keep pace with change, so that Canadians can continue to have confidence in our high standards of safety, and Canadian industry can benefit from an internationally-comparable regulatory environment. A broad range of actions under this priority will be taken during 2004-2005 and beyond.

As a key objective of the Therapeutics Access Strategy, Health Canada will meet performance targets on review of new drug submissions 90% of the time in 2005-2006 for pharmaceuticals and in 2006-2007 for

biologics and genetic therapies, including elimination of backlogs.[1] We will do this without reducing public safety, by re-engineering review processes, increasing our science capacity and applying project management and other quality systems to review processes. We will also apply these systems to submissions of generic drugs, veterinary drugs and novel foods.[2]

The Government of Canada recognizes that an environment that supports innovation in health and food products is essential for Canadians to ultimately benefit from technology in terms of better health outcomes. Health Canada will implement strategies that support earlier engagement with industry, patient and consumer groups and other stakeholders in drug development. This will improve the predictability and efficiency of the regulatory review process for clinical trial applications and new drug submissions. We will also implement Good Guidance Practices to help industry improve the quality of submissions as well as Good Review Practices to ensure high-quality reviews. The Department will continue to support scientific research in emerging technology areas, such as genetic therapies and novel drug delivery systems, to inform regulatory guidance to industry and review practices.

Health Canada, in cooperation with other federal partners, will develop a biotechnology stewardship framework to enable responsible introduction of new discoveries through novel and appropriate regulatory mechanisms. We will evaluate the establishment of a Code of Practice for all stakeholders conducting policy, regulation and research activities.

Health Canada is also engaged in regulatory cooperation and harmonization activities with partner organizations around the world. The Department will implement a new Memorandum of Understanding with the U.S. Food and Drug Administration to support a more efficient therapeutic product evaluation process that allows faster public access to important new therapies and quicker identification of risks associated with marketed health products. In addition, we will pilot a joint product submission review project with Australia's Therapeutic Goods Administration, which will allow the Department to share information while safeguarding Health Canada's high safety, efficacy and quality standards. Health Canada will develop an international regulatory cooperation strategy in 2004-2005 to provide a longer-term approach to our international collaboration efforts in such areas as food, nutrition and health products.

Health Canada will implement an electronic scientific laboratory information system supporting the Biologics and Genetic Therapies group's work to achieve accreditation for its laboratories in accordance with international quality standards. In 2004-2005, the Department will continue working with Japan, the European Union and the United States to reduce duplication and testing of new medicines and collaborate with the UK's National Institute for Biological Standards and Control to improve information-sharing on research and testing methodologies.

Health Canada is an active participant in the International Conference on Harmonization of Technical Requirements for the Registration of Pharmaceuticals for Human Use (ICH) and similar organizations for medical devices, veterinary drugs and food. We moved quickly in May 2003 to accept submissions prepared according to ICH's Common Technical Document harmonized standard, which eliminates the extra time required by sponsors to format their submissions to meet domestic requirements. The Department will implement an electronic review system to modernize our approach to health product submissions and improve accessibility to information during the review process and over the product life cycle.

The quality of active pharmaceutical ingredients (APIs) contained in drugs used by Canadians is critical to overall product quality. We will also develop a new regulatory framework that implements cutting-edge ICH standards for drug manufacturing practices that will result in greater regulatory oversight of the quality of the active pharmaceutical ingredients in the drugs used by Canadians.

These activities are part of larger efforts to develop and implement innovative, modern approaches to regulation of health products and food, including flexible, risk- or standards-based regulatory frameworks. These support the Government's commitment to smart regulation, and are linked to Health Canada's efforts to support legislative renewal through the proposed new *Canada Health Protection Act* as noted in the 2004 Speech from the Throne.

The Department will also begin to implement the *Natural Health Products Regulations,* which were introduced in January 2004. These regulations include provisions for product and site licensing, standardized label requirements, conducting clinical trials and adverse reaction reporting for natural health products. Also in 2004, the Department will implement a new guideline that sets out the regulatory expectations for the inclusion of children in clinical trials for therapeutic products. This guideline will facilitate research into the appropriate use and labelling of many therapeutic products for children and will ensure that they can benefit from the full range of therapies available to adults. Building on the new safety standards, new regulations for cells, tissues and organs for transplantation, including blood, are expected to be in place by 2005.

Priority: Providing authoritative information for healthy choices and informed decisions by Canadians

More than ever, citizens are more active in managing their own health. They want more access to information on health products, food and nutrition, as well as the regulatory process and decisions. At the same time, the rise of non-communicable chronic disease in Canada is a disturbing phenomenon, including an increased prevalence of obesity and diabetes. In response, Health Canada will increase its efforts to provide timely, evidence-based information on food, nutrition and health products to help Canadians and health care professionals make better-informed choices. We will do this through a range of activities.

Improved information on healthy eating and nutrition will be a major focus of efforts. Health Canada's dietary guidance, including Canada's Food Guide to Healthy Eating, is being reviewed to ensure it continues to promote a pattern of eating that meets nutrient needs, promotes health and minimizes the risk of nutrition-related chronic disease. The review will ensure that this guidance reflects the most current scientific evidence concerning the relationships between diet and health and provides authoritative information to help Canadians make healthy choices about the food they eat. In the coming year, Health Canada will continue to raise awareness about the new nutrition labelling requirements on food that came into effect in 2003 and how the labels can be used to make healthy food choices.

We will make documents available to the public that outline the scientific and risk-based reasons for our decisions regarding health products, food and nutrition. This should increase public awareness of the benefits and risks of health products, food and nutrition issues. In addition, the Department will improve product monograph requirements for drugs beginning in 2004, including a new consumer information section.[3]

As part of our biotechnology stewardship role, Health Canada will implement an enhanced biotechnology website in 2004-2005 to more effectively address the needs of consumers. The Department will also continue to use other communication tools, such as fact sheets, brochures and exhibits, to improve awareness and confidence of health-related biotechnology.

Natural health products continue to be an important area of focus. For example, working with the Canadian Institutes for Health Research, the Department will invest $240,000 over the next three years to create a research network investigating the use of herbal medicines by the Cree Nation to prevent and potentially treat Type 2 diabetes. In addition, $300,000 over three years will be allocated to a research network on natural health products that brings together leading academic researchers and natural health practitioners.

Priority: Increasing responsiveness to public health issues and greater vigilance of safety and therapeutic effectiveness in real world use

Canadians expect that the food and therapeutic products for sale in Canada are as safe as possible. To this end, Health Canada must identify and assess product health and safety risks, alert the public and manage those risks in a manner that shares responsibility appropriately with industry, stakeholders and Canadians. At the same time, the confidence of Canadians in our regulatory system for health products and food must be maintained. With the discovery of Bovine Spongiform Encephalopathy (BSE) in Canada and the US, Health Canada has taken action to further protect the food supply against the risk of BSE by banning specified risk materials from entering the human food chain.

Building on this and other actions, Health Canada will increase our overall responsiveness to public health and safety issues associated with food, nutrition and health products, as well as developing a new program to assess the therapeutic effectiveness of health products on the market.

One element in our work will be to strengthen risk communications to patients, the public and health professionals. We will do so through greater cooperation with internal and external partners, new industry guidance on communication with health professionals and public advisories and informing Canadians about food- and nutrition-related health risks.

Health Canada will continue to play a critical leadership role in the delivery of the Food Safety component of the Agriculture Policy Framework, a collaborative five-year initiative between the federal, provincial and territorial Ministers of Agriculture. Our Department will focus on the development of policies and intervention strategies to address public health hazards at the farm level. Research to support on-farm food safety policies and standards will provide science-based information and knowledge. Our Department will collaborate with Agriculture and Agri-Food Canada and the Canadian Food Inspection Agency to review industry-developed, on-farm food safety programs and assist industry to effectively address public health hazards such as food-borne diseases, supported by investments of $32.5 million over five years. In addition to this work, Health Canada will continue to set maximum residue limits for veterinary drugs in foods derived from animals.

Health Canada will continue to conduct the Total Diet Study, an ongoing national program recommended by the World Health Organization, that measures the levels of potentially toxic chemicals in foods consumed by Canadians. Information from the study is used to assess human health risks, monitor time and geographical trends in exposure and identify at-risk population groups and foods. Data from the study will be publicly accessible on our Department's website.

The Department will work with Statistics Canada and the Canadian Institute for Health Information to improve surveillance activities that provide reliable, timely information about Canadians' dietary intake and nutritional well-being. This data will guide the development of food and nutrition policy and support consumer education.

Ongoing data collection from Canadian and international sources on adverse reactions to health products provides early warning of unanticipated risks of these products, once they are on the market. Health Canada will enhance its post-market surveillance of safety for human and veterinary drugs and natural health products. We will establish new regional centres across the country for reporting adverse drug reactions and increase our efforts to communicate adverse drug reaction information to the public in a timely fashion. The Department will also develop a new post-approval program to monitor therapeutic effectiveness.

In partnership with such groups as the Canadian Coalition on Medication Incident Reporting and Prevention, Health Canada will continue work to establish a medication incident reporting system. This system will reduce preventable medication errors. The Department will also evaluate wireless technology as a tool to report adverse reactions and medical incidents and to broadcast critical safety and effectiveness information. This will enable health professionals to promptly report more complete information about adverse reactions and medication incidents.

Our Department will also examine new surveillance mechanisms to identify serious and life-threatening adverse drug reactions in children. In collaboration with the Canadian Pediatric Society and the Pharmaceutical Outcomes Program of the Children's and Women's Health Centre of British Columbia, Health Canada will conduct a two-year study to determine the feasibility of active surveillance to identify serious life-threatening adverse drug reactions in children 0-18 years.

Health products with look-alike or sound-alike names can lead to errors in prescribing, dispensing or administration. Health Canada will implement a feasibility study along with a computer application that will screen for look-alike/sound-alike similarities with the possibility of sharing the software with the U.S. Food and Drug Administration.

In addition, we will pursue improved regulatory compliance by industry through post-market inspections. We will implement a program for compliance inspections of establishments as part of the National Review for Cells, Tissues, and Organs. The Department will also implement the Medical Device Inspection Program and increase our adverse drug reaction reporting compliance activities.

Priority: Improving transparency, openness and accountability to strengthen public trust and stakeholder relationships

Improving transparency, openness, shared responsibility and accountability is a key objective of the Department and the Therapeutics Access Strategy. The 2003 Public Policy Forum consultations with stakeholders on Health Canada's therapeutics review process underscored that significant work must be done to ensure that we fully integrate these principles into our business. This is being addressed through a number of key initiatives.

The Department will develop and begin implementing a public involvement strategy that will optimize public understanding of, and input into, decision-making processes, strengthen Department-stakeholder relationships and support more effective and efficient public involvement activities. In addition, Health Canada will make the regulatory process for therapeutic products and food more accessible to stakeholders, including patient and consumer groups.

In the coming year, public and stakeholder outreach will accompany our efforts to update standards and regulatory frameworks for blood and blood components, and for cells, tissues and organs. Working with the Canadian Food Inspection Agency and Crop Life Canada, our Department will evaluate strategies to allow the public to provide input into the review of new novel food submissions.

We will seek input from partners and stakeholders as we update policies and guidance such as Canada's Food Guide to Healthy Eating, through a process designed to engage Canadians in better understanding the importance of healthy eating and their shared responsibility in maintaining and improving their nutritional health and well-being.

Health Canada will establish clear, internationally comparable performance targets for all stages of the regulatory review process for therapeutic products and revise performance measurement approaches to ensure consistency with other leading regulators. The Department will improve its accountability to the public by providing more useful and understandable annual plans and reports on our performance for health products, food and nutrition-related activities.

Endnotes

1 Biologics and genetic therapies include: blood and blood products, viral and bacterial vaccines, genetic therapies and diagnostics, tissues and organs, xenotransplants (using animals and donors of living cells, tissues and organs), radiopharmaceuticals, and reproductive technologies.

2 Novel foods are new foods produced as a result of advances in food science and biotechnology, or foods that have been modified from their traditional composition.

3 A Product Monograph is a factual, scientific document that describes the properties, claims, indications and conditions of use of the drug product and other information required for optimal, safe and effective use of the drug.

Strategic Outcome:

Healthier environments and safer products for Canadians

Planned Spending (millions of dollars)* and Full-Time Equivalents (FTEs)

	Forecast Spending 2003-2004	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Gross expenditures	227.8	**248.1**	259.8	262.5
Less: Expected respendable revenues	9.8	**12.7**	12.7	12.7
Net expenditures**	218.0	**235.4***	247.1	249.8
FTEs	1,247	**1,272**	1,287	1,290

* This represents 7.1% of the Department's total net planned spending.

** The increase in net expenditures from 2003-2004 to 2004-2005 is mainly due to the Federal Tobacco Control Strategy and the renewal of Canada's Drug Strategy. The increase in expected respendable revenues is related to the Workplace Health and Public Safety Programme. The increase in net expenditures from 2004-2005 to 2006-2007 is mainly due to the renewal of Canada's Drug Strategy which will reach stable funding starting in 2007-2008.

Health Canada has a mandate to address many elements of day-to-day living in Canada that have an impact on the health of Canadians by performing and accessing high quality science. Some of these elements include healthier workplaces, drinking water safety, air quality, radiation exposure, alcohol and drug abuse, consumer product safety, tobacco and second-hand smoke and chemicals in the environment. We also provide workplace health services to federal employees in Canada and abroad, employee assistance services for public sector organizations including federal departments and agencies and devise medical contingency plans for visits and international conferences attended by Heads of State. We coordinate or participate in federal emergency preparedness and response on several fronts such as nuclear events, anti-terrorism and

health emergencies. This broad mandate derives from legislation such as the *Food and Drugs Act,* the *Controlled Drugs and Substances Act,* the *Hazardous Products Act,* the *Canadian Environmental Protection Act,* the *Tobacco Act* and others.

In 2004-2005, the Department will contribute to healthier environments and safer products for Canadians through new and ongoing initiatives which integrate the principles of sustainable development. Building on our work to help protect the health of Canadians from threats in the environment, we will generate new research, more partnerships and stronger federal leadership to improve health outcomes, particularly for vulnerable populations such as children. The Department will continue implementation of the renewed Canada's Drug Strategy and the Federal Tobacco Control Strategy to combat preventable illnesses, diseases and deaths affecting Canadians and pursue the development of a workplace health agenda to promote healthier workplaces. Through voluntary compliance programs, regulation and information dissemination, our Department will also protect the health and safety of the travelling public and of Canadians.

Priority: Reduce risks to health and safety, and improve protection against harm associated with workplace and environmental hazards, consumer products (including cosmetics), radiation-emitting devices, new chemical substances and products of biotechnology

Health Canada will continue to identify and reduce risks to human health posed by environmental factors such as water quality, air quality, radiation and environmental contaminants. Our work includes health risk assessments and the development of guidelines and standards.

During 2004-2005, we will intensify our work on the human health impacts of climate change and air pollution. Our goal will be to help address the economic burden of illness, disability and premature death in Canada which has been estimated at approximately $75.5 billion annually by the Canadian Institutes of Health Research.[1] Under the Canada/US Border Air Quality Strategy, we will develop a health-based Air Quality Index to provide Canadians with timely information on air quality and possible adverse effects on their health in order to support the development of policies and actions.[2] This work is consistent with the commitments of Health Canada's third Sustainable Development Strategy.

> *"Throughout Canada, children are more likely to be hospitalized for respiratory problems resulting from exposure to air pollution than any other cause."*
>
> Changing Habits, Changing Climate: A Foundation Analysis, Canadian Institute of Child Health, March 2001. (http://www.cich.ca/ClimateChangeReport.pdf)

To better protect the health of Canadians from environmental contaminants, the Department will make additional progress under the 1999 *Canadian Environmental Protection Act* (CEPA) by assessing and categorizing additional substances to better manage and eliminate human exposure to toxic substances.[3] To date, the Domestic Substances List (23,000 substances) has been reviewed to determine potential priorities for action. It has been determined that 849 substances require closer study. The intent in 2004-2005 is to consult on the selection process and solicit additional information on these 849 substances. The substances will then be

prioritized and screened. It is expected that approximately 20 screening assessments will be carried out in 2004-2005. CEPA is one of the cornerstones of the Department's Health and Environment Strategy and an important element of the third Sustainable Development Strategy.

Counter-terrorism/nuclear emergency preparedness and response is another important element of work under this priority. During 2004-2005, Health Canada will participate in planning for the next generation of the International Nuclear Emergency Exercises, which will help us examine the practical implications of implementing counter-measures (e.g., controls on food and travel) after a simulated radiation contamination.[4] We will work with provincial governments to improve safeguards to protect the health of Canadians during nuclear emergencies.

Frameworks to guide physical and psycho-social emergency response initially developed under the Government of Canada's Public Security and Anti-Terrorism Initiative are being expanded to include health emergencies like SARS. In 2004-2005, we will intensify efforts to build capacity to support the emergency responders and federal workers who provide services during and immediately following critical incidents or public health emergencies.

As part of our legislative mandate, Health Canada will continue to obtain the science necessary to identify, assess and manage the health and safety hazards and health risks to Canadians associated with: consumer products; hazardous workplace materials; cosmetics; new chemical substances; products of biotechnology; radiation produced by radiation emitting devices; environmental noise; and, solar UV radiation.

In 2004-2005, we will enhance our support for the Lead Risk Reduction Strategy by undertaking key regulatory actions that would restrict the lead content of children's jewellery and prohibit the import, advertisement or sale of candles with lead-core wicks.[5,6] This will help protect the health of Canadians by reducing health risks related to lead exposure. Performance will be based on the removal of children's leaded jewellery and lead core wick candles from the Canadian marketplace.

In 2004-2005, the Department will also seek an amendment to the *Cosmetics Regulations* to require manufacturers and distributors of cosmetic products to disclose ingredients on their product labels. This initiative will enhance the safety of Canadians by making available to them valuable information concerning the composition of cosmetics, particularly those ingredients to which they may be sensitive.

As well, Health Canada will demonstrate international leadership by implementing the hazard communication system known as the Globally Harmonized System (GHS) of Classification and Labelling of Chemicals.[7] Designed to enhance the protection of human health and the environment, the GHS is a commitment made at the World Summit on Sustainable Development that will ensure the availability of more consistent and comprehensive information for decision-makers to better manage and help reduce the need for duplicate testing and evaluation of chemicals. Key GHS stakeholders include provincial and territorial governments, industry, organized labour and consumer associations. Progress in legislative and regulatory changes for meeting a 2008 timeline for a fully operational system will be used to measure successful implementation.

The Department will continue to provide water and food inspection and sanitation services to over 10 million travellers who come to Canada annually by air, rail and marine travel. As well, Health Canada will continue to provide the Public Services Health Program to more than 20 federal departments comprising approximately 250,000 people. We also operate a 24/7 Crisis Referral Centre for employee assistance services. The Centre

deals with 37,000 calls annually from clients employed by 122 public sector organizations, including federal departments and agencies.

The impacts of the workplace on human health continue to generate attention. In 2004-2005, the Department will partner with provincial and territorial governments, stakeholder groups and other government departments to support research to develop better science and understanding of the health risks directly and indirectly related to the workplace. These risks are associated with health problems such as infections, substance abuse, anxiety and depression, injuries and conflicts. This research will assist us as we continue the development of a workplace health agenda.[8] We will also focus on dissemination of information on workplace health issues and promote successful practices. Over time, this work will help to identify national performance measures and progress indicators leading to safer, healthier and more productive work environments for Canadians.

Priority: Reduce health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol and other controlled substances

Every year, more than 47,000 deaths in Canada can be attributed to tobacco use. Through demonstrated leadership on the Federal Tobacco Control Strategy, approved in 2001, Health Canada will continue to seek reductions in the incidence of disease and death caused by tobacco use through prevention, cessation, protection and harm reduction initiatives. Program priorities will be supported by research and public communications.

In 2004-2005, one focus of our work will be on tobacco cessation to encourage people who currently smoke to quit smoking. We will work with the University of Waterloo and the provincial governments of Prince Edward Island and British Columbia to evaluate a coordinated approach to cessation. We will assess factors such as a smoker's level of addiction and provide referrals to the most appropriate source(s) of cessation support. Follow-up will determine the effectiveness of various interventions. This initiative will be one part of our work in 2004-2005 to support implementation of a national coordinated approach to cessation in communities across Canada. The best evidence of the success of these and other initiatives will be based on ongoing data from the Canadian Tobacco Use Monitoring Survey.[9]

Another objective of the Federal Tobacco Control Strategy is to explore ways to change tobacco products to reduce health hazards. As such, Health Canada intends to pursue regulations that would mandate changes to cigarettes that would decrease the number of cigarette-lit fires and their associated harm and deaths.[10]

On an annual basis in Canada, nearly $9 billion in health, social and economic costs can be attributed to alcohol and drug abuse.[11] Health Canada will continue to lead Canada's Drug Strategy and work in partnership with the provinces and territories, municipalities, non-government organizations and stakeholder groups. We will continue to administer the *Controlled Drugs and Substances Act* and its regulations, devise harm reduction and promotion strategies to combat alcohol and drug abuse, provide expert scientific advice and drug analysis services to law enforcement agencies and manage Health Canada's medical marihuana program. Canada's Drug Strategy activities will continue to be directed to reducing the supply of and demand for drugs through prevention, harm reduction, treatment and enforcement programming.[12]

In May 2003, the Government announced a $245 million investment over five years for Canada's Drug Strategy. Health Canada will target its new funding towards increasing the federal leadership role in the Strategy, developing a national action plan in consultation with all stakeholders and reporting on progress to Parliament. We will also increase research done in Canada on drug and alcohol abuse, fund the treatment component of Drug Treatment Courts, develop a new grants and contribution program for innovative community programs and expand health promotion and prevention activities.

In 2004-2005, Health Canada will build a strong foundation for the renewed Strategy and begin funding innovative projects through the Community Initiatives Fund. We will also complete development of a comprehensive evaluation framework, establish health promotion activities targeted at youth, analyze and report on the results of the Canadian Addiction Survey and conduct a review and amend the *Marihuana Medical Access Regulations*.

As well, the Alcohol and Drug Treatment and Rehabilitation Program (ADTR) will continue to improve treatment for women and youth suffering from substance abuse problems. ADTR is a 50-50 cost-shared program with the provincial governments. Health Canada's primary role is to provide funding, data collection and analysis and knowledge dissemination.

Endnotes and website links

1 http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ebic-femc98/pdf/ebic1998.pdf

2 http://www.ec.gc.ca/canada_us/air/index_e.htm

3 http://www.hc-sc.gc.ca/english/iyh/environment/cepa_overview.html

4 http://www.nea.fr/html/rp/inex/index.html

5 http://www.hc-sc.gc.ca/hecs-sesc/cps/pdf/lrrs_complete.pdf

6 http://www.hc-sc.gc.ca/english/iyh/products/candles.html

7 http://www.hc-sc.gc.ca/hecs-sesc/whmis/harmonization.htm#top

8 http://www.hc-sc.gc.ca/hecs-sesc/workplace/other.htm and http://www.enwhp.org

9 http://www.hc-sc.gc.ca/hecs-sesc/tobacco/research/ctums/2003/summary_first_2003.html

10 http://www.hc-sc.gc.ca/hecs-sesc/tobacco/pdf/pdf/RIP-ENG.pdf

11 *The Costs of Substance Abuse in Canada: a cost estimation study* – Single, Robson, Xie, Xiaodi et al., Canadian Centre on Substance Abuse, Ottawa, 1996.

12 http://www.tbs-sct.gc.ca/rma/eppi-ibdrp/hrdb-rhbd/profil_e.asp

Strategic Outcome:

Sustainable pest management products and programs for Canadians

Planned Spending (millions of dollars)* and Full-Time Equivalents (FTEs)

	Forecast Spending 2003-2004	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Gross expenditures	44.9	**45.3**	45.5	45.7
Less: Expected respendable revenues	7.0	**7.0**	7.0	7.0
Net expenditures**	37.9	**38.3***	38.5	38.7
FTEs	512	**541**	542	545

* This represents 1.2% of the Department's total net planned spending.

** The increase in net expenditures is mainly due to the Building of public confidence in pesticide regulation and improving access to pest management products initiative.

Health Canada's Pest Management Regulatory Agency (PMRA) regulates products designed to manage, destroy, attract or repel pests, and which are used, sold or imported into Canada under the Pest Control Products Act (PCPA). The new PCPA received Royal Assent in December 2002, and will be implemented as early as possible in 2004, once the supporting regulations are in place. The new PCPA is driving changes to the regulatory system to: strengthen health and environmental protection; make the registration system more transparent; and, strengthen post-registration control on pesticides.[1]

Our priorities over the next three years are to: help ensure the health and environmental safety and efficacy of pesticides; help ensure that products are manufactured, sold and used safely in compliance with the PCPA; and, promote sustainable pest management practices that help minimize the risks associated with pesticides. In the long-term, these priorities will contribute to the protection of health and the environment, increased public and stakeholder confidence in pesticide regulation and increased use of reduced-risk pest management practices and products.

Progress towards these outcomes will be accomplished through the following activities: registration of new pesticides (approximately 50% of the annual PMRA budget); re-evaluation of older pesticides (approximately 20%); compliance activities (approximately 20%); sustainable pest management projects (approximately 5%); and, business improvement initiatives (approximately 5%). Our business improvement initiatives are inline with government-wide initiatives. For example, the new PCPA is consistent with the principles of smart regulation, and the new electronic regulatory system is part of the Government On-line initiative. Within these activities, we have identified priorities for particular attention.

Priority: Safe and effective pest control products

The PMRA's role as a pesticide regulator is to help prevent unacceptable risks to human health and the environment from the use of pesticides. Implementation of the new PCPA, including the development of regulations, policies and procedures, will help ensure the safety and efficacy of pesticide products. Ongoing activities will include strengthening the link between pesticide research and regulation, continuing to register new pesticides and re-evaluating older pesticides. These activities will result in strengthened health and environmental protection, increased transparency and public participation, timely access to pesticides and timely removal of pesticide products and uses with unacceptable risks.

We will publish several new regulations to strengthen health and environmental protection, as well as post-registration controls. One regulation will require pesticide companies to report data regarding their sales of pesticides. We will establish a database to gather and track pesticide sales as an indicator of pesticide use, and incorporate the data into evidence-based health and environmental risk assessments. Another regulation will require pesticide companies to report adverse effects. The new product safety regulations will require pesticide companies to provide safety information in workplaces where pesticides are used or manufactured so that workers can take the necessary precautions.[2]

Provisions in the new PCPA will provide for increased public participation and transparency in the pesticide regulatory system. We will strengthen the existing process for public consultation and provide public disclosure of non-confidential information supporting registration decisions including detailed evaluations of risk and value. The public will be able to inspect confidential scientific test data used to support registration decisions and request a reconsideration of major registration decisions.

Pesticide research and long-term monitoring is important to measure the effectiveness of mitigation strategies and to identify pesticide trends and emerging issues. The PMRA has identified and shared research priorities with federal government departments and other branches of Health Canada responsible

for conducting research on pesticides and pest management. This scientific research and monitoring data will be considered during the re-evaluation of older pesticides and the registration of new pesticides. The success of this initiative is dependent on the strength of partnerships with other government departments. The Government of Canada is investing approximately $40 million over six years to strengthen links between federal pesticide research and regulatory capacities, which will help better protect health and the environment.

To help ensure the safety and efficacy of older pesticide products, we re-evaluate active ingredients that were registered before 1995 using modern risk assessment methods and current scientific data. Under a harmonized North American approach to re-evaluation, the PMRA and the United States Environmental Protection Agency (U.S. EPA) will complete the assessment of 405 active ingredients and their associated end-use products by 2008. The assessment of active ingredients for food uses is expected by 2006. Recognizing the importance of transparency and accountability with respect to re-evaluation, we will continue to publish documents announcing re-evaluation decisions and will report on progress of the re-evaluation program in our first annual report to Parliament. The re-evaluation program will help ensure that only safe, sustainable pest management products continue to be available for use in Canada.

We will continue to review applications for the registration of new pesticides in as timely a manner as possible to help ensure safe and effective pest control products are available for Canadians. Along with the U.S. EPA, Mexico's pesticide regulatory agencies (CICOPLAFEST) and the Organization for Economic Co-operation and Development, we will continue to pursue worksharing and harmonization of data requirements, test methods and risk assessment procedures. This includes a harmonized approach to cumulative risk assessments.

An initiative to encourage the pesticide industry to submit applications for reduced-risk products in Canada began in 2002.[3] When compared to existing products for the same use, reduced-risk products present an improved risk scenario to human health or the environment. The review of these applications are expedited to provide Canadians with timely access to reduced-risk pesticides. We will report on the registration results to demonstrate the extent to which this access has been improved.

In 2002, Health Canada and Agriculture and Agri-Food Canada (AAFC) received $54.5 million over six years to facilitate access to reduced-risk products for agricultural use, including "minor use" pesticides. Minor use pesticide products are those used in such small quantities that manufacturers find the Canadian sales potential insufficient to seek a registration in Canada. AAFC will generate data to support the registration of the minor use pesticides. We will review submissions that are generated by AAFC, according to workplans that are jointly agreed upon by the two organizations.

Priority: Compliance with the *Pest Control Products Act*

Compliance activities are an essential component of the regulatory program to help determine if pesticides are manufactured, sold and used in accordance with the conditions of registration. The conditions of registration are stipulated in the letter of registration and/or on the pesticide label and may include instructions or

restrictions for use, storage, handling and disposal. In collaboration with Canadian Food Inspection Agency (CFIA) and in partnership with other federal and provincial pesticide regulators, our regional officers across Canada facilitate, encourage and maximize compliance with the PCPA and the conditions of registration.

Compliance activities focus on the inspection and investigation of those who sell, distribute and use pesticides. The performance of the compliance program is currently measured by the number of investigations, inspections, and enforcement actions taken. The 2003 report of the Commissioner of the Environment and Sustainable Development identified the need to efficiently target compliance activities through a review of the activity selection process and to strengthen the measurement and reporting functions of the compliance program. In considering what new or modified approaches and procedures may be needed, we will review how comparable Canadian and international organizations target, measure and report their compliance activities – and adjust our business procedures accordingly by the end of 2007.

Priority: Sustainable pest management practices that help minimize the risks associated with pesticides

In response to Canadians' growing interest in minimizing the risks associated with traditional pesticides, we are committed to integrating the principles of sustainable development into pest management. We develop and promote sustainable pest management products and practices in cooperation with other federal departments, provinces and territories, growers, the pesticide industry and non-government organizations.

In partnership with stakeholders, the PMRA and AAFC will continue to develop crop profiles and implement risk reduction strategies for agricultural commodities such as potatoes, canola and pulses (e.g., peas, chickpeas and lentils). With federal and provincial colleagues, we will develop a pesticide risk indicator to assess risk reduction and work with AAFC to develop an indicator to evaluate integrated pest management (IPM) adoption in agriculture.

The Healthy Lawns Strategy is a collaborative project with provincial and territorial governments that began in 2000.[4] In 2004-2005, we will continue to promote lawn IPM to homeowners and improve the risk reduction information on pesticide labels. With provincial colleagues, we will continue to pursue a harmonized pesticide classification system for Canada, based on comments received from the consultation document published in 2003. These activities will help reduce Canadians' reliance on pesticides for lawn care.

The new PCPA supports the objective of risk reduction in a variety of ways, for example, by stipulating that the regulatory system must not only prevent unacceptable risks, but must also minimize all risks posed by pesticides. In 2004, we will develop and consult on new policies to facilitate the use of reduced-risk strategies and products, including consideration of regulations to exempt certain products from all or some of the provisions of the Act and to permit the use of lower-than-label rates in prescribed circumstances. The new PCPA also recognizes the importance of pesticide minor uses by including authority to make regulations in this area, and this will be explored in consultation with stakeholders and provinces/territories.

Endnotes and website links

1 http://www.hc-sc.gc.ca/pmra-arla/english/legis/pcpa-e.html
2 http://www.hc-sc.gc.ca/pmra-arla/english/pubs/dis-e.html
3 http://www.pmra-arla.gc.ca/english/pdf/dir/dir2002-02-e.pdf
4 http://www.healthylawns.net/

Strategic Outcome:

Improved evidence base and increased use of information and communications technologies to support health decision-making

Planned Spending (millions of dollars)* and Full-Time Equivalents (FTEs)

	Forecast Spending 2003-2004	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Net expenditures**	104.5	**98.7***	97.6	102.6
FTEs	608	**608**	600	600

* This represents 3.0% of the Department's total net planned spending.

** The decrease in net expenditures from 2003-2004 to 2004-2005 is mainly due to the sunsetting of the Canada Health Infostructure Partnerships Program. The decrease in net expenditures from 2004-2005 to 2005-2006 is mainly due to the sunsetting of funding for the Streamlining Service Delivery Using E-Collaboration initiative. The increase in net expenditures from 2005-2006 to 2006-2007 is mainly due to the Access to Key Services for Official Languages Minority Communities initiative.

Improving Canada's health care system is a priority of the Government and of Canadians in general. Increasing the use of information and communications technologies in the health care system, along with more and better use of evidence for decision-making as well as improved performance measurement and accountability are key strategies to effect positive change in the health care system. These strategies were reflected in the 2003 Health Care Accord and the 2003 Budget. A total of 1.6 percent of departmental funding under this strategic outcome supports Health Canada's priorities for contributing to these strategies over the next three years. The remaining 1.4 percent funds the operations of essential departmental information and knowledge management and information technology systems.

Priority: Accelerate the use of information and communication technologies in the health sector

Health Canada recognizes that the use of information and communications technologies in the health sector (eHealth) is an essential element of health care renewal. Accelerating the use of such technologies will speed improvements in health care for Canadians.

Health Canada funded 29 projects through the Canada Health Infostructure Partnerships Program (CHIPP) between 2000-2002 with the intent of demonstrating how information technologies could be used to improve health care delivery. Many projects have been integrated into health care delivery – a good indicator of their success. As part of the government's commitment to the implementation of health information technologies, Budget 2003 provided $600 million in additional funding to Canada Health Infoway Inc. (*Infoway)* to accelerate the development of electronic health records, common information technology standards and further development of telehealth applications. *Infoway's* 2003-2004 business plan *"Building Momentum"* identifies its priorities and expected progress over the next three years. Health Canada will continue to support *Infoway's* progress through policy work including intergovernmental collaboration through the Federal/Provincial/Territorial Advisory Committee on Information and Emerging Technologies. Budget 2004 provided additional funding of $100 million to *Infoway* to support the development and implementation of a Pan-Canadian health surveillance system.[1]

While the value of these technologies to health care renewal has been demonstrated in Canada and abroad, a key challenge remains to resolve policy issues of concern to citizens, such as privacy, so that eHealth can be more widely implemented. To accomplish this, Health Canada, in its role both as leader and partner on health issues, will continue to work with the provinces, territories, *Infoway*, and other health stakeholders over the next three years to develop strategic policy options that would begin to address the concerns of those partners and Canadians.

Priority: Develop a pan-Canadian framework to protect the privacy and confidentiality of personal health information

Recent surveys confirm that Canadians care about protecting the privacy of their health information held on paper or electronic records. Health Canada will work with its partners to address this question through the development of a harmonized approach to the privacy and confidentiality of personal health information. This also will support the First Ministers' 2003 Health Accord commitments to develop an electronic health records system, pursue primary care reform and improve accountability.

The *Personal Information Protection and Electronic Documents Act* (PIPEDA) came into full force on January 1, 2004, and sets economy-wide principles for the collection, use and disclosure of personal information in the course of commercial activities. Because the health sector is a complex mix of commercial and non-commercial services, as mentioned above, we will work with the provinces, territories and other key stakeholders

to develop a more comprehensive pan-Canadian approach to the privacy and confidentiality of personal health information that will establish harmonized and consistent approaches to personal health information handling practices. By the fall of 2004, we expect to complete, in collaboration with the provinces, territories and other key stakeholders, a pan-Canadian privacy and confidentiality framework. It will support health care renewal initiatives, and safeguard significant health investments, including in electronic health records. As well, the framework could serve to underpin changes to existing or new provincial or territorial legislation and would inform the 2006 PIPEDA review.

Priority: Increase access to health evidence/ information and its use in support of decision-making and accountability

More and better health information and data is required by many health decision-makers, from Canadians in general to health specialists located throughout the health system. As well, reporting to Parliamentarians and Canadians on how well Health Canada addresses departmental priorities will be strengthened by using verifiable data whenever possible. The initiatives that follow address several of these specific needs.

As part of the ongoing process of comparable performance reporting by jurisdictions, Health Canada is continuing to work with provinces and territories to identify additional comparable indicators. We are focusing on the key reform areas that First Ministers identified in their 2003 Health Accord, and will report by November 2004. The first round of reports was released in September 2002.[2] As a result, Canadians will be better able to determine how the health care system is performing and where it needs to be improved.

The need for comprehensive information on the health of Canadians in order to make the appropriate health investments is ongoing. We are continuing to work with our data partners to improve health statistics. In 2004-2005, a priority will be to: analyze and understand the latest results from Statistics Canada's Canadian Community Health Survey, which will provide the first comprehensive portrait of Canadian nutrition; and, to continue the ongoing collaboration with Statistics Canada in planning the first ever Canadian Health Examination Survey, which will offer the first comprehensive physical measures, such as blood pressure, of the health of Canadians.

Our Department will continue to increase the use of evidence-based decision-making when addressing departmental priorities. Through an internal policy research priority-setting process, several key policy research gaps that will be the focus of future work will be identified. In 2004-2005, a first step will be to establish the terms and specific projects for subsequent research. Progress in 2004-2005 will be measured by internal client satisfaction on progress to date, the progress made on internal projects and the establishment of contribution agreements to undertake the required external research.

In addition to increasing the evidence available for effectively and efficiently addressing health priorities, Health Canada is also increasing its efforts to create and use evidence when it reports on the progress made in addressing departmental priorities. In March 2003, a new Health Canada Performance Management Framework was approved. It will lead to better reporting to Parliament and Canadians on priority health outcomes through the Departmental Performance Report and other reporting mechanisms. Work is to

begin in 2004 to obtain performance measurement information where it is currently lacking and improve on early performance information where possible.

Health Canada has recently strengthened the program evaluation stewardship role of the Departmental Audit and Evaluation Committee. The objective is to make evaluations more useful to departmental and central agency decision-making and to strengthen departmental performance and accountability. We will accomplish this through new processes to improve evaluation planning, conduct and reporting, aided by the introduction of new tools, standards and guidelines. Branches in our Department that do not yet have audit and evaluation review committees will establish them to further coordinate and increase the rigour of Health Canada's evaluation work.

Health Canada provides health information electronically on-line through the Canada Health Portal (CHP), a Government On-line initiative that is accessed through the Government of Canada site. Depending on the availability of resources, we will seek to expand our partnerships beyond the 17 federal departments and agencies that already contribute resources to the site.

Priority: Implement the Information Management and Information Technology Strategy

It is anticipated that the demand for, and volume of, electronic business (e-business) interactions between Health Canada and our clients will increase immensely over the coming years. These are among many considerations that Health Canada must take into account as we provide the infrastructure, framework, strategy and tools necessary to make effective use of information management (IM), information technology (IT) and knowledge management (KM) in the improved delivery of Health Canada programs and services.

Our Department is continuing to evolve its IM/IT/KM policies, processes and standards in order to enhance our capacity for sharing and integrating knowledge. In 2004-2005, the Department will identify how we can best improve our IM practices, and further define the department-wide Information Management Framework which includes common standards, common rules and a suite of electronic tools to ensure that we manage our information well. As noted by the Auditor General in 2001, "Good information is the basis for managing government programs with economy, efficiency, and effectiveness, and ensuring that due process is followed in decision making. Information is the current that charges accountability in government." This latter aspect of information management (electronic tools) is part of an ambitious three-year project that will better position the Department for knowledge management in such areas as science and stakeholder consultation. Together, these initiatives establish the information architecture that will enable and support departmental business priorities.

Maintaining and evolving the technological infrastructure affecting all employees is also a significant challenge. Areas of particular priority in the next few years are our telecommunications capacity in response to requirements for telehealth services, storage area networks that accommodate provincial/stakeholder information exchange and security with respect to privacy and threat mitigation. Each of these technological attributes – capacity, information management, security – directly responds to departmental needs and the expectation of the Canadian public.

Endnotes and website links

1 http://infoway-inforoute.ca

2 The federal report can be accessed at http://hc-sc.gc.ca/iacb-dgiac/arad-draa/english/accountability/indicators.html

Strategic Outcome:

Effective support for the delivery of Health Canada's programs

Planned Spending (millions of dollars)* and Full-Time Equivalents (FTEs)

	Forecast Spending 2003-2004	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Gross expenditures	217.4	**199.3**	194.5	194.4
Less: Expected respendable revenues	0.7	**0.7**	0.7	0.7
Net expenditures**	216.7	**198.6***	193.8	193.7
FTEs	1,396	**1,378**	1,360	1,360

* This represents 6.0% of the Department's total net planned spending.

** The decrease in net expenditures from 2003-2004 to 2004-2005 is mainly due to a decrease in the level of funding for the Capital Rust-out initiative and a one-time transfer of resources in 2003-2004 for First Nations' construction and restoration of on-reserve facilities reflected under this strategic outcome. The decrease in net expenditures from 2004-2005 to 2006-2007 is mainly due to the sunsetting of resources for the Capital Rust-out initiative.

The success of Health Canada's programs rests in part on a set of core services that supports our operations and contributes to meeting the program and legislative commitments highlighted in this Report. Health Canada remains focused on improving core management practices and support functions. We continuously reinforce the importance of public service values and ethics in order to contribute to more accountable and transparent delivery of our services to Canadians. This strategic outcome also includes departmental efforts to maximize the scope and effectiveness of regional service delivery, continue to develop science

and research capacity and address the health-related priorities of official language minority communities in Canada.

Priority: Improving accountability to Canadians through continuous improvement of management practices

Following through on the Modern Management Strategy Action Plan

In recent years, Canadians have increased their expectations of accountability from all levels of government. Health Canada's Modern Management Strategy (MMS) Action Plan, implemented since May 2001, introduced concrete changes in structures, processes and frameworks, bringing changes in the way managers conduct their business. The challenge and focus for the Department is now to sustain these changes and measure their impact, while supporting managers in adopting sound management practices. The expected result is an organization in which employees have the right balance of authority, support systems and oversight to achieve results for Canadians. Health Canada is well positioned to implement the newly-released public service-wide Management Accountability Framework (MAF) that defines and clarifies expectations of sound management and provides measures for performance. Health Canada will use the MAF as a guide to assess management practices and identify further areas of improvement.

Strengthening Accountability and Stewardship

In realizing the commitments set out in the MMS Action Plan, the Department will define an effective regime to actively monitor and assess financial management practices and controls, including early detection and notification to central agencies and key business partners of emerging risks and developing trends. We will follow through on recommendations in our management frameworks and action plans for grants and contributions and contracting operations to strengthen accountability and stewardship. The Department will also continue to develop and implement a set of performance measures within our new Performance Measurement Framework (PMF) and implement our Strategy for Integrated Risk Management (IRM) throughout the Department.[1,2]

People Management

Through our Centre for Workplace Ethics, we provide our employees with dialogue opportunities, guidance, support and tools to integrate public service and Health Canada's values and ethics into our organizational culture and activities. Our goal is to enhance public confidence in the integrity of the Department. To promote a healthy work environment for employees and foster these values, a newly-created Ombudsman Service provides a confidential, informal, neutral and safe resource to facilitate the resolution of work-related concerns

Health Canada will continue to implement a number of initiatives under our Workplace Health and Human Resources Modernization (WHAHRM) Action Plan as part of efforts to support and implement human resources management reform initiatives and respond to legislative requirements under the *Public Service*

Modernization Act (PSMA). WHAHRM will focus on ensuring a healthier and more productive workplace; improving our capacity to forecast human resources needs; strengthening staffing mechanisms; updating systems and practices; meeting corporate-wide objectives with a diversified workforce, such as our official languages obligations. In addition, a multi-year Employment Equity Plan will guide Health Canada for the next three years as we address areas of under-representation and remove employment barriers for designated Employment Equity groups. The result will be a department that is representative of the Canadian population we serve, better able to predict human resources requirements in the key areas of management, science and technology, and has the supporting policies and systems in place to respond more quickly to emerging needs.

Strengthened Internal Audit and Special Investigation Functions

A multi-year risk-based internal audit plan, which sets out Health Canada's audit agenda, is engaging a more interactive partnership with departmental management in determining areas of most critical risk and defining ownership of risks and opportunities. Our goal is that audit projects will align well with the Departmental work plan and contribute to the strategic planning process.

Moreover, the enhanced special investigations role of the Audit and Accountability Bureau will allow for appropriate measures to deal with instances of possible wrongdoing, including the referral of potential criminal activities to the appropriate legal authorities for their consideration and action. Detecting and effectively dealing with instances of possible fraud and mismanagement will demonstrate to staff, partners, stakeholders and Canadians the Department's commitment to support the effective delivery of Health Canada programs.

Improving Security of Health Assets

An extensive national review resulted in recommendations to strengthen Health Canada's departmental security program with emphasis on security in our regional operations. We will implement a three-year business plan to address recommendations to enhance the protection of Health Canada employees, sensitive departmental assets and information. We will also adopt an integrated security program under a single management framework to monitor the delivery and effectiveness of security services to our employees and clients nationally.

Business Continuity Program

Health Canada will continue to enhance the management structure for our Business Continuity Plan program to ensure that critical services and associated critical assets remain available and protected for the health, safety, security and economic well-being of Canadians and the effective functioning of government. We will assess departmental readiness to respond to business continuity emergencies through the development and testing of branch, regional and departmental business continuity plans.

Integration of Sustainable Development into our Operations

Health Canada commits to integrate sustainable development into departmental decision-making and management processes to contribute to the effective delivery of programs. We will adopt a pollution

prevention approach and identify, prioritize and propose mitigation/remediation steps in addressing Department-specific issues regarding the sustainable operation and management of our facilities such as water conservation, air emission reduction, green procurement and waste reduction.

Priority: Effective regional delivery of Health Canada programs tailored to meet local conditions

Developing policies, programs and services that serve politically- and culturally-diverse communities across a large geographic expanse requires a regional approach. Decades of population health research has shown that the health of Canadians is affected by many factors, for example employment, education, social supports and the environment, and that positive health outcomes depend on collaborative work across many sectors. Health Canada continues to demonstrate leadership in this area by facilitating citizen engagement and building partnerships with the public, non-profit and private sectors. Our regional offices are well-situated to provide a focal point for partnerships since many health stakeholders have provincial, territorial or municipal mandates. Key results associated with public involvement and partnership work in the regions will include enhanced federal/provincial/territorial relations (including with regional health authorities and municipalities), targeted research, strengthened stakeholder networks and improved client service and reach. Specific examples of these initiatives are provided in the following chart.

Key Result Area	Regional Initiatives
Enhanced relationships with other jurisdictions	**Quebec: Follow-up on Harmonization Committee of Perinatal Programs for At-Risk Families in Local Community Services Centres** Over the past two years, the Quebec Region has been working in collaboration with representatives from the Quebec health and social services network to reduce the quantity of data required by the funders of perinatal programs for at-risk families. The agreement to do so – mainly for the Canada Prenatal Nutrition Program – as well as to use a common set of indicators, will help assess the scope of the programs and reduce the administrative work of beneficiary organizations while strengthening relations between the various levels of government. **Ontario/Nunavut: Virtual Circle of Officials** The Virtual Circle of Officials, established by Health Canada, the Government of Nunavut and the territory's land claims Inuit organization, Nunavut Tunngavik Incorporated will draw on information and communication technologies to support collaboration. The Circle will develop and enhance a multilateral strategic health partnership and create a model to increase effective interaction between these geographically dispersed representatives.

Key Result Area	Regional Initiatives
Targeted research	**British Columbia/Yukon – Urban Design and Health** The British Columbia/Yukon Region will provide seed funding for a multi-sectoral research project to examine the links between urban design and health. The project will compare specific communities in the region, demonstrate how the built environment can influence public health and support the development of policies that lead to the design of health-promoting urban areas.
Strengthened stakeholder networks	**Ontario/Nunavut – Great Lakes Public Health Network** Health Canada's Ontario/Nunavut Region is working in partnership with the Ontario Ministry of Health and Long Term Care and others to establish a public health network which will facilitate communication and share information on health matters related to ecosystem issues in the Great Lakes Basin. **Atlantic – Atlantic Wellness Strategy** The four Atlantic provincial health departments and Health Canada's Atlantic Region have been working together to develop an Atlantic Wellness Strategy aimed initially at improving nutrition and activity levels in Atlantic Canada with a focus on children and youth. Next steps will include the development of a social marketing campaign, a bilingual clearinghouse for health information and a regional health surveillance system.
Improved client service and reach	**Alberta/Northwest Territories – Supernet Pilot Project** The Alberta/NWT Region is working with the Big Stone First Nations community to connect its health centre to the provincial SuperNet, a high speed, broadband fibreoptic network. This connection to the broadband network will provide more reliable and less expensive access to the internet than current satellite links and facilitate future access to electronic health information and services. **Manitoba/Saskatchewan – Comprehensive Evaluation** Health Canada's Manitoba and Saskatchewan Region will work with various stakeholders to streamline the administration of financial and evaluation reporting for early childhood development groups that have multiple sources of funding. New tools and procedures will facilitate more cost-effective use of time by service providers, a more cohesive approach to data collection and an integrated approach to outcome measurement.

Priority: Improve the Department's capacity to perform, harness, translate and use sound science to support evidence-based decision-making, thereby optimizing health outcomes and minimizing health risk for Canadians

To bring leadership, coherence and expertise to the overall strategic direction of Health Canada's scientific responsibilities and activities, the Department has undertaken priority initiatives in the areas of science advice, partnerships, science excellence and capacity.

Health Canada is implementing our Framework for Science to enable the Department to fulfill our mandate and contribute to the government's overarching priorities. The Framework implementation is a systematic and open approach that draws on the skill and expertise of the Department's science community to plan, implement and evaluate science. In 2004-2005, Health Canada will develop a five-year Science Plan that will be integrated with departmental planning. The Office of the Chief Scientist will also facilitate an analysis of Health Canada's use of the Government of Canada's Framework for Science and Technology Advice: Principles and Guidelines for the Effective Use of Science and Technology Advice in Government Decision Making. A new performance indicator will be introduced to monitor the progress on the use of science and science advice in Health Canada.

The Department has instituted programs to enhance scientific excellence and capacity. A multi-year program of peer review of science programs is designed to enhance internal and external collaboration, ensure alignment with Health Canada's mandate, improve management and quality of science as well as ensure that the best scientific knowledge is used in making decisions regarding the health of Canadians. Up to four program peer reviews will be conducted per year to 2006-2007. Additionally, the results of external assessments will be reflected in a new performance indicator intended to measure the quality of Health Canada's science. Systems for laboratory quality management will be introduced to ensure that the Department's laboratory results are reliable, defensible and accepted by clients and partners, both nationally and internationally. This will also enhance Health Canada's reputation among professionals and the public.

To enhance Health Canada's research capacity, the Department will administer a new Postdoctoral Fellowship (PDF) program. The PDF program offers fellowships for up to two years in a range of disciplines. The Program will enhance collaborative links between the government research establishment and academia, and will give opportunities to some of Canada's best young scientists to contribute to the science critical to Health Canada's mandate.

An independent Health Canada Research Ethics Board, established and operationalized in September 2002, reviews research protocols and helps ensure that Health Canada research involving humans adheres to the highest ethical standards. The Board's work will contribute to establishing the strongest possible culture of research ethics at Health Canada. Its annual report will incorporate a survey of departmental researchers and Board members regarding the effectiveness of the Board and the educational efforts carried out by the Board's Secretariat.

In 2004-2005, the focus of the Department's partnerships with the Canadian Institutes of Health Research will be on the support of multi-disciplinary teams involving Health Canada researchers to carry out studies into

food and water safety, global health, and the health of vulnerable populations. As a partner in the Canadian SARS Research Consortium (CSRC), Health Canada will contribute to the coordination and implementation of a national research agenda on SARS, providing funds in support of bio-medical, clinical, population health and socio-economic research activities. Through partnerships such as these, the Department will continue to develop a culture that is conducive to bridging gaps between research, practice and policy in key priority areas.

The Canadian Health Services Research Foundation (CHSRF)[3] received a grant of $25 million from Health Canada in 2003 to administer the national Executive Training for Research Application (EXTRA)[3] program. The foundation plans to use these resources to enhance the skills of health system managers (nurse and physician managers, along with health service executives) in the use of research to increase evidence-based decision-making.[3]

Priority: Implement Health Canada's component of the Federal Government's Official Languages Action Plan for increasing access to services by official languages minority communities

Our Department will help address the concerns of English- and French-speaking language minority communities about their access to health-related services in their official language over the next five years through initiatives that support the training and retention of health professionals and community networking. Developed in collaboration with the Consultative Committees for French- and English-Speaking Minority Communities and with funding of $89 million over five years, specific initiatives include establishing and strengthening links among health sector stakeholders, building capacity to provide health service in minority official languages, increasing capacity for basic training and improving professional development and research. Progress toward these targets will be evaluated and reported on a periodic basis.

As well, a new Health Canada policy on official languages will be developed in 2004 to ensure that the Department's branches and regional offices establish mechanisms for encouraging consultations with official language minority communities, and, as required, assisting them when submitting project proposals under Health Canada's programs.

Endnotes and website links

1 More information on HC PMF can be found under Strategic Outcome – Accelerate the use of Information and Communication Technologies in the Health Sector.

2 More information on IRM and development of a corporate risk profile can be found in Section III

3 Further information on CHSRF and EXTRA are available at http://www.chsrf.ca

Section 5:

Organization

Health Canada Objective

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

Business Line Descriptions

Health Care Policy

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

Health Promotion and Protection

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

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

First Nations and Inuit Health

This business line carries out its mandate through:

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

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

Information and Knowledge Management

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

Departmental Management and Administration

This business line is responsible for providing administrative services to the Department.

Organizational Chart

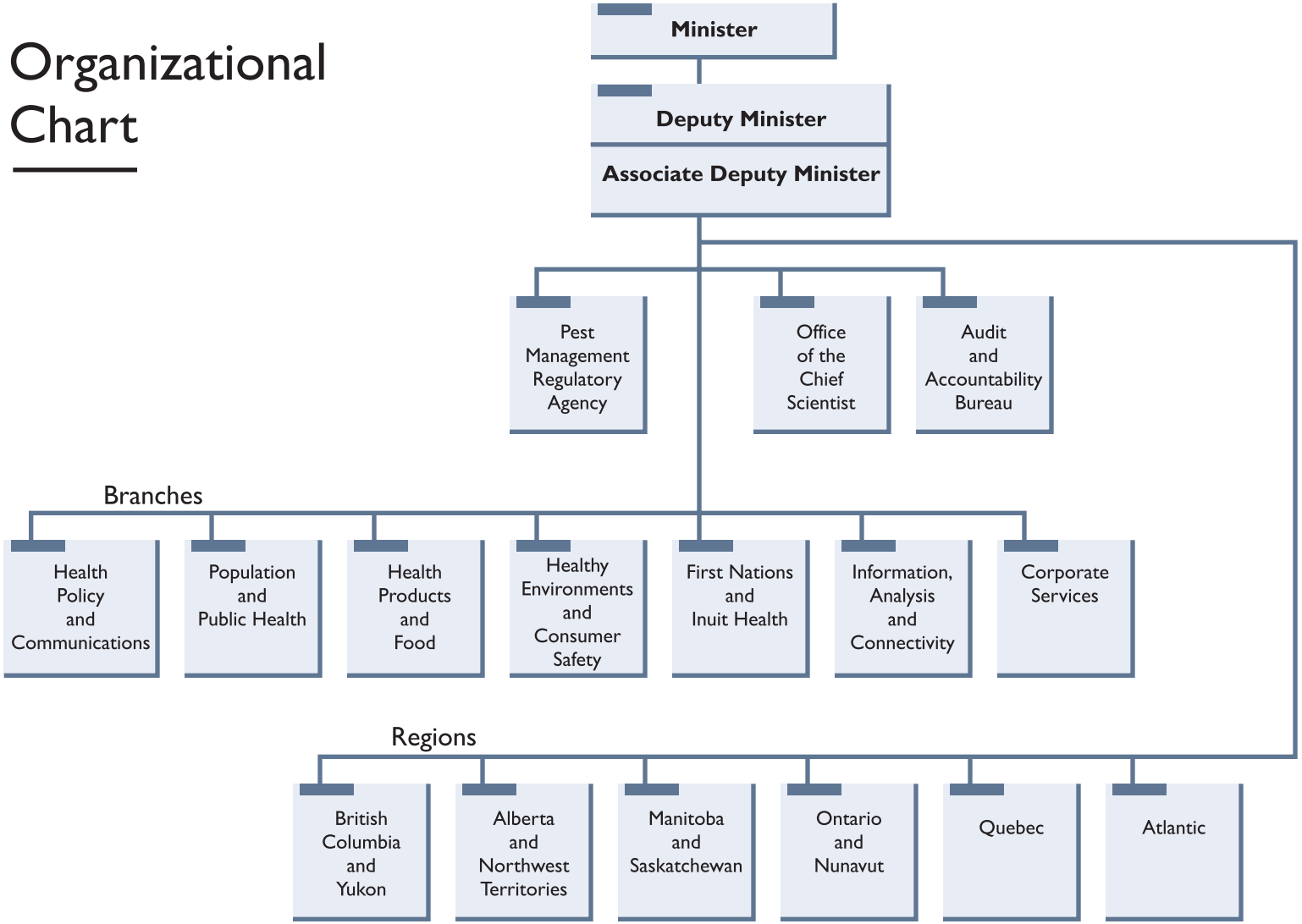


Table 5.1: Strategic Outcomes, Business Lines, Service Lines and Accountability (millions of dollars)

The following chart provides a crosswalk between the business lines, service lines, strategic outcomes and accountability. It also represents the net planned spending of business lines and service lines.

Business Lines / Service Lines	**Strategic Outcomes**	**Accountability**	**Net Planned Spending 2004-2005**	**Full-Time Equivalents**
Health Care Policy	Enhanced access to quality health care services for Canadians	Assistant Deputy Minister, Health Policy and Communications Branch	**378.4**	465
Health Promotion and Protection				
Population and Public Health	A healthier population by promoting health and preventing illness	Assistant Deputy Minister, Population and Public Health Branch	**472.8**	1,202
Health Products and Food	Safe health products and food for Canadians	Assistant Deputy Minister, Health Products and Food Branch	**183.4**	1,953
Healthy Environments and Consumer Safety	Healthier environments and safer products for Canadians	Assistant Deputy Minister, Healthy Environments and Consumer Safety Branch	**235.4**	1,272
Pest Management Regulation	Sustainable pest management products and programs for Canadians	Executive Director, Pest Management Regulatory Agency	**38.3**	541

Table 5.1: Strategic Outcomes, Business Lines, Service Lines and Accountability (millions of dollars) continued

Business Lines / Service Lines	Strategic Outcomes	Accountability	Net Planned Spending 2004-2005	Full-Time Equivalents
First Nations and Inuit Health	Healthy First Nations and Inuit through collaborative delivery of health promotion, disease prevention and health care services	Assistant Deputy Minister, First Nations and Inuit Health Branch	**1,701.9**	1,714
Information and Knowledge Management	Improved evidence base and increased use of information and communications technologies to support health decision-making	Assistant Deputy Minister, Information, Analysis and Connectivity Branch	**98.7**	608
Departmental Management and Administration	Effective support for the delivery of Health Canada's programs	Assistant Deputy Minister, Corporate Services Branch Assistant Deputy Minister, Information, Analysis and Connectivity Branch Regional Directors General Executive Director General, Audit and Accountability Bureau Chief Scientist Executive Offices	**198.6**	1,378

Table 5.2: Departmental Planned Spending (millions of dollars)*

	Forecast Spending 2003-2004[1]	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Budgetary Main Estimates	2,823.5	**3,232.9**	3,272.3	3,065.0
Less: Respendable Revenues	63.7	**66.6**	66.6	66.6
Total Main Estimates	**2,759.8**	**3,166.3**	**3,205.7**	**2,998.4**
Adjustments[2]:				
Assistance to mitigate the impact of Severe Acute Respiratory Syndrome (SARS)	374.9			
Additional funding for First Nations and Inuit Health Programs Sustainability	191.3			
Therapeutics Access Strategy	37.7			
Public security and anti-terrorism initiatives	26.5			
Additional grants and contributions	20.6			
Collective Agreements	17.4			
2003 First Ministers' Accord on Health Care Renewal	16.4			
Operating budget carry forward	15.6			
Funding to renew Canada's Drug Strategy to reduce substance use and abuse	7.5			
New funding to provide mental health services to claimants participating in the national Indian residential schools dispute resolution process or in court cases	5.1			
Building public confidence in pesticide regulation and improving access to pest management products	5.0			
Activities to support the Food Safety and Food Quality initiatives under the Agricultural Policy Framework	5.0			
Funding for preparatory work related to proposed Assisted Human Reproduction legislation	4.4			
Grant to the Canadian Patient Safety Institute	2.2			
Evaluation and Internal Audit Revised Policies	0.3			
Joint Career Transition Committee	0.1			
Strengthening Canada's public health system		**80.0**	85.0	95.0
Renewal of the Canadian Diabetes Strategy		**30.0**		
Set-up of the Assisted Human Reproduction Agency		**8.1**	3.8	2.9
Renewal of the Hepatitis C Disease Prevention, Community-Based Support and Research Program		**10.6**		
Renewal of the Labrador Innu Healing Strategy		**5.5**		
Federal Contaminated Sites Accelerated Action Plan		**3.8**	3.8	3.8
Ensuring the Future of the Canadian Beef Industry		**2.1**	2.1	2.1
Implementation of the Doha Declaration on the Trade-Related Intellectual Property Rights Agreement and Public Health		**1.5**	3.5	4.0
Canadian Biotechnology Strategy – Genomics-based research			4.0	4.0
Carcross/Tagish Final Agreement – Transfer of resources to Indian Affairs and Northern Development		**-0.4**	-0.4	-0.4
Less: Funds available within Grants and Contributions due to reduced contribution requirements	-9.8			
Total Net Planned Spending[3]	**3,480.0**	**3,307.5**	**3,307.5**	**3,109.8**
Less: Non-Respendable Revenues	8.2	**8.6**	8.6	8.6
Plus: Cost of services received without charge[4]	87.0	**86.8**	88.0	89.3
Net Cost of Program	**3,558.8**	**3,385.7**	**3,386.9**	**3,190.5**
Full-Time Equivalents[5]	**9,032**	**9,133**	**8,934**	**8,930**

1 Reflects the best forecast of total net planned spending to the end of the fiscal year.

2 Adjustments reflect Supplementary Estimates for 2003-2004 and future year approvals not reflected in the 2004-2005 Main Estimates.

3 Refer to Section 4 for explanation by strategic outcome of year-over-year fluctuations.

4 Includes the following services received without charge: accommodation charges (Public Works and Government Services Canada); Contributions covering employers' share of employees' insurance premiums and expenditures (Treasury Board Secretariat); Workers' Compensation (Human Resources and Skills Development Canada); and Legal Services (Department of Justice Canada).

5 Full-time equivalents reflect the human resources that the Department uses to deliver it's programs and services. This number is based on a calculation that considers full-time, term, casual employment, and other factors such as job sharing.

Section 6:

Annexes

Table 6.1: Net Cost of Program for 2004-2005 (millions of dollars)

Gross Planned Spending (Gross Budgetary Main Estimates plus Adjustments)	**3,374.1**
Plus: Services received without charge	
Accommodation provided by Public Works and Government Services Canada	38.0
Contributions covering employers' share of employees' insurance premiums and expenditures paid by Treasury Board Secretariat	45.2
Worker's compensation coverage provided by Human Resources and Skills Development Canada	0.6
Salary and associated expenditures of legal services provided by Department of Justice Canada	3.0
Less: Respendable Revenues	66.6
Less: Non-Respendable Revenues	8.6
2004-2005 Net Cost of Program	**3,385.7**

Table 6.2: Sources of Respendable and Non-Respendable Revenues

(millions of dollars)

Business Lines / Service Lines	Forecast Revenue 2003-2004	**Planned Revenue 2004-2005**	Planned Revenue 2005-2006	Planned Revenue 2006-2007
Respendable Revenues				
Health Promotion and Protection				
Health Products and Food	40.7	**40.7**	40.7	40.7
Healthy Environments and Consumer Safety	9.8	**12.7**	12.7	12.7
Pest Management Regulation	7.0	**7.0**	7.0	7.0
First Nations and Inuit Health	5.5	**5.5**	5.5	5.5
Departmental Management and Administration	0.7	**0.7**	0.7	0.7
Total Respendable Revenues	**63.7**	**66.6**	**66.6**	**66.6**
Non-Respendable Revenues				
Health Promotion and Protection				
Health Products and Food	3.8	**3.8**	3.8	3.8
Healthy Environments and Consumer Safety	1.0	**1.4**	1.4	1.4
Pest Management Regulation	1.0	**1.0**	1.0	1.0
First Nations and Inuit Health	2.3	**2.3**	2.3	2.3
Departmental Management and Administration	0.1	**0.1**	0.1	0.1
Total Non-Respendable Revenues	**8.2**	**8.6**	**8.6**	**8.6**
Total Respendable and Non-Respendable Revenues	**71.9**	**75.2**	**75.2**	**75.2**

Table 6.3: Summary of Transfer Payments (millions of dollars)

Business Lines	Forecast Spending 2003-2004	**Planned Spending 2004-2005**	Planned Spending 2005-2006	Planned Spending 2006-2007
Grants				
Health Care Policy	33.1	**41.0**	43.0	26.8
Health Promotion and Protection	378.0	**41.1**	40.1	38.1
Departmental Management and Administration	0.3	**1.0**	1.0	1.0
Total Grants	**411.4**	**83.1**	**84.1**	**65.9**
Contributions				
Health Care Policy	208.5	**253.0**	254.0	8.3
Health Promotion and Protection	189.3	**186.3**	183.5	192.6
First Nations and Inuit Health	712.0	**757.0**	766.6	792.4
Information and Knowledge Management	24.4	**22.0**	26.5	31.5
Departmental Management and Administration	35.8	**19.7**	18.8	18.8
Total Contributions	**1,170.0**	**1,238.0**	**1,249.4**	**1,043.6**
Other Transfer Payments				
Health Promotion and Protection	44.0	**50.1**	0.0	0.0
Total Other Transfer Payments	**44.0**	**50.1**	**0.0**	**0.0**
Total Grants, Contributions and Other Transfer Payments	**1,625.4**	**1,371.2**	**1,333.5**	**1,109.5**

Table 6.4: Details on Transfer Payments (millions of dollars)

	Grants	Total
Business Line:	**Health Care Policy**	**41.0**
	Grants to eligible non-profit international organizations in support of their projects or programs on health. [1]	**1.3**
	Health Care Strategies and Policy, Federal/provincial/ territorial Partnership Grant Program	**15.0**
Objectives	To enable Health Canada to effectively collaborate with provincial/territorial governments on shared F/P/T priorities and in accordance with F/P/T agreements among First Ministers and Health Ministers.	
Planned Results	Increased collaboration/coordination on identified health care system issues/priorities; enhanced strategies to improve health care system quality, accessibility and accountability; enhanced strategies/approaches to address identified issues/priorities; enhanced strategies to improve responsiveness of health care system to needs of users, providers and stakeholders.	
Milestones	Canadian Coordinating Office for Health Technology Assessment (CCOHTA) – Common Drug Review initiative; CCOHTA-Canadian Optimal Medication Prescribing Utilization Service (COMPUS); CCOHTA – Health Technology Assessment (HTA); Canadian Post-M.D. Education Registry (CAPER) initiative; Health Council; and Canadian Patient Safety Institute (CPSI); evaluation framework and interim evaluation (Dec.)	
	Grant for the Northwest Territories Health Supplement to the 2003 First Ministers' Accord	**5.6**
Objectives	To assist the territory to work towards fulfilling the vision, principles and action plan set out in the Accord, for its general population.	
Planned Results	Governments, working in partnership with each other, with providers and with Canadians in shaping the future of our health care system.	
Milestones	As stated in the First Ministers' Accord on Health Care Renewal.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Grants	Total
Business Line:	**Health Care Policy** (continued)	
	Grant for the Nunavut Health Supplement to the 2003 First Ministers' Accord	**5.5**
Objectives	To assist the territory to work towards fulfilling the vision, principles and action plan set out in the Accord, for its general population.	
Planned Results	Governments, working in partnership with each other, with providers and with Canadians in shaping the future of our health care system.	
Milestones	As stated in the First Ministers' Accord on Health Care Renewal.	
	Grant for the Yukon Health Supplement to the 2003 First Ministers' Accord	**5.6**
Objectives	To assist the territory to work towards fulfilling the vision, principles and action plan set out in the Accord, for its general population.	
Planned Results	Governments, working in partnership with each other, with providers and with Canadians in shaping the future of our health care system.	
Milestones	As stated in the First Ministers' Accord on Health Care Renewal.	
	Grant to the Canadian Patient Safety Institute	**8.0**
Objectives	To support CPSI's efforts to implement the provisions in the 2003 First Ministers' Accord towards improving the quality of health care services by strengthening system coordination related to patient safety.	
Planned Results	The CPSI is to provide a leadership role in building a culture of patient safety and quality improvement in the Canadian health care system through coordination across sectors, promotion of best practices, and advice on effective strategies to improve patient safety, including promoting national collaboration among key players.	
Milestones	Achievement of objectives and planned results with respect to patient safety over a five-year period.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Grants	Total
Business Line:	**Health Promotion and Protection**	**41.1**
	World Health Organization; International Commission on Radiological Protection; Grant to the National Cancer Institute of Canada for the Canadian Breast Cancer Research Initiative; Grant to eligible non-profit international organizations in support of their projects or programs on health; Grants to Medical Marihuana Research Program; Natural Health Products Research Grant. [1]	**6.0**
	Grant to the Canadian Blood Services – Blood Safety and Effectiveness and Research and Development	**5.0**
Objectives	To permit the support of basic, applied and clinical research on blood safety and effectiveness issues.	
Planned Results	Help ensure the safety and the effectiveness of the blood supply in Canada.	
Milestones	Continued improvements to standard operating procedures, screening routines.	
	Grants to persons & agencies to support health promotion projects in the areas of community health, resource development, training & skill development, and research	**22.1**
Objectives	To expand activities in community health, resource development, training and skill development, and research.	
Planned Results	Expanded community-based initiatives that promote healthy activities and create a larger cadre of trained community members.	
Milestones	Increased number of community-based initiatives that foster healthy living practices, healthy environments, safe products and strong support systems. Greater number of organizations and networks acting collaboratively to help Canadians make physical activity a part of their daily lives.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Grants	Total
Business Line:	**Health Promotion and Protection** (continued)	
	Grants towards the Canadian Strategy on HIV/AIDS	**8.0**
Objectives	To support prevention of HIV/AIDS, to promote care, treatment and support for people affected by HIV/AIDS and to support biomedical and clinical research.	
Planned Results	Prevent the spread of HIV in vulnerable populations. Strengthen community capacity to address HIV/AIDS issues in vulnerable populations.	
Milestones	National and regional programs will continue to be developed and implemented. For example, the Canadian AIDS Treatment Information Exchange and the Canadian HIV/AIDS Clearinghouse will continue to deliver information about HIV/AIDS prevention, care, treatment, support and related health care issues to people living with HIV/AIDS, their care providers, community-based organizations and other client groups.	
Business Line:	**Departmental Management and Administration**	**1.0**
	Health Canada Post-Doctoral Fellowship Program [1]	**1.0**
	Total Grant Funding	**83.1**

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**Health Care Policy**	**253.0**
	Women's Health Contributions Program [1]	**2.8**
	Contributions for the Primary Health Care Transition Fund	**244.7**
Objectives	To accelerate permanent and sustainable change to primary health care systems by supporting the transitional costs associated with making fundamental and sustainable change to the organization, funding and delivery of primary health care services.	
Planned Results	Remaining funds will be committed in 2004-05 to initiatives that are under development, with the exception of applications under Tools for Transition, a workshop series active over the life of the Fund. In May 2004, the PHCTF will support a forum designed to provide a platform for learning and sharing among key stakeholders from across the country to highlight successes and discuss implementation strategies. Given the time frame of the PHCTF, final results of most initiatives will not be available until March 2006.	
Milestones	Ongoing: program monitoring and audits. April – Series of PHCTF workshops under Tools for Transition begins. Dec-Mar: Mid-term evaluation.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**Health Care Policy** (continued)	
	Health Care Strategies and Policy Contribution Program	**5.5**
Objectives	Further Health Canada's interests in achieving: models for innovative health care service delivery; improve the quality of the health care system; info-sharing related to health care issues and research; health human resource (HHR) policies & strategies; best practices in prescribing and utilizing pharmaceuticals; inter-sectoral and interdisciplinary collaboration in health; the identification of trends, issues and strategies in future health care needs; health care quality and patient safety; program and policy knowledge; program and policy development for community-based health care services.	
Planned Results	Reports, consultations, research and evaluation; educational models/tools and resources for health providers, health system managers and decision makers; innovative models for funding and delivery; innovative collaborations and/or coalitions; case studies and best practices; policy research documents; environmental scans, system and technology assessments; increased evidence and knowledge base for decision-making in health care.	
Milestones	HHR: Pan-Canadian Health Human Resource Planning – website, evidence-based enhanced data, research and modelling, planning framework, policy and technical experts for cross-jurisdictional capacity; interdisciplinary education for collaborative patient-centred practice; recruitment and retention – health careers website, international assessment, healthy workplace initiative, continuing education, deployment strategies, decision-making tools, marketing; Canadian Medication Incident Reporting and Prevention System (C-MIRPS); Therapeutic Access Strategy (TAS) Best Practice Contribution Program; National Prescription Drug Utilization Information System (NPDIUS); Non-patented drug pricing initiative; evaluation framework and interim evaluation (Dec.); annual audits & ongoing monitoring.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**Health Promotion and Protection**	**186.3**
	Contributions to persons and agencies to support activities of national importance for the improvement of health services and in support of research and demonstrations in the field of public health; contributions to the Canadian Blood Services and/or other designated transfusion/transplantation centres to support adverse event surveillance activities; Contribution to strengthen Canada's organs and tissues donation and transplantation system; Natural Health Products Research Contribution; Drug Strategy Community Initiatives Fund; Contributions in Support of the Canadian Centre on Substance Abuse.[1]	**10.5**
	Contributions to persons & agencies to support health promotion projects in the areas of community health, resource development, training & skill development, and research	**17.6**
Objectives	To expand the knowledge base for program and policy development, to build more partnerships and develop intersectoral collaboration.	
Planned Results	Evidence-based policies and programs that promote healthy activities and create a larger cadre of trained community members.	
Milestones	Increased number of community-based initiatives that foster evidence-based healthy living practices, healthy environments, safe products and strong support systems. Greater number of organizations and networks acting collaboratively to help Canadians make physical activity a part of their daily lives.	
	Payments to provinces and territories and to national non-profit organizations to support the development of innovative alcohol and drug treatment and rehabilitation programs	**14.0**
Objectives	To ensure accessible, effective and innovative alcohol and drug treatment and rehabilitation programs and services across Canada.	
Planned Results	Increased access to services by women and youth. Changes to provision of services for women and youth.	
Milestones	Discussions will begin in 2004-2005 with the provinces and territories regarding the implementation of a performance measurement strategy.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**Health Promotion and Protection** (continued)	
	Contributions to non-profit community organizations to support, on a long-term basis, the development and provision of preventive and early intervention services aimed at addressing the health and developmental problems experienced by young children at risk in Canada	**82.1**
Objectives	To improve community capacity to respond to health and development needs of young children and to provide support to pregnant women whose health and pregnancy may be at some risk.	
Planned Results	Improved health and social development of children who are 0 to 6 years of age living in conditions of risk in over 400 sites. Improved access to prenatal care and health services for pregnant women living in conditions of risk in over 350 sites.	
Milestones	Approximately 75,000 parents/caregivers and children will participate in the Community Action Program for Children. Approximately 45,000 women will participate in the Canada Prenatal Nutrition Program.	
	Contributions towards the Canadian Strategy on HIV/AIDS	**10.8**
Objectives	To support prevention of HIV/AIDS, to promote care, treatment and support for people affected, and to support epidemiological and community-based research.	
Planned Results	Prevent the spread of HIV in vulnerable populations. Strengthen community capacity to address HIV/AIDS issues in vulnerable populations.	
Milestones	National and regional programs will continue to be developed and implemented. For example, the Canadian AIDS Treatment Information Exchange and the Canadian HIV/AIDS Clearinghouse will continue to deliver information about HIV/AIDS prevention, care, treatment, support and related health care issues to people living with HIV/AIDS, their care providers, community-based organizations and other client groups.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**Health Promotion and Protection** (continued)	
	Contributions to incorporated local or regional non-profit Aboriginal organizations and institutions for the purpose of developing early intervention programs for Aboriginal pre-school children and their families	**29.1**
Objectives	To develop early intervention programs for Aboriginal pre-school children and their families.	
Planned Results	Enhanced programming for parental involvement and support for special needs children in 114 community sites. Expand existing facilities in under-served communities and create new centres in unserved communities. Consult with national advisory committee and regional offices to set priorities for program expansion. Address the need to improve access to information and training.	
Milestones	Increase in overall enrollment in program by approximately 1,000 children by 2004-2005. Increases in numbers of parental involvement workers, special needs workers and training offered to project staff in areas such as services to special needs children and parental involvement.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**Health Promotion and Protection** (continued)	
	Contributions in support of the Federal Tobacco Control Strategy	**22.2**
Objectives	To contribute to the achievement of the objectives of the Federal Tobacco Control Strategy (FTCS) through assistance to provinces, territories and other organizations.	
Planned Results	These contributions will assist in meeting the FTCS objectives of: Reducing average smoking prevalence in Canada to 20% from 25% (in 1999); Reducing the number of cigarettes sold in Canada by 30%; Increasing retailer compliance regarding youth access laws to 80% from 69% (in 1999); Reducing the number of people involuntarily exposed to environmental tobacco smoke in enclosed public spaces; Exploring how to mandate changes to tobacco products to reduce hazards to health.	
Milestones	Assistance for the development, evaluation and dissemination of innovative programs and approaches to tobacco prevention, cessation and protection for Canadians of all ages. Support to a range of mass media and public education initiatives at the provincial and regional levels to inform Canadians of the health hazards of smoking and promote the benefits of quitting.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**First Nations and Inuit Health**	**757.0**
	Contributions to universities, colleges and other organizations to increase the participation of Indian and Inuit students in academic programs leading to professional health careers; Contributions to the Government of Newfoundland and Labrador towards the cost of health care delivery to Indian and Inuit communities; Contributions to Indian and Inuit associations or groups for consultations on Indian and Inuit health; Indian Residential Schools Mental Health Support Contribution Program. [1]	**6.0**
	Contributions for integrated Indian and Inuit community based Health Care Services	**320.0**
Objectives	To provide funding in support of integrated community health services to status Indians and Inuit people, based on the needs of the community and within the scope of the Branch's operational standards and program goals. This includes the programs: National Native Alcohol and Drug Abuse Program, Brighter Futures, Home and Community Care, Solvent Abuse, Canada Prenatal Nutrition Program and HIV/AIDS.	
Planned Results	Enhanced quality of life and increased span of healty life and reductions in preventable death illness and disability for FNI.	
Milestones	Improved physical, mental, social, health and well-being status of First Nations and Inuit (FNI) through the continued provision of integrated community health services.	
	Payments to Indian bands, associations or groups for the control and provision of health services	**203.9**
Objectives	To increase responsibility and control by Indian communities of their own health care and to effect improvement in the health conditions of Indian people.	
Planned Results	Increased control or accountability by First Nations communities of health care services.	
Milestones	FNI supported to have an effective role in the planning and delivery of their health services.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**First Nations and Inuit Health** (continued)	
	Contributions to support pilot projects to assess options for transferring the Non-Insured Health Benefits Program to First Nations and Inuit Control	**12.0**
Objectives	To provide financial support to Indian bands, associations or groups for the control and provision of health services.	
Planned Results	Ongoing assessment of the effectiveness of transferring NIHB management to First Nations communities.	
Milestones	A second group of pilot projects to test the viability of management and delivery options for the transfer of non-insured health benefits is underway. A review of the pilot projects will be conducted and a final report will be produced in December 2004.	
	Contributions to Indian bands, Indian and Inuit associations or groups or local governments and the territorial governments for Non-Insured Health Services	**105.8**
Objectives	To provide contributions to Indian bands, Indian and Inuit associations or groups or local governments and territorial governments for Non-Insured Health Services.	
Planned Results	Continued support of Non-Insured Health Benefits to ensure program and project sustainability.	
Milestones	Delivery of NIHB services appropriate to the unique health needs of FNI people.	
	Payments to the Aboriginal Health Institute / Centre for the Advancement of Aboriginal Peoples' Health	**5.0**
Objectives	To support the Aboriginal Health Institute/Centre for the Advancement of Aboriginal Peoples' Health.	
Planned Results	Continued empowerment of Aboriginal peoples through advancements in knowledge and sharing of knowledge on Aboriginal health.	
Milestones	Strengthened collective knowledge and abilities.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**First Nations and Inuit Health** (continued)	
	Contributions for First Nations and Inuit Health promotion and prevention projects and for developmental projects to support First Nations and Inuit control of health services	**46.6**
Objectives	To contribute to First Nations and Inuit health promotion and prevention projects and to developmental projects to support their control of health services.	
Planned Results	Stronger capacity for prevention of illness and promotion of good health in FNI communities.	
Milestones	Implemented FNI specific health promotion and disease prevention programs.	
	Contributions on behalf of, or to, Indians or Inuit towards the cost of construction, extension or renovation of hospitals and other health care delivery facilities and institutions as well as of hospital and health care equipment	**6.4**
Objectives	To financially assist the maintenance and provision of hospitals, other facilities and health care equipment in support of health services for First Nations and Inuit communities.	
Planned Results	To provide appropriate health care facilities for First Nations and Inuit clients on reserve and, modern, safe and secure functional office and living accommodations for staff.	
Milestones	Approximately 9 on-reserve health facilities are planned to be constructed/renovated by March 31, 2005.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**First Nations and Inuit Health** (continued)	
	Contribution towards the Aboriginal Head Start On-Reserve Program	**32.8**
Objectives	To support early child development strategies that are designed and controlled by First Nations communities.	
Planned Results	Address the developmental needs of FNI children through activities that encourage learning, healthy eating and hygiene and provide access to health services.	
Milestones	Increased number of healthy FNI births, increased knowledge of language and culture, increased children's readiness for school and school performance, and support for the optimal health and social development of FNI infants and children so that they can thrive in healthy families and communities.	
	Capital Contributions for Non-Departmental Health Facilities for First Nations and Inuit	**18.5**
Objectives	To provide financial support for the construction and operation of residential accommodations for nurses, to comply with environmental legislation and to make strategic investments towards maximizing the functional life of FNIHB's health facilities.	
Planned Results	Suitable living space provided to nursing personnel in remote/ isolated communities, the clean-up of contaminated sites including the replacement or upgrade of fuel tanks and major repairs completed on FNIHB's older health facilities.	
Milestones	Approximately 16 housing units, 16 contaminated sites clean-up, 22 fuel tanks and 10 major renovations are planned to be completed by March 31, 2005.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**Information and Knowledge Management**	**22.0**
	Contribution to the Canadian Institute for Health Information; Knowledge Development and Exchange Program; Health Policy Research Program; Contributions for First Nations and Inuit health promotion and prevention projects and for developmental projects to support First Nations and Inuit control of health services.[l]	**9.0**
	Contributions Program to improve access to health services for official language minority communities	**13.0**
Objectives	To enhance health services for official language minority communities.	
Planned Results	Strengthened links among health sector stakeholders, increased capacity for providing health service in the minority official language, increased capacity for basic training and improved professional development and research.	
Milestones	Continuation of professional training and language training of health professionals as well as increased participation of community networks with other stakeholders – i.e., health institutions and various levels of government.	

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Contributions	Total
Business Line:	**Departmental Management and Administration**	**19.7**
	Contributions for integrated Indian and Inuit community-based Health Care Services. [1]	**2.7**
	Contributions on behalf of, or to, Indians or Inuit towards the cost of construction, extension or renovation of hospitals and other health care delivery facilities and institutions as well as of hospital and health care equipment	**17.0**
Objectives	To financially assist the maintenance and provision of hospitals, other facilities and health care equipment in support of health services for First Nations and Inuit communities.	
Planned Results	To provide appropriate health care facilities for First Nation and Inuit clients on reserve and modern, safe and secure functional office and living accommodations for staff.	
Milestones	Approximately 20 on-reserve health facilities to be constructed and/or renovated by March 31, 2005.	
	Total Contribution Funding	**1,238.0**

Table 6.4: Details on Transfer Payments (millions of dollars) (continued)

	Other Transfer Payments	Total
Business Line:	**Health Promotion and Protection**	**50.1**
	Payments to provinces and territories to improve access to health care and treatment services to persons infected with Hepatitis C through the blood system	**50.1**
Objectives	To improve access to health care and treatment services for persons infected with Hepatitis C through the blood system.	
Planned Results	Federal transfers will be used for health care services indicated for the treatment of Hepatitis C infection, and medical conditions directly related to it, such as current and emerging antiviral drug therapies, other relevant drug therapies, immunization and nursing care.	
Milestones	Regular reports to the public will be prepared on the nature of initiatives benefiting from federal funding.	
	Total Transfer Payment Funding	**1,371.2**

Endnotes

1 Grants less than $5M.

Table 6.5: Major Initiatives and/or Programs

2003 First Ministers' Accord on Health Care Renewal

Strategic Outcome

Access to quality health services for Canadians

Planned Spending (millions of dollars)*

2004-2005	2005-2006	2006-2007
50.0	50.0	50.0

* Financial figures indicated relate to the following four initiatives: the establishment of the Health Council; the Canadian Patient Safety Institute; health technology assessment; and, health human resources.

Initiative/Program

The **2003 First Ministers' Accord on Health Care Renewal** sets out an action plan that will ensure Canadians have timely access to quality health care on the basis of need and not their ability to pay. Among these initiatives are the establishment of the **Health Council** and the **Canadian Patient Safety Institute**, the development of a comprehensive strategy for **health technology assessment** and the improvement of **health human resources** planning and coordination across the country.

Table 6.5: Major Initiatives and/or Programs (continued)

Planned Activities	Expected Results and Timelines
Health Council	The chair and members of the Health Council were announced on December 9, 2003. The Health Council will have a mandate to monitor and make public reports on the implementation of the 2003 First Ministers' Accord on Health Care Renewal. In addition to its Chair, it will have a government representative from each participating jurisdiction and 13 public representatives.
Patient Safety (CPSI)	The Canadian Patient Safety Institute (CPSI) was established on December 10, 2003. Its mandate is to promote best practices, share information, offer advice and raise awareness about effective strategies for improving patient safety in Canada. Its founding board of directors is comprised of nine representatives, from both governmental and non-governmental sectors, with expertise in governance and health care systems.
Health Technology Assessment (HTA)	The 2003 Accord directed Health Ministers to develop, by September 2004, a comprehensive strategy for technology assessment to examine the impact of new technology and provide advice on how to maximize its effective utilization in the future.
Health Human Resources (HHR)	Targeted initiatives to improve health human resource planning and coordination (including forecasting) across the country and to support the expansion of educational and professional development programs to ensure that health professionals work effectively in interdisciplinary health care teams.

Partners

Health Canada collaborates with the Department of Finance and the Privy Council Office in the renewal of Canada's health care system. The Department of Finance supports health care renewal through funding, including fiscal transfers to provinces and territories. The Privy Council Office provides strategic policy advice to support health care renewal.

Table 6.5: Major Initiatives and/or Programs (continued)

Health Integration Initiative (HII)

Strategic Outcome

Healthier First Nations and Inuit through collaborative delivery of health promotion, disease prevention and health care services

Planned Spending (millions of dollars)

2004-2005	2005-2006	2006-2007
4.7	5.3	n/a

Initiative/Program

The Health Integration Initiative (HII) is funded for three years, 2003-2004 to 2005-2006, with a budget of $10.8 million. The strategic outcome for HII is the establishment of efficient, effective and sustainable health services and programs for First Nations and Inuit through improved integration and partnerships between federal/provincial governments and First Nations and Inuit organizations.

HII involves three main areas of activity: HII projects, research and analysis and development of a policy framework. HII projects will test, analyse and evaluate different models of integration. Co-ordinated research and analysis will improve understanding and inform our thinking with respect to health service integration. A policy framework will elaborate an approach and next steps for integration.

Discussions with the Assembly of First Nations (AFN) and Inuit Tapiriit Kanatami (ITK) regarding the HII began in Fall 2003, and will continue over the life of the initiative. In addition, discussions with other groups are underway and will continue throughout the HII.

The Department's Health Integration Initiative Steering Committee (HIISC) supervises all HII activities, which are carried out by the HII Secretariat. More specifically, the role of the HII Secretariat is to:

- manage HII funding;
- implement the communications strategy;
- prepare the HII Annual Report;
- coordinate and support HII project implementation;
- coordinate and analyse evaluation results;
- conduct research and analysis activities;
- develop a policy framework; and,
- liaise with national organizations.

Table 6.5: Major Initiatives and/or Programs (continued)

Planned Activities	Expected Results and Timelines
Integration Projects To identify potential mechanisms/models for collaboration and harmonization between FN/I and P/T health systems and to simulate momentum.	HII projects are funded on a tripartite arrangement (federal/ provincial/territorial government[s] – First Nations/Inuit organization[s]). Project partners jointly develop and oversee the implementation of the project and its evaluation. By March 2006, all HII projects will be concluded and all will have implemented mechanisms/models for collaboration and harmonization between FN/I and P/T health systems.
Research and Analysis To improve our knowledge about integration and encourage discussions between all stakeholders (F/P/T governments, FN/I organizations, experts etc.).	A series of analytic papers and reports will be produced by December 2005. These will provide the basis upon which future directions for health integration will be elaborated.
Development of a Policy Framework To identify different options for the implementation of a "step by step" approach on integration.	By March 2006 a policy framework, which will identify different options for the implementation of a step by step approach on integration, will be developed. The long-term expected impacts of the above on FN/I are: • reduced duplication of services and improved coordination of services; • closure of existing gaps in services and benefits between the federal and provincial health care systems and between FN/I and the rest of the population; • improvements in economies of scale by providing joint federal and provincial/territorial health services; • improved access to timeliness and quality of health services; and, • greater participation by FN/I in developing health services.

Partners

Federal/provincial/territorial governments and First Nations and Inuit organizations, Assembly of First Nations and Inuit Tapiriit Kanatami. HII projects are funded on a tripartite arrangement. Project partners jointly develop and oversee the implementation of the project and its evaluation

Table 6.5: Major Initiatives and/or Programs (continued)

Therapeutics Access Strategy (TAS)

Strategic Outcome

1 Safe health products and food

2 Access to quality health services for Canadians

Planned Spending (millions of dollars)

2004-2005	2005-2006	2006-2007
39.5	39.5	34.5

Initiative/Program

The Therapeutics Access Strategy (TAS) is a comprehensive Health Canada initiative aimed at helping Canadians maintain and improve their health by ensuring that human drugs and other therapeutic products are safe, of high quality, therapeutically effective, appropriately used and accessible in a timely and cost-effective fashion. The Patented Medicine Prices Review Board is also participating in this initiative.

This strategy has three objectives: (1) transforming regulatory performance by improving the timeliness and transparency of the review process for therapeutic products while maintaining Health Canada's high standards for safety; (2) enhancing post-market surveillance by exercising greater vigilance around safety and therapeutic effectiveness issues once products reach the market; and, (3) improving access to appropriate and cost-effective drug therapies for Canadians in ways which contribute to improved health and the sustainability of the health care system.

TAS aims to respond to a number of recent federal government commitments. The 2002 Speech from the Throne commits to "speed up the regulatory process for drug approvals to ensure that Canadians have faster access to the safe drugs they need, creating a better climate for research on drugs". In 2000 and 2003, First Ministers agreed to work together on approaches to ensure Canadians continue to have access to new, appropriate and cost-effective drugs. Budget 2003 provided $190 million over five years "to improve the timeliness of Health Canada's regulatory processes with respect to human drugs in order to create a better climate for research in pharmaceuticals while preserving the principle that safety is of paramount concern".

Table 6.5: Major Initiatives and/or Programs (continued)

Planned Activities	Expected Results and Timelines
TAS Objective #1: Transforming regulatory performance by improving the timeliness and transparency of the review process for therapeutic products while maintaining Health Canada's high standards for safety. **Planned activities in support of TAS Objective #1:** Modernization of project management tools to streamline product review processes. Development of good guidance and review practices to improve the quality of submissions received by sponsors, as well as the quality of our reviews. Enhance review and science capacity to allow for timely decisions on increasingly complex scientific issues; permit the flexible expansion of Health Canada's review capacity; and, allow for longer-term human resource planning to ensure a consistent and appropriate level of trained resources to conduct timely reviews. Implementation of an electronic submission and review system (E-Review). This will support more timely and efficient review processes and enable Health Canada to keep pace technologically with its international counterparts and permit continued collaboration and information sharing. Acceleration of international regulatory cooperation and harmonization activities. Greater transparency with respect to regulatory activities and improved information to Canadians about the benefits and risks of therapeutic products.	Meet review targets 90% of the time within three years (2005-06) for new drug submissions for pharmaceuticals, and four years (2006-07) for biologics, radiopharmaceuticals and genetic therapies including clearing the backlog. Publicly available product monographs, written in a plain language format, for use by patients and health professionals. Publicly available summary basis of regulatory decisions, which will provide information on the reasons why a drug was granted market authorization or not.

Table 6.5: Major Initiatives and/or Programs (continued)

Planned Activities (continued)	Expected Results and Timelines
TAS Objective #2: Enhancing post-market surveillance by exercising greater vigilance around safety and therapeutic effectiveness issues once products reach the market. **Planned activities in support of TAS Objective #2:** Implementation of a single portal for the receipt and communication of new safety information for marketed health products. Expansion of Health Canada's Regional Adverse Reaction Centres. International harmonization work in the area of post-market surveillance (e.g., implementation of international guidelines). Development of a limited inspection program to monitor compliance by manufacturers in the handling of product safety information and the reporting of adverse drug reaction complaints. Targeted work on therapeutic effectiveness surveillance, including: • acquisition of effectiveness data; • post-market assessments of therapeutic effectiveness of products; and, • evaluation of the feasibility of using wireless technology (i.e., personal data assistants [PDAs]) as a tool for the reporting of effectiveness adverse reactions and medical incidents and for broadcasting critical safety and effectiveness information at the point of care.	Greater vigilance around safety in real world use of therapeutic products. Better collection/dissemination of safety and therapeutic effectiveness information. Increased use of therapeutic effectiveness data/evidence to support formulary listing decisions for pharmaceuticals. Industry compliance with respect to its responsibilities regarding the handling of product safety information and the reporting of adverse drug reaction complaints.

Table 6.5: Major Initiatives and/or Programs (continued)

Planned Activities (continued)	Expected Results and Timelines
TAS Objective #3: Improving access to appropriate and cost-effective drug therapies for Canadians, which contributes to the sustainability of the health care system.	Expanded knowledge base on drugs utilization and health outcomes. Improved prescribing and utilization. Timely reviews of prices of patented medicines by the Patented Medicine Prices Review Board. Contribute to the long-term sustainability of the health care system by promoting optimal use of drugs, best practices in prescribing and improved drug plan management.
Planned activities in support of TAS Objective #3: Establishment of a Canadian Optimal Medication Prescribing and Utilization Service, an information clearing-house for best practices related to drug prescription and utilization. Establishment of a Best Practices Contribution Program, which will support the acquisition of data on the effectiveness of best practice interventions on improving utilization, as well as encourage further provincial and territorial uptake of best practices. Initial investment in an expanded National Prescription Drug Utilization Information System (NPDUIS), including acquisition and analysis of private plan data. Studies and consultation on price trends and feasibility/ desirability of price regulation of non-patented medicines. Investments in the Patented Medicine Prices Review Board's capacity to conduct price reviews of new patented drugs to ensure that price reviews are conducted in a timely and effective manner, so that federal, provincial and territorial formulary listing decisions are not unduly delayed and that drugs listed on formularies are non-excessive.	
Other activities in support of TAS Objectives: Implementation of an ongoing stakeholder and internal engagement strategy and of a TAS communications strategy. Development of performance management, accountability and reporting systems for TAS. Further policy development and planning for the longer term implementation of TAS, with a view to developing options for strengthening regulatory performance in the longer term and ensuring sustainability.	

Partners

Patient groups, consumer groups, health care professionals, industry, provinces and territories, other federal government departments and other regulatory agencies.

Table 6.5: Major Initiatives and/or Programs (continued)

Canada/US Border Air Quality Strategy (BAQS)

Strategic Outcome

Healthier environments and safer products for Canadians

Planned Spending (millions of dollars)

2004-2005	2005-2006	2006-2007
5.5	6.5	7.0

Initiative/Program

Air pollution is a significant public health concern in Canada. It is linked to premature death and aggravates severe illnesses such as chronic bronchitis and asthma that affect the quality of life of hundreds of thousands of Canadians across the country, particularly children.

Health Canada, in conjunction with other federal departments, will reduce cross-border air pollution by undertaking pilot projects that enable greater opportunities for coordinated air quality management between Canada and the United States. The primary focus of the BAQS is to position Canada to leverage new reductions in transboundary flows of particulate matter from the U.S. and to meet priority domestic commitments under the Canada-wide Standards process. Health initiatives to be conducted under the BAQS will contribute to the health evidence base for negotiating more stringent limits on emissions, both within Canada and from the U.S.

The two regional pilot health science projects will provide the knowledge needed to guide, support and justify provincial measures to reduce emissions under the Canada-wide Standards, as well as leverage actions to meet the *Canadian Environmental Protection Act* commitments. The health evidence will also support negotiations with the U.S. on a Particulate Matter (PM) Annex. The health-based national air quality index will help empower Canadians to take individual action to protect their health and that of their children.

Table 6.5: Major Initiatives and/or Programs (continued)

Health Canada recognizes that support from relevant federal departments in both Canada and the US, as well as community stakeholders, municipal and provincial officials, academic researchers, health professionals, and non-governmental organizations is critical for the successful implementation of the regional airshed health research program. For example, the Department has engaged Environment Canada scientists and United States Environmental Protection Agency researchers in the development and implementation of health research workplans for the Great Lakes Basin (GLB) pilot. Consultations have also occurred with the Ontario Ministry of the Environment to retrieve air quality monitoring data for the GLB airshed and to engage them in the health initiatives to be carried out in the GLB pilot. Health Canada has also signed a Memorandum of Understanding with the British Columbia Centre for Disease Control to facilitate the conduct of health studies in support of the objectives under the Georgia Basin / Puget Sound Airshed Pilot.

Planned Activities	Expected Results and Timelines
Air Quality Index: Conduct analyses and evaluations to support new health-based multi-pollutant air quality index formulation. Establish indicators of health impacts of long-term air quality changes. Engage key agencies, health professionals, high-risk groups, general public on AQI messaging content.	The revised air quality index will better reflect short term health risks. Increased evidence of health benefits/impacts from interventions to reduce air pollution. Targeted messaging on the human health impact of air pollution to communicate effectively exposure and health risk information to specific audiences. This will facilitate behaviour change to mitigate health effects, reduce exposure and emissions. Preliminary work to be completed by March 31, 2005.
Great Lakes Basin Airshed Management Framework – Pilot Health Studies: Study health impacts of transboundary air pollution and particulate matter (PM). Undertake quantitative human exposure studies and population exposure modelling focussing on transportation sources and transboundary pollutants, jointly with the U.S. EPA. Initiate health studies to examine short and long-term PM exposure of susceptible populations.	The evidence from this region will support negotiations with the U.S. on a particulate matter annex. Develop more comparable Canada/US data. Evidence on specific health outcomes such as asthma, circulatory effects (heart and lung) and cancer in the context of the region specific air pollution mix, to support further development and application of Canada-Wide Standards. Preliminary work to be completed by March 31, 2005.

Table 6.5: Major Initiatives and/or Programs (continued)

Planned Activities	Expected Results and Timelines
Georgia Basin/Puget Sound International Airshed Strategy – Pilot Health Studies: Health impact economic analyses on specific issues including point sources and particulate matter (PM). Population exposure modelling of region specific issues, including transportation emissions and seasonality (i.e., the extent to which effects occur in all seasons equally). Initiate health studies to examine the effects of short and longer-term exposure and pollutant interactions with a focus on susceptible populations.	Increased knowledge will support further development and application of Canada Wide Standards, airshed air quality management and mitigative measures. Evidence from this region will support negotiations with the U.S. on a PM annex. Preliminary work to be completed by March 31, 2005.

Partners

Environment Canada, United States Environmental Protection Agency, Ontario Ministry of Environment, British Columbia Centre for Disease Control, municipal officials, community stakeholders, academic researchers, health professionals and non-governmental stakeholders.

Table 6.5: Major Initiatives and/or Programs (continued)

Pest Control Products

Strategic Outcome

Sustainable pest management products and programs for Canadians

Planned Spending (millions of dollars)		
2004-2005	2005-2006	2006-2007
18.9	19.0	19.3

Initiative/Program

The efforts of several federal government partners will contribute to strengthened health and environmental protection, increased public and stakeholder confidence in pesticide regulation, and improved access to sustainable pest management strategies. The initiative is based on three main activity areas: (a) involving, consulting and informing public and stakeholders; (b) studying and monitoring pesticides; and, (c) developing and implementing pest management strategies. The Department's contribution to the initiative includes progress on several individual and collaborative projects, as outlined below.

Planned Activities	Expected Results and Timelines
Develop an electronic public registry of regulatory information for disclosure of non-confidential information supporting registration decisions, including detailed evaluations of risks and value. Establish reading rooms where the public can inspect confidential test data on pesticides. Develop a process for the reconsideration of major registration decisions.	Increased public participation and transparency of the pesticide regulatory system. These activities will be implemented once the new *Pest Control Products Act* (PCPA) is brought into force, as early as possible in 2004.
Establish an improved information system for pesticides that is in line with the Workplace Hazardous Materials Information Systems (WHMIS). All commercial and restricted class products will require an MSDS.	Improved workplace safety by providing better decision making tools for pesticide workers. These activities will be implemented once the new PCPA is brought into force, as early as possible in 2004.

Table 6.5: Major Initiatives and/or Programs (continued)

Planned Activities	Expected Results and Timelines
Build an adverse effects reporting system for the collection, reporting and evaluation of pesticide adverse effects submitted by pesticide registrants.	Removal of pesticides and uses of unacceptable risks. These activities will be implemented once the new PCPA is brought into force, as early as possible in 2004.
Prioritize and accelerate the re-evaluation of older pesticides that may require immediate regulatory action in Canada as a result of the United States Environmental Protection Agency (US EPA) evaluations.	Removal of pesticides and uses of unacceptable risks. Revised conditions of use that reflect modern safety standards. Coordinated regulatory action with the US EPA - *ongoing*
Implement the new Formulants Program.	Improved assessment and control of formulants in pest control products - *ongoing*
Link pesticide regulation and research. Identify pesticide research needs from a regulatory perspective. Facilitate communication and coordination between pesticide regulatory and research/monitoring functions of the federal government (Agriculture and Agri-Food Canada, Environment Canada, Department of Fisheries and Oceans, Natural Resources Canada, Canadian Food Inspection Agency, and Health Canada).	Improved coordination and cooperation between pesticide regulatory and research functions with the federal government - *ongoing*
Collaborate with Agriculture and Agri-Food Canada to develop and implement risk reduction strategies for agricultural commodities. Accelerate the review of submissions to register reduced risk and minor use pesticides. Make pesticide registration and re-registration decisions in the context of commodity specific pest management risk reduction strategies.	Improved availability of reduced risk and minor use pest control products. Improved competitiveness of Canadian growers - *ongoing*
Collaborate with Natural Resources Canada in the development of integrated pest management strategies for forest pests.	Improved availability of safer pest management tools for forestry - *ongoing*

Table 6.5: Major Initiatives and/or Programs (continued)

Partners

Agriculture and Agri-Food Canada, Environment Canada, Department of Fisheries and Oceans, Natural Resources Canada, Canadian Food Inspection Agency.

Table 6.5: Major Initiatives and/or Programs (continued)

Official Language Minority Communities

Strategic Outcome

Effective support for the delivery of Health Canada's programs

Planned Spending (millions of dollars)		
2004-2005	2005-2006	2006-2007
13.0	18.0	23.0

Initiative/Program

Five-year Contribution Program to Improve Access to Health Services for Official Language Minority Communities so that English and French linguistic minority communities in Canada will have better access to health services and relevant information in the language of their choice wherever they reside in Canada.

Planned Activities	Expected Results and Timelines
Initiatives that support the training and retention of health professionals.	Strengthened links among health sector stakeholders by 2008.
Establishing and strengthening full-time programs designed and delivered by post-secondary institutions to English- and French-speaking official language minority students.	Increased capacity for providing health service in the minority official language by 2008.
	Increased capacity for basic training by 2008.
Development of partnerships among post-secondary institutions to facilitate networking in teaching and research related to official language minority communities.	Improved professional development and research by 2008.
Providing language training to health professionals who provide services to members of official language minority communities.	
Community networking.	

Table 6.5: Major Initiatives and/or Programs (continued)

Partners

Designated primary recipients act in national secretariat role and coordinate activities under the following two program components.

Training/Retention: Consortium national de formation en santé (comprised of recognized Canadian post-secondary institutions) for Francophone minority communities and McGill University (coordinator serving Quebec Anglophone communities).

Networking Support: Société santé en français (national coordinator for Francophone community networks) and the Quebec Community Groups Network (using as its agent, the Community Health and Social Service Network in Quebec to establish the provincial community network).

Table 6.5: Major Initiatives and/or Programs (continued)

Public Health Agency of Canada

Strategic Outcome

Strengthened visibility and leadership on public health issues, leading to more effective structures for efforts by all governments to protect and promote the health of Canadians.

Planned Spending (millions of dollars)

2004-2005	2005-2006	2006-2007
Transition Costs: 7.0	Transition Costs: 5.0	Transition Costs: 5.0
Public Health Network: 1.0	Public Health Network: 1.0	Public Health Network: 1.0

Initiative/Program

Creation of the Public Health Agency of Canada, appointment of the Chief Public Health Officer (CPHO) for Canada and development of the Pan-Canadian Public Health Network.

Planned Activities	Expected Results and Timelines
Selection and appointment of the CPHO	New leadership for public health in Canada(to be launched in spring 2004 and completed by fall 2004.
Passage of an Order in Council, transition of Health Canada activities to the Agency and passage of legislation on the Agency's structures and powers	New federal organizational focal point for public health in Canada, to be launched in spring 2004 and completed by spring 2005.
Negotiation with P/T governments and stakeholders to develop the Public Health Network of Canada	Strengthened collaboration among jurisdictions on public health activities and greater coordination of emergency preparedness measures; faster and more effective decision-making on public health issues, launched in spring 2004 to be refined on an ongoing basis.

Table 6.6: External Charging

Name of Fee Activity	Fee Type	Fee Setting Authority	Reasons for Fee Introduction or Amendment	Effective date of planned change to take effect	Planned Consultation & Review Process
Fees associated with the review of health products. Fees are currently under review for: • the review of health product submissions • annual notifications for health products on the market (authority to sell) • licencing of establishments and sites that make, import or sell health products • drug master files • export certificates for health products http://www.hc-sc.gc.ca/hpfb-dgpsa/inspectorate/appl_pharm_exp_cert_entire_e.html	Fees are based on Rights and Privileges, Regulatory Services, and Other Goods and Services	*Financial Administration Act* s. 19 & 19.1 *Department of Health Act* s.6-8	A variety of fees for drug and medical device regulatory activities were introduced between 1995 and 2000. They have not been updated. These fees were reviewed by third party experts. Their recommendations included the revision of fees, and the development of an appropriate financial model. More information on this review can be found at: www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/index_activities_cost_rec_e.html Both the level of fees currently charged and the scope of service lines are under review.	The gazetting process to bring about changes will likely take place in 2005, following consultations with Canadians.	Health Canada will continue to consult extensively with Canadians on fee-specific proposals, including service standards and dispute management mechanisms, during 2004, 2005 and beyond. Department is currently consulting with representatives from industry on a financial model to accurately cost services.

Table 6.6: External Charging (continued)

Name of Fee Activity	Fee Type	Fee Setting Authority	Reasons for Fee Introduction or Amendment	Effective date of planned change to take effect	Planned Consultation & Review Process
National Dosimetry Service (NDS) - Repeal of Radiation Dosimetry Fees Regulations and setting fees using the Minister of Health's authority under the *Department of Health Act* (DHA).	Other goods and services	Service agreement	Fee levels established in 1994 have not been revised; necessary to revise products and services and associated fees to meet current and future needs and cover program operating costs in a more flexible and responsive manner.	July 1, 2004.	Consulted with stakeholders through 2002-2003.
Public Service Health Program[1] Amending Fees	Other goods and services - voluntary	Service agreement	Existing fees for medical supplies and services have been in place since FY 1999-2000. Revisions are required to reflect increases in salary and non-salary costs.	FY 2004-2005 or 2005-2006	Analysis of program organization and costs to be conducted followed by stakeholder consultations. Most disputes relating to fees are resolved at the program level or may be resolved through the formal departmental process.

1 http://www.hc-sc.gc.ca/hecs-sesc/whpsp/index.htm

Table 6.7: Summary of Proposed Major Regulatory Initiatives

Table A: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part II between April 1, 2004 and March 31, 2005

Regulatory Initiative	Planned Results
HECS	
Amendments to the Cosmetic Regulations concerning ingredients labelling	The purpose of this initiative is to enhance the safety of Canadians by making available to consumers valuable information concerning the composition of cosmetics. Health Canada is proposing that manufacturers and distributors make use of the internationally accepted International Nomenclature for *Cosmetic Ingredients* (INCI) labelling system for ingredient disclosure. Ingredient listing on product labels will provide Canadians with information that will allow them to avoid products that contain an ingredient to which they may be sensitive. Health and safety professionals will be better able to prescribe effective medical treatment by having ready access to the names of the chemical compounds found in cosmetics. Reduced consumer complaints to Health Canada and compliance levels with the labelling requirements will act as performance measures.
Amendment of the Marihuana Medical Access Regulations (MMAR)	On compassionate grounds, seriously ill persons residing in Canada will, with the support of their physicians, have reasonable access to marihuana for medical purposes, when conventional therapies have been unsuccessful. This result will be achieved by simplifying the authorization process for patients and their physicians and by improving access to a legal supply of marihuana. Achievement will be measured by increased satisfaction with the medical marihuana program (i.e. decreased complaints) and decreased legal challenges to the Regulations.

Table A: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part II between April 1, 2004 and March 31, 2005 (cont'd)

Regulatory Initiative	Planned Results
PMRA	
Revision of current regulations in light of new *Pest Control Products Act* (new PCPA)	Will ensure that terminology is consistent with the new Act and that any provisions that have been moved to the Act are deleted from the Regulations.
Sales Information Reporting Regulations	New regulations will specify requirements for recording, retaining and reporting sales of pest control products under new PCPA. Will facilitate priority setting, assessment and mitigation of health and environmental risks, and tracking the effectiveness of risk reduction efforts. Will contribute to better informed public and stakeholders, strengthened health and environmental protection and increased public and stakeholder confidence in pesticide regulation.
Regulations Respecting Safety Information	New regulations will specify the contents of Material Safety Data Sheets to be provided to workplaces under new PCPA. Will provide improved decision-making tools for pesticide workers and improved workplace safety through more complete information. Will contribute to better informed public and stakeholders, strengthened health protection and increased public and stakeholder confidence in pesticide regulation.
Adverse Effects Reporting Regulations	New regulations will specify types of information that must be reported by registrants/applicants under new PCPA and time frames for reporting. Will provide information for re-evaluation and possible trigger for special review, resulting in removal of pesticides and uses of unacceptable risk. Will contribute to better informed public and stakeholders, strengthened health and environmental protection and increased public and stakeholder confidence in pesticide regulation.
Regulations Respecting Reconsideration of Registration Decisions	The new PCPA includes a process for the reconsideration of major registration decisions by a review panel. New regulations will specify procedural and administrative details necessary to govern the reconsideration process. Will contribute to better stakeholder participation in the regulatory process, increased transparency and increased public and stakeholder confidence in pesticide regulation.

Table A: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part II between April 1, 2004 and March 31, 2005 (cont'd)

Regulatory Initiative	Planned Results
Revision of Agriculture and Agri-Food Administrative Monetary Penalties Regulations Respecting the *Pest Control Products Act* and Regulations	Will reflect additional violations under the new Act.
Food and Drug Regulations (Miscellaneous Amendments to Division 15)	New or revised maximum residue limits for pest control products. Will ensure the safety of food following use of these products on crops or food-producing animals.
HPFB - Foods	
Food and Drug Regulations (Food Irradiation)	Optional use of the food irradiation process for ground beef, poultry, shrimp and prawns and mangoes to control pathogens, reduce microbial load and insect infestation and extend shelf life.
HPFB - VDD	
Food and Drug Regulations (Miscellaneous Amendments to Divisions 15)	New or revised maximum residue limits for veterinary drugs in foods in the Food and Drug Regulations to ensure the safety of food products from animals treated with the veterinary drugs.

Table B: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part I between April 1, 2004 and March 31, 2005

Regulatory Initiative	Planned Results
HECS	
Regulations under the *Controlled Drugs and Substances Act* (CDSA) to expand the authority for regulated health professionals to prescribe controlled substances where appropriate.	Federal legislation will not unnecessarily restrict the professional practice of any health profession regulated by provincial or territorial (P/T) authorities, including practitioners of medicine, dentistry, veterinary medicine, podiatric medicine, midwifery, and nurse practitioners, with respect to the use of controlled substances in the treatment of their patients. This result will be achieved over the next 2 to 3 years as federal and P/T regulations are amended to allow health professionals to prescribe controlled substances in accordance with standards of professional practice defined by the their regulatory authorities. Achievement will be measured by improved alignment of federal and P/T regulatory frameworks governing the appropriate use of controlled substances for medical purposes.
Introduction of new tobacco labelling requirements	Increased awareness of tobacco-related hazards.
Tobacco Promotion Regulations prohibiting "light" and "mild" descriptors	Reduced confusion among smokers regarding these descriptors. Greater awareness that no class of cigarettes is a "safer" alternative.
PPHB	
Revision of Quarantine Regulations	Outdated, redundant regulations will be revoked and replaced with provisions that reflect current practice.
Revision of Human Pathogens Importation Regulations	Regulations will be expanded to include the domestic possession, use, transfer and disposition of human pathogens in order to mitigate the risk of Canadians being exposed to highly dangerous substances.

Table B: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part I between April 1, 2004 and March 31, 2005 (cont'd)

Regulatory Initiative	Planned Results
PMRA	
Revision of current regulations in light of new *Pest Control Products Act* (new PCPA)	Will ensure that terminology is consistent with the new Act and that any provisions that have been moved to the Act are deleted from the Regulations.
Regulations Respecting Safety Information	New regulations will specify the contents of Material Safety Data Sheets to be provided to workplaces under new PCPA. Will provide improved decision-making tools for pesticide workers and improved workplace safety through more complete information. Will contribute to better informed public and stakeholders, strengthened health protection and increased public and stakeholder confidence in pesticide regulation.
Adverse Effects Reporting Regulations	New regulations will specify types of information that must be reported by registrants/applicants under new PCPA and time frames for reporting. Will provide information for re-evaluation and possible trigger for special review, resulting in removal of pesticides and uses of unacceptable risk. Will contribute to better informed public and stakeholders, strengthened health and environmental protection and increased public and stakeholder confidence in pesticide regulation.
Regulations Respecting Reconsideration of Registration Decisions	The new PCPA includes a process for the reconsideration of major registration decisions by a review panel. New regulations will specify procedural and administrative details necessary to govern the reconsideration process. Will contribute to better stakeholder participation in the regulatory process, increased transparency and increased public and stakeholder confidence in pesticide regulation.
Revision of Agriculture and Agri-Food Administrative Monetary Penalties Regulations Respecting the Pest Control Products Act and Regulations	Will reflect additional violations under the new Act.

Table B: Major or Significant Regulatory Initiatives proposed to be published in Canada Gazette Part I between April 1, 2004 and March 31, 2005 (cont'd)

Regulatory Initiative	Planned Results
Regulations Respecting Data Protection	New regulations will specify the circumstances and conditions under which data provided by registrants may be used or relied upon in relation to applications or registrations of other persons. Will protect registrants' data from unfair commercial use and encourage innovators to develop and pursue the registration of new, safer pesticides. Will contribute to strengthened health and environmental protection and increased public and stakeholder confidence in pesticide regulation.
Food and Drug Regulations (Miscellaneous Amendments to Division 15)	New or revised maximum residue limits for pest control products. Will ensure the safety of food following use of these products on crops or food-producing animals.
HPFB - Foods	
Food and Drug Regulations (Addition of Vitamins and Minerals to Foods)	Appropriate revision of regulations on the addition of vitamins and minerals to foods taking into account the role of nutrient addition to foods, consumer needs and expectations, and industry requests.
Food and Drug Regulations (Enhanced Labelling of Food Allergens)	Mandatory labelling of specific food allergens, and sulphites when present at 10 parts per million or more, on the labels of prepackaged food products, whether they have been added directly or indirectly.
Food and Drug Regulations (Revisions to Division 12 - Prepackaged Water and Ice)	Modernization and expansion of the safety and labelling requirements for prepackaged water and ice products under the Food and Drug Regulations.
HPFB - VDD	
Food and Drug Regulations (Miscellaneous Amendments to Divisions 15)	New or revised maximum residue limits for veterinary drugs in foods in the Food and Drug Regulations to ensure the safety of food products from animals treated with the veterinary drugs.
Food and Drug Regulations	Increase the scope of the prohibition on importation of veterinary drugs to include the personal importation of drugs intended to be used in animals in Canada and avoid potentially harmful residues in food products from animals treated with those drugs.
Food and Drug Regulations	Prohibition of sale of products containing carbadox for sale in Canada to avoid potentially harmful residues in food products from animals treated with this substance.

Table 6.8: Foundations

Canadian Institute for Health Information

Purpose	Contribution and timing	Projected use of funds	Expected results
The Canadian Institute for Health Information (CIHI) is an independent, pan-Canadian, not-for-profit organization working to improve the health of Canadians and the health care system by providing quality, reliable and timely health information.	The 2001 Budget provided a funding extension of $95 million and in 2003, funding was increased again by $70 million over five years.	Emphasis will be given to improving data quality and timeliness and to better data dissemination, subject to privacy considerations. Particular attention will be paid to developing agreed-upon data frameworks (definitions and standards) for new areas of health system measurement such as home care and pharmacare, with special attention to health human resources.	CIHI, along with Statistics Canada, will support the FPT reporting commitment to identify additional comparable performance indicators, within areas identified by First Ministers in their 2003 Health Accord. Health system performance reports to be completed by November 2004, will provide further information to help Canadians determine how the health care system is performing and where it needs to be improved. For further information on CIHI, please see http://www.cihi.ca/cihiweb/splash.html.

Table 6.8: Foundations (continued)

Canada Health Infoway Inc.

Purpose	Contribution and timing	Projected use of funds	Expected results
Canada Health Infoway Inc. (Infoway) is an independent not-for-profit corporation with a mandate to foster and accelerate the development and adoption of electronic health information systems with compatible standards and communications technologies on a pan-Canadian basis. Infoway's members are the federal, provincial, and territorial Deputy Ministers of Health (to date, the Quebec Deputy Minister has chosen not to participate).	In 2001 Infoway received $500 million in support of the September 2000 First Ministers' Health Agreement. Budget 2003 provided Infoway with an additional $600 million over 5 years. Budget 2004 provided a further $100 million.	Infoway is concentrating on five key building blocks of the electronic health record (infostructure, registries, drug information systems, diagnostic imaging systems and laboratory information systems), on telehealth applications and on the development of a Pan-Canadian health surveillance system.	As described in its 2003/04 business plan, Building Momentum, Infoway envisions having the basic elements of interoperable electronic health record solutions in place within the next six years. In support of the February 2003 First Ministers' Accord on Health Care Renewal, the additional $600 million will help to accelerate the development of electronic health records, common information technology standards across the country and will further the development of telehealth applications which are critical to care in rural and remote areas. Infoway provides to its members annual audited financial statements, an annual report and a business plan. The annual report includes the audited financial statements, expected results and performance results. A summary of the business plan is made available to the public. For further information on Infoway, see http://www.infoway-inforoute.ca.

Table 6.8: Foundations (continued)

Canadian Health Services Research Foundation

Purpose	Contribution and timing	Projected use of funds	Expected results
The Canadian Health Services Research Foundation (CHSRF): (i) funds management and policy research in health services and nursing, (ii) supports the synthesis and dissemination of research results and (iii) supports the use of research results by managers and policy makers in the health system.	In 2003, Health Canada provided $25 million to the CHSRF.	CHSRF will administer a national Executive Training for Research Application (EXTRA) program.	The EXTRA program will enhance the skills of health system managers (nurse and physician managers, health service executives) in the use of research to increase their evidence-based decision-making. CHSRF will provide Health Canada with annual performance and financial reports. Further information is available at (http://www.chsrf.ca).

Table 6.8: Foundations (continued)

Canadian Policy Research Networks

Purpose	Contribution and timing	Projected use of funds	Expected results
To create knowledge and lead debate on social and economic issues important to the well-being of Canadians. CPRN brings together governments, unions, corporations, NGOs, voluntary organizations, academics, and other think tanks to form networks of users and researchers. The networks operate in the areas of family, health, public involvement and work.	In 1998-1999, Human Resources Development Canada provided a $9 million grant to CPRN in the form of a working capital fund. Health Canada provided $1.5 million of the grant through a transfer to HRDC. Lead Department: Human Resources and Skills Development Canada (formerly HRDC prior to December 12, 2003).	Long-term funding support for CPRN's research program which has a focus on social, economic and health issues of importance to Canadians.	• anticipate important policy issues and facilitate discussions across many sectors that enlarge the scope of the debate and move policy thinking forward. • provide a highly effective structure to draw in research expertise and a wide spectrum of organizations and individuals concerned about public policy issues. • continued focus on social and economic issues of importance to Canadians with the objective of informing policy development by the federal government. Annual reports and other CPRN information are available at http://www.cprn.org/en/about.cfm

Departmental Contacts

Atlantic Region

Maritime Centre, Suite 1918
1505 Barrington Street
Halifax, Nova Scotia B3J 3Y6
Telephone: (902) 426-9564
Facsimile: (902) 426-6659

Manitoba and Saskatchewan Region

391 York Avenue, Suite 300
Winnipeg, Manitoba R3C 4W1
Telephone: (204) 983-4764
Facsimile: (204) 983-5325

Quebec Region

Complexe Guy Favreau, East Tower
Suite 202
200 René Lévesque Blvd. West
Montreal, Quebec H2Z 1X4
Telephone: (514) 283-5186
Facsimile: (514) 283-1364

Alberta and Northwest Territories Region

Canada Place, Room 710
9700 Jasper Avenue
Edmonton, Alberta T5J 4C3
Telephone: (780) 495-5172
Facsimile: (780) 495-5551

Ontario and Nunavut Region

4th Floor, 25 St. Clair Avenue East
Toronto, Ontario M4T 1M2
Telephone: (416) 954-3593
Facsimile: (416) 954-3599

British Columbia and Yukon Region

757 West Hasting Street, Room 235
Vancouver, British Columbia V6C 1A1
Telephone: (604) 666-2083
Facsimile: (604) 666-2258

National Capital Region

Telephone: (613) 957-2991
Facsimile: (613) 941-5366
Internet: http://www.hc-sc.gc.ca

For publications, write to:

Health Canada
0900C2, Brooke Claxton Building
Ottawa, Ontario, CANADA
K1A 0K9

or

Telephone: (613) 954-5995
Facsimile: (613) 941-5366

Section 7:

Index

Index